transit permit. Pages 1, 2, 3 should

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After death

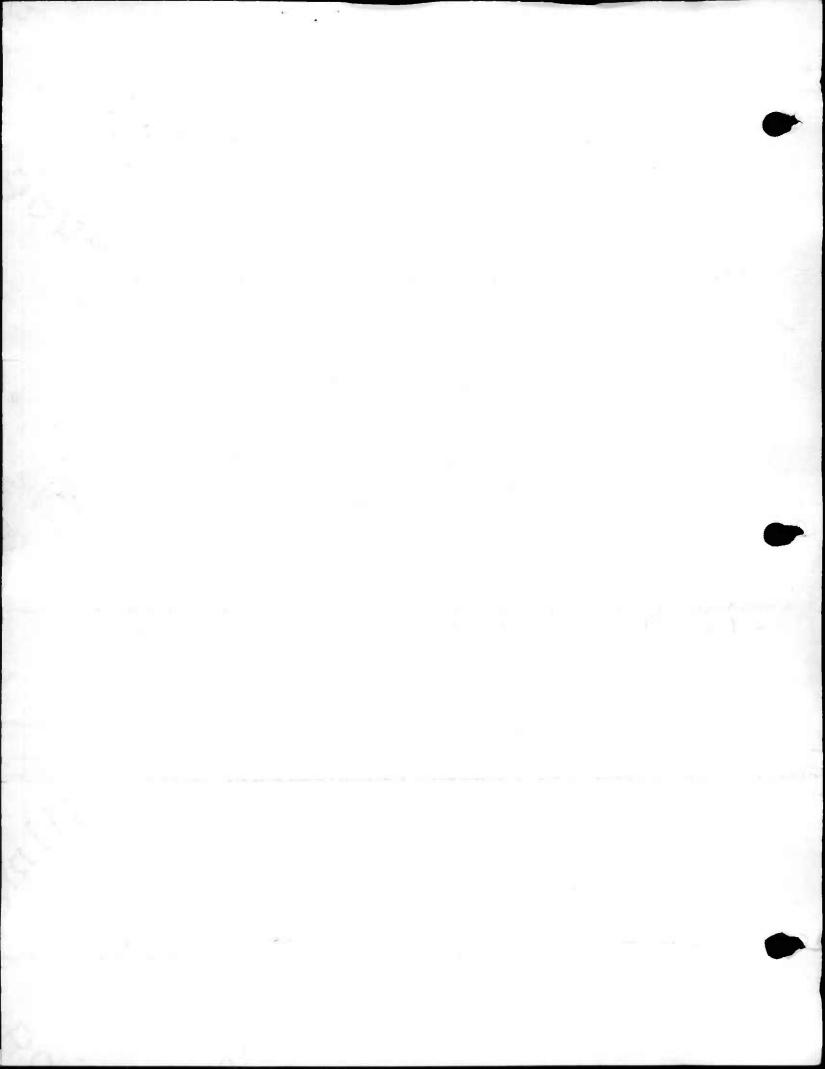
THE FUNERAL DIRECTOR: filed within 72 hours after

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate the evented within 24
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	SPITAL

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 12501 STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH -Dean C. Reaves Dean eaures 0500 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 10 M 2 | F 218-78-6752 YRS 28 4 70 Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University of Maryland Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY toc. CITY, TOWN OR LOCATION tod. INSIDE CITY Maryland Baltimore YES 2 NO FUNERAL 10e. STREET AND NUMBER tor, ZIP CODE tog. CITIZEN OF WHAT COUNTRY? 423 Laurens Street 21217 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES t1. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Mexican, Puerto Rican, etc.) t4. RACE — American Indian, Black, While, atc. 1 Never Married 2 Married BY 1 TES 2 NO Specify Specify: Black 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Laborer 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) David McAllister McAllister Tip Shirley Reaves BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21217 Shirley Reaves Laurens Street Baltimore, Marvland ě 20a. METHOD OF DISPOSITION
1 Surface 2 Cremation 3 1 4 Donation 5 Other (Specify) 4/30/9 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must Kina Memorial Park andallstown, Md21217 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 638 N. Gilmor St. arres Leroy Harris F/H Baltimore, Md21217 medical 23. PART i. Enter the dise ses, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, Approximata ehock, or heart tellure. Liet only one cause on eech line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition leart f trony ynma resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): plant Defects - Coarctation Aorda CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other eigniticent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? shows any 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 TES ZONO Inpatient 2 - ER/Outpatient 3 - DOA me 5 🗆 Residence 8 🗆 Other (Specify) 4 - Nursing He marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Pay, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending 5 AMM t YES 2 NO В PLACE OF INJURY — building, etc. (Specify) 3 Suicide At home, farm, street, factory, office 28 Is 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined Item : 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner ea stated. (Check only one) IMPORTANT: 11 2 MEDICAL EXAMINER: On the beels of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner ee stated. 29b. SIGNATURE AND THE OF CHATTER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) re TW Mrw568 2 30. NAME AND AUDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) of Manyland 31. DATE FILED (Month, Day, 32. REGISTRARIS SIGNATURE Julia Savidson Randale

DHMH-16 Rev 1/89



sit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or TT FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for unable filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

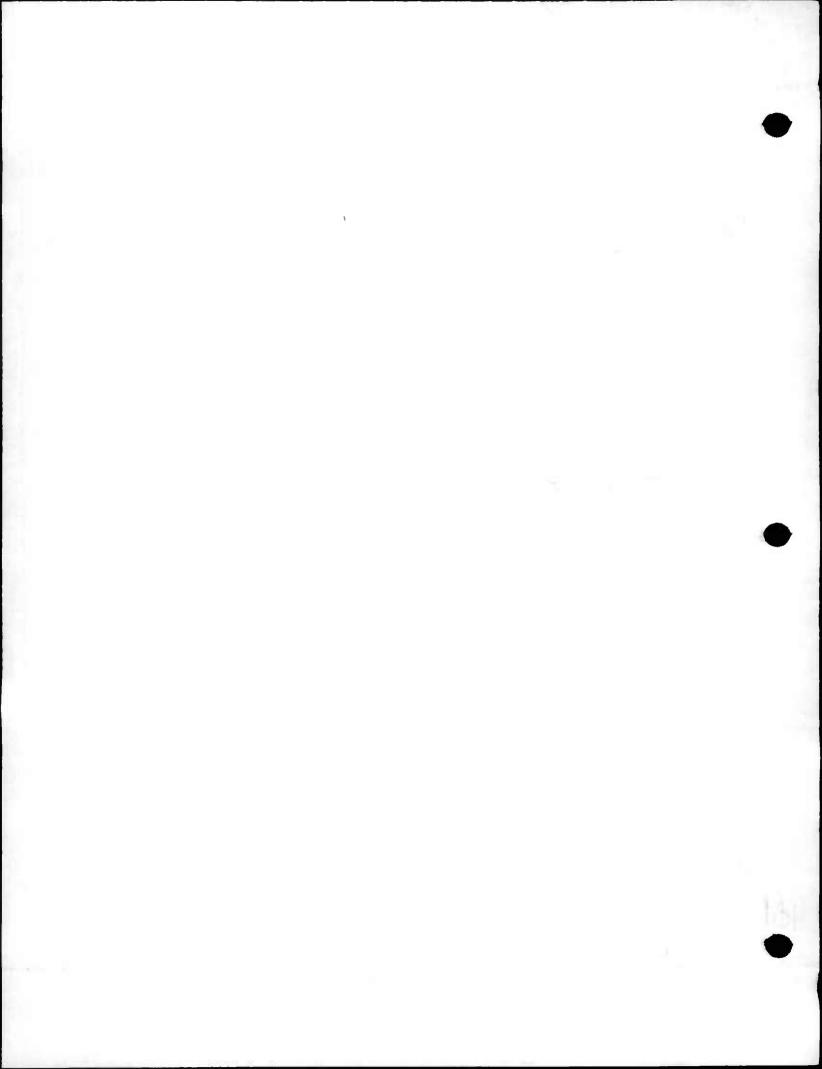
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 2121

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTI	MENT OF I	IEALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	PRESTON		RC	BINSO	VV	04 25	1993	6:58 P M
	4. SOCIAL SECURITY NUMBER 220-07-7535	5. SEX 6. AGE (In yrs 7		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, pay, Year) 11/3/19	1.4 8. BIF Cot NO	orthplace (State or Foreign unity) rth Carolina
TOR	9a. FACILITY NAME (If not institution, give s 1306 ATSOUTTH RESIDENCE OF DECEDENT		g		MORE CI		9c. COUNTY OF	DEATH
DIRECTOR	Maryland 106. count		10c. CITY,	TOWN OR LOCA	Baltimore			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	1306 Aisquith	St.		10	21202		10g. CITIZEN OF	F WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT, EVER IN U.S. FORCES? 1 A YES 2 IF YES, GIVE WAR OR DATES 3/45 - 8/4	NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2 (X) NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, atc. ecity: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) 16a. College (1-4 or 5+)	DECEDENT'S US (Give kind of wor life. Do NOT use i	k done durina me	st of working	16b. KIND OF BU	SINESS/INOUSTRY	
	17. FATHER'S NAME (First, Middle, Last)			Driver		ME (First, Middle, Maiden	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Phyllis Couslin		196. MAILING AI 406 N	orth Bo	nd Number or Rural I	Route Number, City or Tow altimore,	n, State, Zip Code) Md. 212	31
	29s. METHOD OF DISPOSITION 1A Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cemetery	crematory or other	r niece)		/30/93 C)	COWN SVI	
	21. SIGNATURE OF FUNERAL SERVICE TO	SPISEE)		22. NAME A Stall 3111	ings Fun Mountain	eral Home	PA dena Md	. 21122
	23. PART 1. Enter the diseases, proshock, prheart fallure. IMMEDIATE CAUSE (Final disease proportion resulting in death)	complications that cause the List only one cause on each is a substitution of the cause of the c	ote C	entar tha mo	da of dying, auci	n aa cardlac or reap N Sisea	iratory arrest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CON						
PHYSICIAN: MEDICAL CI	Schizophrenia Demenha	s contributing to death but no	ot resulting in	the underlyin	g cauae givan in	Part I. 24a. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL						sal	
SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient		THER:	ACE DF DEATH (Che			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ Y WO		28d. DEŞCRIBE HOW I	NJURY OCCURED	
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At building, atc. (Specify)	home, farm, stre	et, factory, offic	`	281. LOCATION (Street City or Town, State)	and Number or Rura	il Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, R: On the besis of examination and/	death occurred a	it the time, data in my opinion, d	and place, and due	to the cause(a) and mai	nner as stated.	e(a) and manner as stated.
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	1 81 1			29c. LICENSE NUM			ED (Month, Day, Year)
은	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DEATH (TEM 27) (Type, Pri	int)	O.C.M	Е.	1 04/2	26/1993
	31. DATE FILED (Month, Day, Year)	1 1 1 1 32. REGISTRAR'S SIGNATURI	Penn S	treet	Baltir	nore, Ma	ryland	21201
	APR 3 0 1993	32. REGISTRAR'S SIGNATURE					· .	

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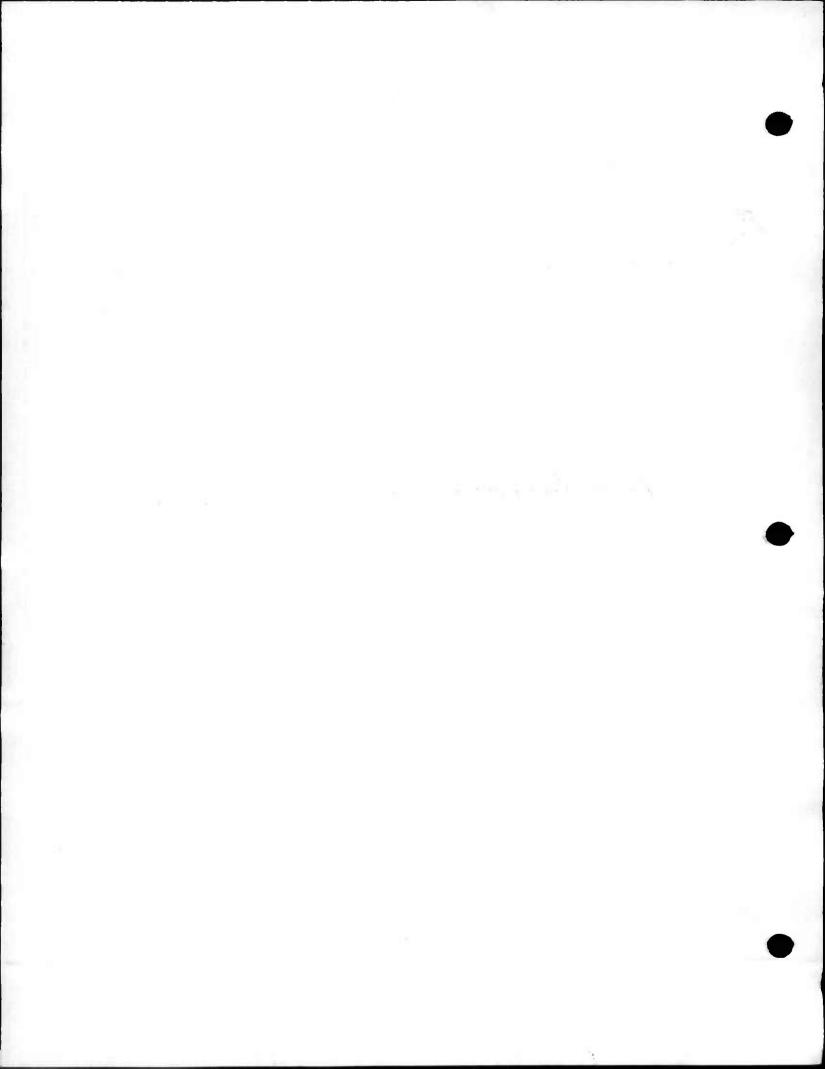
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / CE	DEPAR RTIF	ICATE	OF H	EALTH DEAT	AND I	MENTA	REG. NO			
	1. DECEOENT'S NAME (First, Middle, Last)	*							2. DATE	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Eva 4. SOCIAL SECURITY NUMBER	L.		nelto					04		22	93	12:25 p ^M
à	223-62-4741	5. SEX	8. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mon	OF BIRTH th, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign V)
	9a. FACILITY NAME (If not institution, give s	- 41	94	rna.	95 CITY	TOWAL C	R LOCATIO	N OF D		22 18	-		Kentucky
E I	Berlin Nursi				90. 0111		rlin	JN OF DE	AIN		9c. COU	NTY OF 0	EATH
5	RESIDENCE OF DECEDENT												
DIRECTOR	Maryland 106. COUNT			10c. CIT	Y, TOWN C		City	У					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	401 Bayshore Dr	. Unit 5				101	ZIP CODE				10g. CIT	U.S	WHAT COUNTRY?
'n	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARI	MED O		yes, sp	ENDENT O	n, Maxica	n, Puarto	N? (Specify Ye Rican, atc.)	a or No—	14. RACE Black Speci	— American Indian, t, Whita, atc. fy: WHITE
ETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(Gh	ve kind of a Do NOT us		furing mo	ON st of working	g	160	b. KINO OF BU	. 171-5-11		
COMPL	12			HOI	memal	cer				(own H	ome	
BE CO	17. FATHER'S NAME (First, Middle, Last) James W Lawre:	nce					18. MOTH	IER'S NA		middle, Maider na Lee			
2	19a. INFORMANT'S NAME (Type/Print) Thomas C Shelte	on	19b	MAILING 4	ADDRESS 01 Ba	(Street a	nd Number ore I	or Aural I	Route Num Unit	5 Oce	en, State, Zip San C	ity N	MD 21842
	20a_METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cemetery, cren Cole	ND DATE	OF DISPOS	TION (Na	me of		Ap	19980	OCATION —		
	21. SIGNATURE OF FUNERAL SERVICE LIC		, 001	JU V 1.		NAME AN	D ADDRES		CILITY				שוע
	> Brue de	100	story	7	1	150) W F	3rad	dock	Funer Rd.	lev	VA	
	23. PART I. Enter the diseases, or canock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cau	se on each line.							diac or reap	olratory an	reat,	Approximata interval Batween Onaat and Daath
ON	Sequantially list conditions,	a. A.	OR AS A CONSEO OF AS A CONSEO	210	1): 2\ C	(e	161	15					yen
HIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		(OR AS A PONSEQ	5	1	•							
CERT	resulting in daeth) LAST	d											
¥.	PART II. Other algnificant condition		death but not re						7	24a. WAS AF		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI	Seme		enen		_	20.	7	pe	1	1 🗌 YES	2 NO		OF DEATH?
PH TSICIAN:													
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕР		ACE OF DE	ATH (Che	ock only o	ne)			
	1 TYES 2 NO 27. MANNER OF OEATH	1 Inpatient 2 I		DOA 28b. TIM		ing Home	5 Rat	idenca			IN ISSUED ON		
	1 🗵 Natural 5 🗌 Pending 2 🗍 Accident investigation	(Month, Di		INJ	URY M	WO	RK?	NO	280. OE:	SCRIBE HOW	INJUNY OC	CUHED	
	3 Suicida 8 Could not be 4 Homicide detarmined	28e. PLACE O building,	F INJURY — At hon atc. (Specify)	ne, farm, s	street, facto	ory, office			28f. LOC City	ATION (Street or Town, State	and Number	or Rural R	loute Number,
COMPLEIED	29a. CERTIFIER 1 CERTIFYING PHYSIC Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of											
- 11	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEI			ano piace, ai			
	122	~	22	M	1			D020			D C	J.)	(Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WHO											1	7 /
	F. Arthes, M.D	. 1622	Ocean Pi	nes,	Ber	lin,	MD	2181	.1				
	31. DATE ALED Along, Day, Year 1993	Filia This	Son Hand										



Luis E. Rive
31. DATE FILED (Month, Day, Year)
APR 3 0 1993

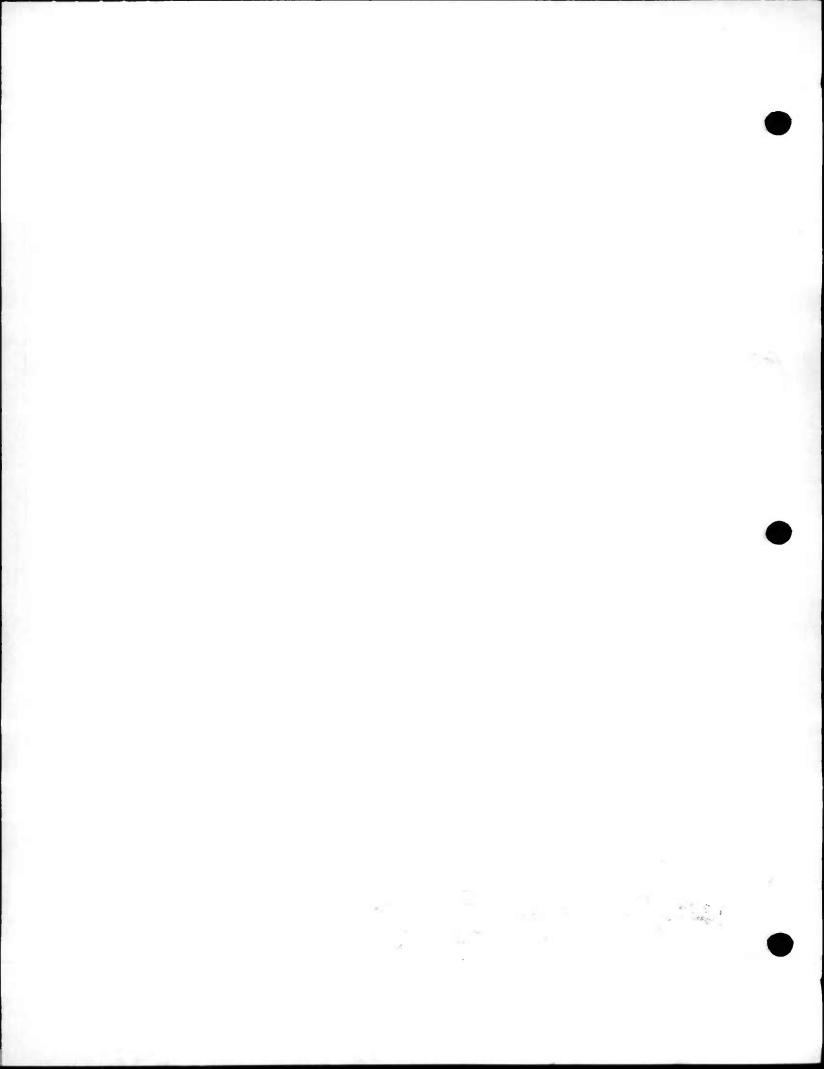
Rivera,

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYTANG 21215-0020	hours after death. Page 6 may be retain to be retain to be attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show countries as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	medical examiner must be notified at onto.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by Feet and or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR RTIF	TMENT OF	HEALTH F DEAT	AND	MENTAI	HYGIEN	IE	J	The W		
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF D	EATN	
	Walter Allen Sc	hunk						Apri	1 24	MY .	993		м.	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	B. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HBS	+	OF BIRTH	1.		HPLACE (State o	. C1	
	188-01-2708 9e. FACILITY NAME (If not institution, give si	1 M 2 F	77	YRS.	MONTHS DAYS	HOURS	MIN.	Aug.	10 1	915	Count	nnsylva		
Or.	36				9b. CITY, TOW	OR LOCATIO	ON OF DE	EATH		9c. COL	INTY OF D	EATH		
DIRECTOR	3834 Dance Mill R	load			Phoei	nix				Ва	altin	nore		
Ä	10a. STATE 10b. COUNTY	Υ		10c. CIT	Y, TOWN OR LO	ATION		_				10d, INSIDE C	ITY	
		ltimore		P	hoenix							LIMITS?		
₹.	10a. STREET AND NUMBER					101. ZIP CODE				10g. CIT	IZEN OF V	WNAT COUNTRY	7	
Ü	3834 Dance Mill	Road				211	31			l us	SA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARM	IED	13. WAS D	ECENDENT OF	F NISPAN	VIC ORIGIN	? (Specify Ye		14. RACE	E American I	Man	
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE WAR)	If yes,	specify Cuban	n, Mexice	n, Puerto F	lican, etc.)		Black	k, White, atc.	ruture,	
BY	3 XWidowed 4 Divorced		on balled		, ,	ES 2 (A MO	Specin	y:			Speci	"y: Whit	e	
	15. DECEDENT'S EDUC	CATION	16a, DEC	FOENT'S	USUAL OCCUPA	TION		166	KIND OF BU	-14F00/IN	- IOTOV			
E	(Specify only highest grade	completed)	(Givi	e kind of w	vork done durina	most of working	g	100.	KIND OF BU	SINESS/IN	DUSTRY			
۲	Elementary/Secondary (0-12)	College (1-4 or 5+)			,			Ι.,		85				
M			Tec	hnic	ıan			M	artin	Mari	etta	(Air	Craft)	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NA		fiddle, Maiden					
BE (Jacob Schunk					Dora	a Lo	ouise	Renta	ach1e	r			
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street									
2	Alison Clare Schu	nk										4		
		1110					Koau							
	Alison Clare Schunk 3834 Dance Mill Road, Phoenix, MD 21131 20a_METNOD OF DISPOSITION XXBurlel 2 Cremetton 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of cometary, crematory or other place) DATE 20c. LOCATION — City or Town, State													
	4 Donation 5 Other (Specify)		St. Jo	ohn'	s Luth.	Ch. (Cem.	4/2	7/193	Phoe	nix.	MD		
	21. SIGNATURE OF FUNERAL SERVICE LIE	ENSER /			22. NAME	AND ADDRES	S OF FA	CILITY				III		
	Bryan W. Cla) lare	1		Lemm	on-Mit	tche	11-W	iedefe	eld,	Inc.			
		ry			10 W	. Pado	onia	Rd.	, Timo	nium	, MD	21093		
	23. PART I. Enter the diseeses, Dr c	prodications that c	To w. radolita kd., rimonium, MJ / () 93											
	23. PART I. Enter the diseases, or complications that coursed the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate													
	IMMEDIATE CAUSE (Final												Between	
	anock, of heart failure.	List billy bile cause	on each line.			node of dylr						Interval	Between	
	IMMEDIATE CAUSE (Final	a. CER	ETSR	OV	ASCO	node of dylr						Interval	Between	
	IMMEDIATE CAUSE (Final disease or condition	a. CER	F AS A CONSEQU	Ø V	ASCO	ICA	C					Interval	Between	
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TION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate	DUE TO (OIL APLIE	F AS A CONSEQU	DENCE OF	ASCU	ICA	C					Interval	Between	
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5714 Harford Road, Baltimore, MD



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BALTIMORE, MARYLAND 21215-0020

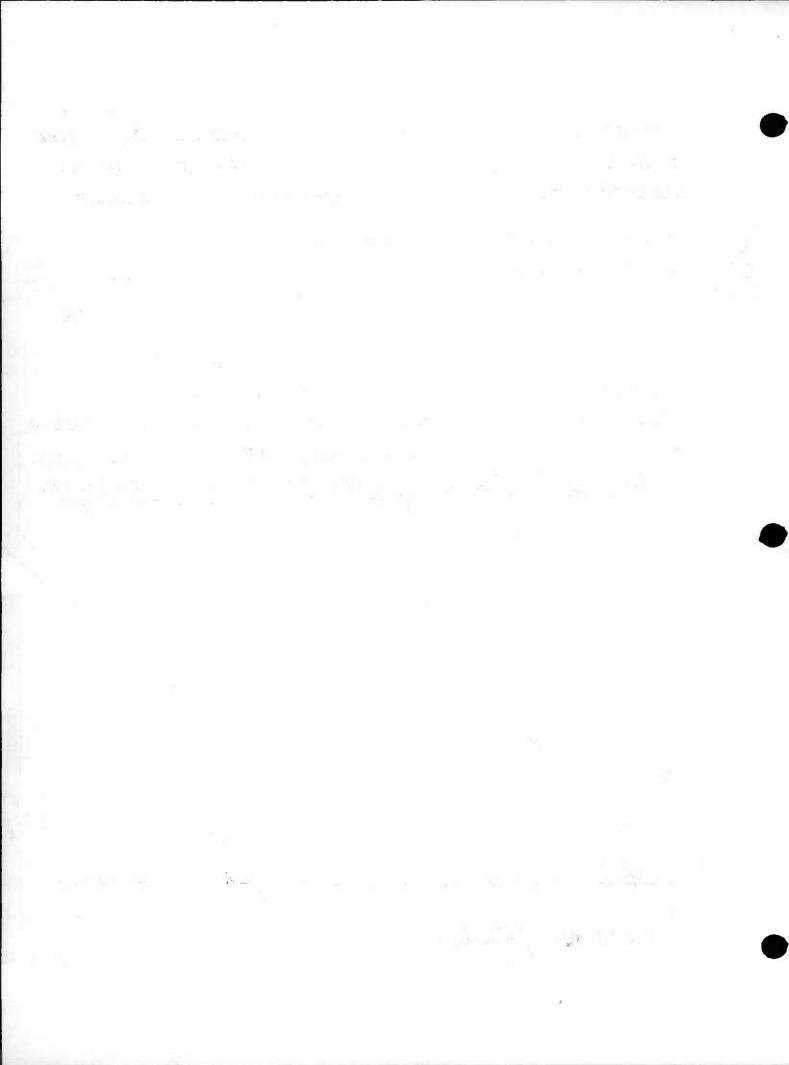
TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF M		ERTIFIC					AI E I I I I	REG. NO			
1. DECFDENT'S NAME (First, Mirrow, Last)								2. DAT	E OF DEATH	AV	YEAR	3. TIME OF DEATH
DOROTHY SHERMAN						. •		APR	IL 2		93	8:15PM M
4. SOCIAL SECURITY NUMBER 578-44-3079	5. SEX	6. AGE (In yrs.		IF UNDER 1	DAYS	HOURS	24 HRS. MIN.	(Mon	OF BIRTH		Countr	
9a. FACILITY NAME (If not institution, give stre				9b. CITY,	TOWN O	2 LOCATIO	ON OF DE		IL 8,1		NE NTY OF D	W YORK
HOLY CROSS HOSPITA						R SF				1		MERY
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							102700			MO	MIGU	TVILKY
	NTGOMERY			TOWN OF								10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	VIOUMLKY		1 311	LVER		ZIP CODE				10g, CITI	ZEN OF W	1 YES 2 NO
8107 EASTERN AVENUE	E APT. 30	04D				209	10				U.S.	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. Y	KRMED NO	13. W	AS DECE	NDENT O	F HISPAN	C ORIGI	N? (Specify Yes		14. RACE	- American Indian, White, alc.
3 Widowed 4 Divorced	IF YES, GIVE W					2 (X NO			riceri, etc.)		Specif	ly:
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. I	DECEDENT'S U	SUAL OC	CUPATID	٧		16	b. KIND OF BU	SINESS/IND	USTRY	WHITE
Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of wo ife. Do NOT use	retired.)	uring mos	t of workin	g					
12		SE	CRETAR	RY.				_	1.S. G		MENT	
17. FATHER'S NAME (First, Middle, Last) BERT SINGMAN									Middle, Maiden	Surname)		
19a. INFORMANT'S NAME (Type/Print)			196. MAILING A	ADDRESS ((Street an				NOWN)	n State Zin	Codel	
BENJAMIN SHERMAN		8	3107 EA	STER	RN A	VENU	E #3	04D	. STLVI	ER SP	RT NG	20910 MARVIAND
20a. METHOD OF DISPOSITION 1)□ Burlel 2 □ Cremetion 3 □ Remov	rel from State	20b. PLAC	E AND DATE OF	DISPOSIT			11	25/		CATION —		
4 Donalion 5 Other (Specify)		KING	DAVID	MEN	10RI		ARDE	M.	FALI	S CHI	<u>URCH</u>	VIRGINIA
11. SIGNATURE OF FUNERAL SERVICE LICE	Note of					ADDRES			10711			OUT THE
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23. PART I. Enter tha diseases, Dr CD shock, Dr heert fallure. Li	mplications that let only one cous	caused the c	death. Do no	4 23	52 C/	AKKU.	LL S	LKEE	$= 1 N\omega$	WASH	HTNG	TON DC Approximata Interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

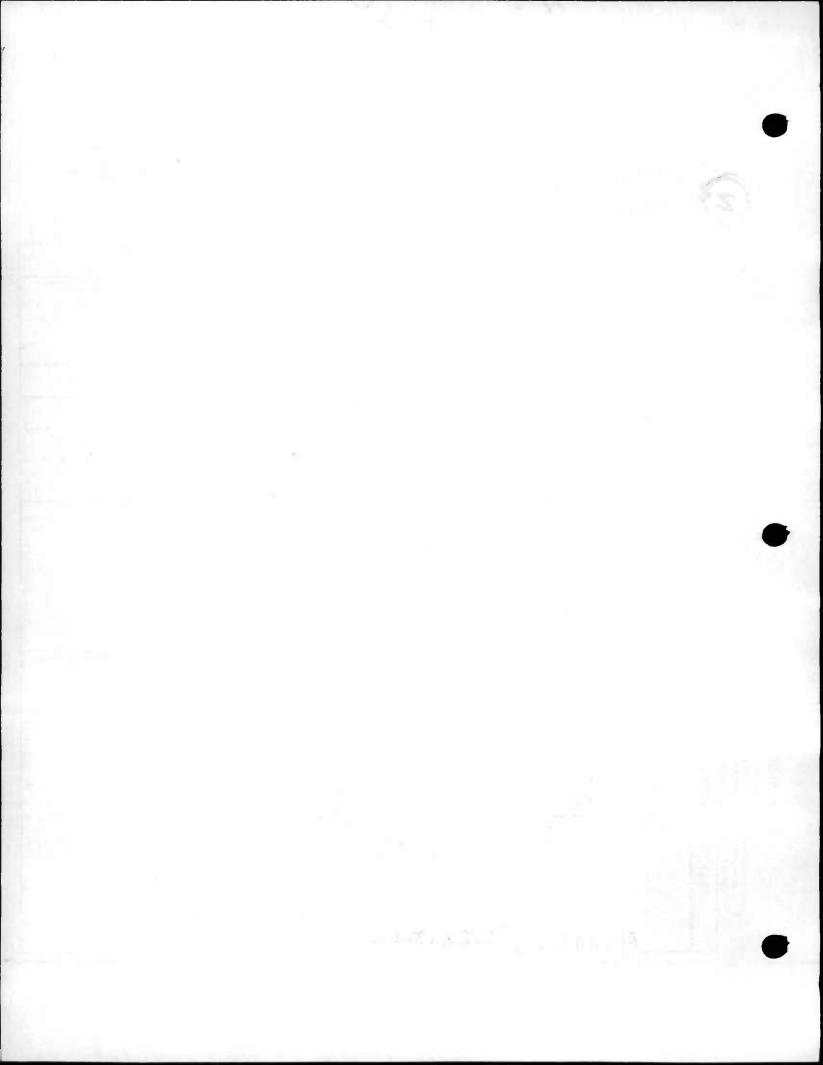
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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		1 - STATE REGISTRAR	STATE OF MA			TMENT (MENTAL HYGIE REG. N			
		1. DECEDENT'S NAME (First, Middle, Last)	51.11							2. DATE OF OEATH MONTH	DAY	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	SKretch	AGE (In yrs. last	hirthday)	IF UNDER 11	VEAR	IF UNDER	2 24 MDC	7. DATE OF BIRTH	3 0	13	7/1:50 p M
19 (/	4	052 30 9079	1 🗆 M 2 🖾 F	80	YRS.		DAYS	HOURS	MIN.	A print any Year)	1,193	3 contra	ew York
, week	-	9a. FACILITY NAME (If not institution, give s	No.			96. CITY, TO			ON OF DE	ATH		UNTY OF O	
(7		Anne Arundel M		enter		Anna	po1	Lls			Ani	ne Al	rundel
£ .	- Bill	Maryland Ann	, e Arunde	1		y, town on apol		ION			-		10d. INSIDE CITY LIMITS?
permit	RAL	10e. STREET AND NUMBER	- 112 41140			apor	_	ZIP COD	E	10g. CITIZEN OF			1 YES 2 □ NO
ian. transit	1 111 3	2522 Tudo Cour			21401						US	SA	
21215-0020 al or attending physician. for use as the burial-transit	BY FUN	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [YES 2 N	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black,						- American Indian, , White, etc. Vhite		
1215-0 or attending r use as the	G	15. OECEDENT'S EOU (Specify only highest grade				USUAL OCCI			na .	16b, KINO OF B	USINE\$\$/IN	8	
2121 oital or att	PLET	Elementary/Secondary (0-12)	life.	nema	e retired.)	ing mos	K OF WORK	w	Own Ho	3 m O			
The hospital detached for	COMPL	17. FATHER'S NAME (First, Middle, Last)	1101	ii e iii a	KEL		18. MOT	HER'S NA	ME (First, Middle, Meidle		···		
2 2 2	5 m	Roman Hubert							ine Dub:				
MA retain 5 sho	TO BE	19a. INFORMANT'S NAME (Type/Print) Walter Skretch								apolis 1		ip Code) 2 1 4 0 1	1
may be	90 191 191	20a. METHOD OF DISPOSITION 15. Burlal 2 Cremation 3 Rem	oval from State	20b. PLACE A	NOOATEO	OF OISPOSITI	ON (Nar	ne of		DATE 20c. I	OCATION -	- City or Toy	vn. State
		Sacred Hearts Cem. 4/2 8/93 Southampton, NY											
death.	exeminer	Ives-Pearson Funeral Homes											
after after by the	De Co	Arlington, VA 22201 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											
0 P 0		snock, or neart tailure. List only one cause on each line.											
within Spletely Srematis	avent, 11	resulting in death)	oue Total	AS A CONSEC	UE.	He	01	ナ	9	a. (Ure			
oecuted and com burial.	. 1	Consensation that condition	Vent.	ricul	0	2	-	st	e	Qe-fe	cot		
or the	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	OUE TO (OF	AS A CONSEC	UENCE OF	F):		de	-0	PA	5417	5.5	
certificate ding physi lygiene pri	TIFIC	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Carstine Heat Failure OUE TO (OR AS A CONSEQUENCE OF): Let any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
T = 8 =	CER OF	resulting in death) LAST	d										
	any injury,	PART II. Other eignificant condition	a contributing to da	ath but not re	suiting i	in the unde	eriying	cause	given in	Part I. 24s. WAS / PERF	N AUTOPSY ORMED?	24b,	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
E S E	MEDICA	three 1 0	dani	<u> </u>						1 YES	2 🗌 NO		OF DEATH?
>		86.16											1 YES 2 NO
N: The lav ficate has State Oep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL:			OTHER:				ock only one)			
YSICIAN: The scentificate th the State	ا ≤ ا¤	27. MANNEY OF OEATH	28e. DATE OF INJ (Month, Day,	IURY	28b. TIMI	E OF 28	Bc. INJU	JRY AT	sidence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	
DING PHYS After this death with	BY PH	1 Natural 5 Pending 2 Accident investigation						ES 2 [NO				
TTENDI TOR: A after d		3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	IJURY — At hor . (Specify)	ne, farm, s	treet, factory	, office			28f. LOCATION (Stree City or Town, State		er or Rural R	oute Number,
2 1 Z	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	CIAN: To the best of my										
TO THE HOSPITAL TO THE FUNERAL be filed within 72	E CO	29b. SIGNATURE AND TITLE OF CERTIFIER				THE THE PERSON NAMED IN			ENSE NUM				(Month, Day, Year)
55 55 FF F	TO BE	- rand av	Who	- M3				0	31-	778	14	/24	1/83
		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF OEATH (ITEM	127) (Type,	Print)	1	97	1	e An	220	VE.	MOZIYJI
		31. DATE FILEO (Morith, Day, Year) APR 3 A 199	32. RECISTRAR'S	SIGNATURE	Durka	-		1			0	- \-	
		MFN 3 11 133	J jours	-014(0s)	- Jack								



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR				CE	RITE	CAI	EUF	DEA	i n		REG. NO			
	1	1. DECEDENT'S NAME (First,		ISE LYNN	SALI	EKER						MON	PR 26	AY 1993	YEAR	3. TIME OF DEATH 5: 30 A M
-1		4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDE	R 1 YEAR	IF UNDE	1 24 HRS.		E OF BIRTH	1775	A. BURTH	PLACE (State or Foreign
		265-91-655	5.3	1 M 2 TF	1	19	YRS.	MONTHS	DAYS	HOURS	MIN.	1	nth, Day, Year)		Country	7)
- 1		9a. FACILITY NAME (# not in	_	1 41		19			14				PR 30 I			RYLAND
1 00								90. CH	Y, TOWN	OR LOCAT	ON OF DE	EATH		9c. COU	NTY OF D	EATH
0		NATIONAL N	VAVAL N	MEDICAL (ENTE	ER			BETH	ESDA					MONTO	OMERY
DIRECTOR	П	10a. STATE	10b, COUNTY	v -			the City	V TOWAL	OR LOCA	TION						
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	-	MARYLAND 100. STREET AND NUMBER		ONTGOMERY				OL	NEY							1 TES 2 NO
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N N		11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1				13.	WAS DEC	CENDENT	OF HISPAN	NIC ORIG	ilN? (Specify Yes	or No-	14. RACE	- American Indian,
β		1 Never Married 2 3 Widowed 4 Divo	ATES X	O			2 TNO			o Rican, etc.)		Specif	, White, etc.			
		3 Widowed 4 Divo	orced							Λ						WHITE
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et once.		17. FATHER'S NAME (First, M.	liddle, Last)							18. MOT	HER'S NA	ME (First	, Middle, Maiden	Surname)		
(a) 111	- 11	AT.B	ERT DA	LE SALEK	ER							тт	NDA LO	TOTTE !	1 D	
0 0	1	19a. INFORMANT'S NAME (7)		DATE DATE OF THE PARTY OF THE P		19b	. MAJLING	ADDRES	S (Street	and Numbe	r or Rural i		mber, City or Tow			
2	į	ALBERT D. S.	VI EKED													
2		20s. METHOD OF DISPOSIT	ION		20h					eme of			OLNEY		City or Tox	
examiner must be notified TO BE	1	1 ⊠ Burial 2 □ Crematio 4 □ Donation 5 □ Other		oval from State	ST	elenscret	natory errot	her place	RTAT	L PA	RK	1				sted, Ohi
5	ı			ENSEE				_					23 110	, 1 011	O L III	beed, oni
Ē	7	21. SIGNATURE OF AMERIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY IVES-PEARSON FUNERAL HOMES														
	J	ARLINGTON, VA. 22201														
medice	1	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Returned Partners of Partners Returned P														
	I	IMMEDIATE CAUSE (FIN		List only one cal	ise on e	ach line.										interval Between Onset and Death
=	ľ	disease or condition		DME	TIACM	٨										Onsot and Death
E,	ł	resulting in death)		a. PNEU			UENCE OF	n:								
or other traumatic event, the ERTIFICATION			_					,								i a
RTIFICATION		Sequentially list conditi		DUE TO	(OR AS A	CONSEO	UENCE OF);								-
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힐탈		CAUSE (Disease or inju- that initiated events	iry	DUE TO	(OR AS A	CONSEO	UENCE OF	7):								-
		resulting in death) LAS	Т													
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AL C		PART II. Other significa	nt condition	s contributing to	death b	ut not re	suiting i	n the u	nderlyin	g cause	given in	Part i.	24a. WAS AN PERFOR		240.	WERE AUTOPSY FINDINGS
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§ §	1												10.120	20 110		OF DEATH?
e -	1											_				1 TYES 2 NO
N N		25. WAS CASE REFERRED TO	O MEDICAL						26 91	LACE OF D	EATH /Ch	ack anti-	anal anal			
PHYSICIAN:	1	EXAMINER? 1 ☐ YES 2 ☒ NO		HOSPITAL:	- Envo		T	OTHE	R:							
희		27. MANNER OF DEATH		28a. DATE OF	_	aniem 3	28b. TIME			JURY AT	esidence	_	ner (Specify)			
		3.2	Pending	(Month, D			INJ		WC	DRK?	١,,,,	280. D	ESCRIBE HOW I	NJUHY OC	CURED	
B B	1	2 Accident	Investigation	28a DI ACE C	E IN UIDY	44.5-				YES 2	J NO					
ZE IS)		Could not be determined	28e. PLACE O building,	atc. (Spec	— At non	ne, tarm, s	treet, fac	tory, offic	e		28f. LC	CATION (Street a by or Town, State)	ind Numbe	r or Rumal R	oute Number,
						-									-	
를 로		(Check only 1 X CERT	IFYING PHYSI	CIAN: To the best of	my knowl	ledge, des	th occurre	d at the	time, data	and place	, and due	to the c	ause(a) and mar	mer as sta	ted.	
BE COMPLETED		one) 2 MEDI	CAL EXAMINE	R: On the basis of e	xamination	and/or in	rvestigation	n, In my	opinion, d	lesth occu	red at the	time, de	ta and placa, an	d dua to ti	he cause(s)	and manner as stated.
E IN	I	29b. SIGNATURE AND TITLE	OF CERTIFIER	1/						29c. LIC	ENSE NUM	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
	1	Vola	0100	esse						MO		580	0	>2		83
월 월		30. NAME AND ACORESS OF	PERSON WH	O COMPLETED CAU	SE OF DEA	ATH (ITEM	27) (Type.	Print)		, , ,					- II	
		NATIONAL NAVAL MEDICAL CENTER BETHESDA MD 20889-5600														
		31. DALE FILED (Morith, Day,	Vearl	32. AFGISTRA	PLS SIGN	ATURE .			_	ВE	THES	DA J	MD 2088	9-56	00	
1		APR 3	0 1993	Junia l	wido	~~	nder	,								

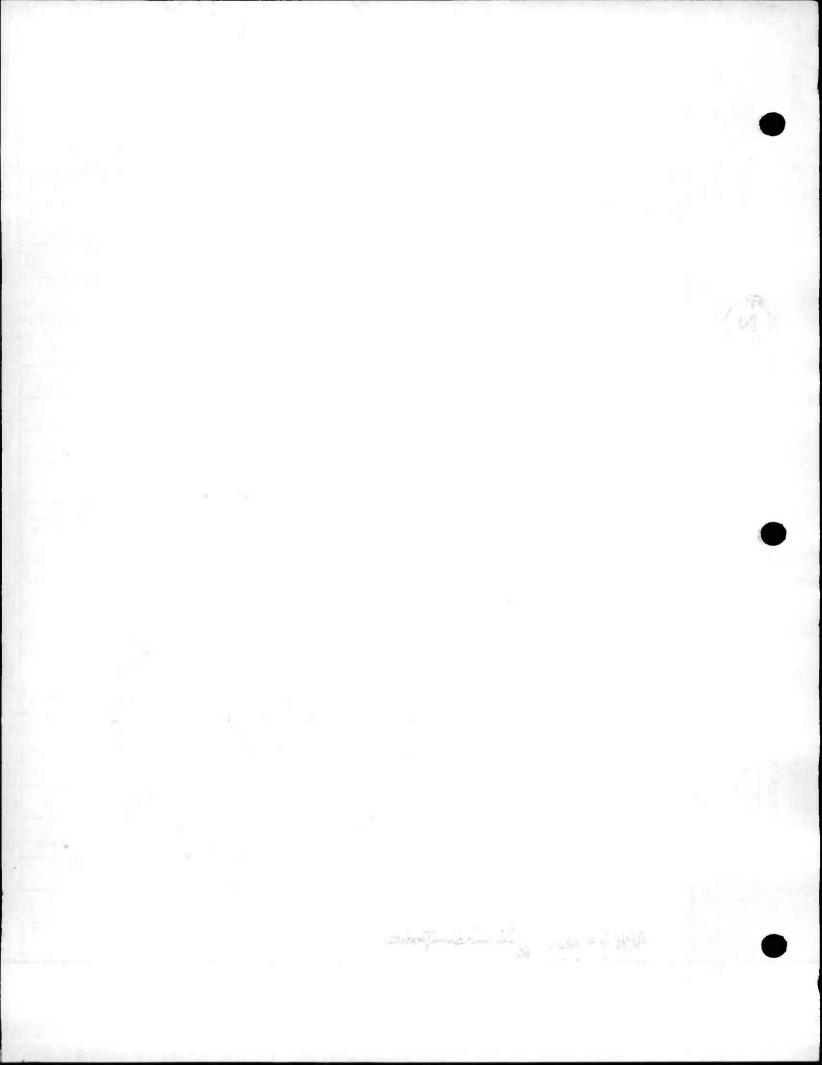
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 212

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

al-transit permit. Pages 1, 2, 3 should

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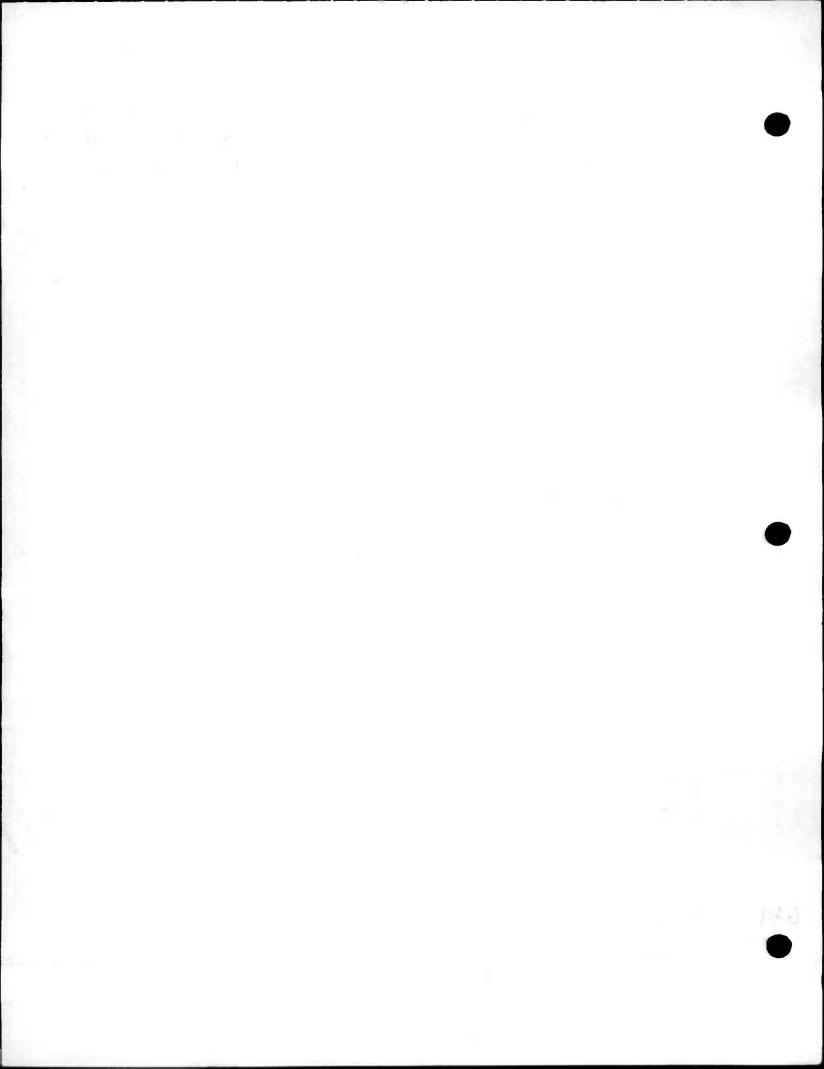


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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or artending physician.
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be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

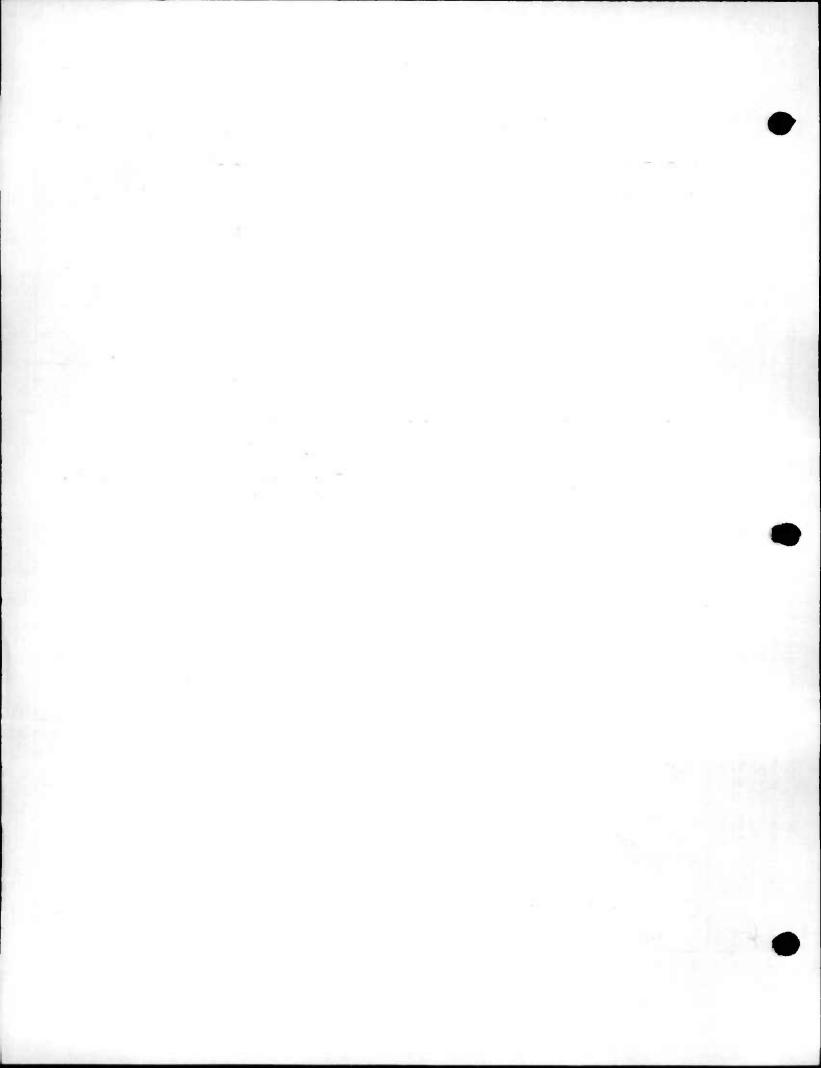
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF HI		IENTAL HYGIEN	E	12308	
	1. DECEDENT'S NAME (First, Middle, Last)	SIAT KOW	0.1			2. DATE OF DEATH	Y 93	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213 07 8667	5. SEX 6. AGE (In	yrs. last birthday) YRS.	74.1	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-14 a. BIR	THPLACE (State or Foreign	
TOR	94. FACILITY NAME (If not institution, give s Stella Maris Hos	spice		9b. CITY, TOWN OF TOWS	On	ТН	sc. county of DEATH Baltimore		
DIRECTOR	Maryland 10b. count	(10c, CITY	, TOWN OR LOCATIO	N			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	5713 Daybreak				21206			what country? d States	
₽	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN (FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	5 X NO	13. WAS DECE If yes, spec 1 — YES 2	ify Cuban, Mexican,	ORIGIN? (Specity Yea Puerto Rican, etc.)	Bla	CE — American Indian, ck, Whita, etc. cc/ly: White	
哥	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of w	USUAL OCCUPATION ork done during most	of working	16b. KIND OF BUS	INESS/INDUSTRY	***************************************	
COMPLET	Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Lest)	College (1-4 or 5+)	life. Do NOT use	Harth				eel Corp	
H	Adam Siatkowsk	i	1		Caroli	E (First, Middle, Maiden S . ne Buc			
2	Joseph Daniel		3220	Old No	rth Pt.		alto.,	MD 21222	
	1 Donation 5 Other (Specify)	cernet cernet	ety, crematery or oth	FDISPOSITION (Nam h 1513 aus	Cem. 4	/24 Ba]	timore		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Selens	ki	Lilly 1901	Eastern	er, INc. Ave. Ba	alto.,	al Home MD 21231	
	23. PART I. Enter the diseases, or caheck, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A C	n = a	n cur	of dying, such	as cardiac or reapir	atory arrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C							
	PART II. Other aignificant conditions	s contributing to death but	not reaulting in	the underlying	cause given in Pr	nrt I. 24a. WAS ANA	UTOPSY 24	b. WERE AUTOPSY FINDINGS	
N: MEDICA						PERFORM 1 YES 2	AED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLAC	E OF OEATH (Check	k only one)			
Y PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	1 Inpatient 2 ER/Outpati 28a. DATE OF INJURY (Month, Day, Year)		OF 28c, INJUR	Y AT 2	Other (Specify)	HOSPICE		
TED BY	Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st			Ret. LOCATION (Street er City or Town, State)	nd Number or Rural	Route Number,	
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC cne) 2 MEDICAL EXAMINER	CIAN: To the best of my knowled	ige, death occurred	at the time, data er	d place, end due to	the cause(s) and mannine, data end place, and	ner as stated.	e) and mennar as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Celeva	rde	41	D 27087	ER	29d. DATE SIGNE	21 - 93	
	30. NAME AND ADDRESS OF PERSON WHO				e-Dulane	y Valley I	RdTows	on 21204	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATION							
	WKK 3 0 1222	4							



ransit permit. Pages 1, 2, 3 should

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ID THE MOSPITAL OR ALLENDING PRISOLIAN: THE TAW TEQUIES LIST LIST USE DESIGNED WITHING THIS STIEF DESIGN OF THE MOSPITAL OF STIEF	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use &	ž	=

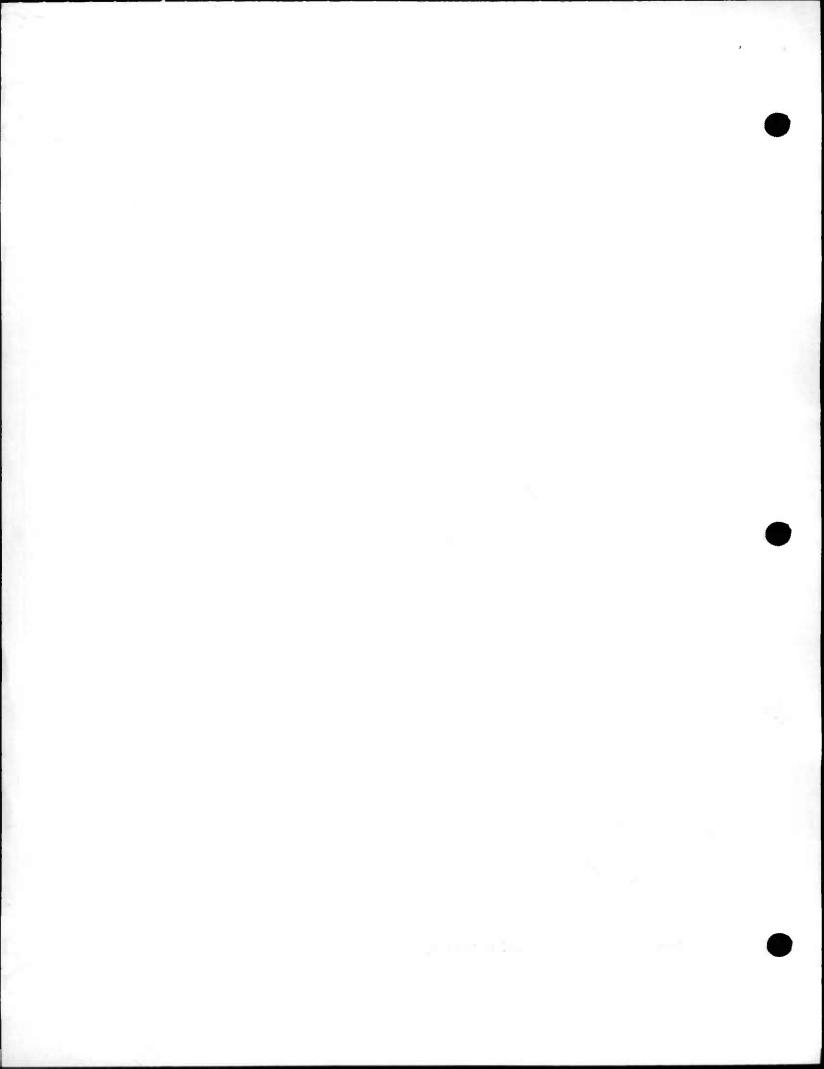
	FOR 1 _ STATE	STATE OF M	MARYLAND /	DEPAR	RTMENT	OF H	IEALTH	AND	MENTA	AL HYGIEN	ie 9	J	12303
	REGISTRAR		CI	ERTIF	ICATE	OF	DEA	TH		REG. NO			
	1. OECEOENT'S NAME (First, Middle, Last)	Jose	ph Mi	chael	e st	rehl	2en		2. DAT MON	E OF DEATH	×28	43	3. TIME OF OEATN 1240 M
	4. SOCIAL SECURITY NUMBER 220-22-4972	5. SEX 1XXM 2 □ F	e. AGE (In yrs. lest birthdey) F 65 YRS.			1 YEAR DAYS	HOURS	MIN.	(Mor	of BIRTN oth, Day, Year) 0-9-19	27	8. SIRTNPLACE (State or Foreign Country) Maryland	
	9e. FACILITY NAME (If not institution, give st	treet and number)	and number)				R LOCAT	ION OF DI			-	TY OF OE	
PDT.	1929 Armco Way					Du	ndal	.k			1	Balti	more
FUNERAL DIRECTOR	100. STATE 10b. COUNTY Maryland	Baltin	Baltimore 10c.				TION		Dur	ıdalk			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	1929 Armco Way					101	. ZIP COD	_	2122	22	10g. CITI		nat country? Lited States
BY	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 WNO IF YES, GIVE WAR OR DATES				. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify: 1 Specify:						
	15. DECEOENT'S EDUC (Specify only highest grade	CATION completed)	16a. OE	CEDENT'S	Work done	CCUPATIO	ON ast of work	ing	16	b. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Flementery/Secondary (0-12) 7th Grade	College (1-4 or 5	(Give kind of work done during most of working life. Do NOT use retired.) Tow Motor Operator							Conta	iner	s Con	p.
8	17. FATNER'S NAME (First, Middle, Last) Michael John Stra	ehl en								Middle, Maiden		Adam	1.6
TO BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRESS	S (Street a	and Numbe	er or Rumil	Route Nu	mber City or Tow	n. State. Zin	Code)	
F	Mrs. Dorothy Strehlen 1929 Armco Way Dundalk, Maryland 21222												
20e. METNOD OF DISPOSITION 1 Burlel 2XX Cremetton 3 Removal from State 4 Donallon 5 Other (Specify)													
	21. SIGNATURE DE PRIVERAL SERVICE LICENSEE 22. NAME AND ADDRESS DE FACILITY D'Uda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Dundalk, MD 21222												
	23. PART I. Enter the diseases, or o shock, or heart fallure.	complications the	t caused the de	ath. Do									Approximate Interval Between
	disease or condition a. Acute myocardial infanction										Onaat and Death		
z	DUE TO (OR AS A CONSEQUENCE OF):												
ATIO	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST												
L CE	PART II. Other significent condition	s contributing to	death but not	resulting	In the un	nderivin	a Csuse	given in	Part I.	24a, WAS AM	AUTOPSY	24h	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA						,				PERFO	RMED?		AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
MEC			_							"	/		1 NES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					00.00	100 00	DEATH OF	hard and				
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER 4 Nur	R:	~ /	DEATN (Ch	-	her (Specify)			
PHY	27, MANNER OF DEATN	28e. DATE OF (Month, L		28b. Til	ME OF	28c. IN.	IURY AT			ESCRIBE NOW	INJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could get be	28e, PLACE C	OF INJURY — AI he	ome, farm.	M street, fact			_ NO	261 1.0	CATION (Street	and Number	or Rural B	oute Number
ETED	4 Nomicide 6 Could not be determined	28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)								ty or Town, State			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSI 2 MEDICAL EXAMINE												end manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Jenovan	m.b.				29c LIC	ENSE NU	MBER 6 3	2	29d. DAT	E SIGNED	(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CALL	SE OF DEATH (ITE	M 27) (5/p		AL	KA	WE.	5.0	RALT	O N	11)	21212
	31. DATE FILEO (Worth, Day, Year) APR 3 0 1993	32. MEGISTR	AD'S SIGNATURE	nda				_	_	2,11	-		
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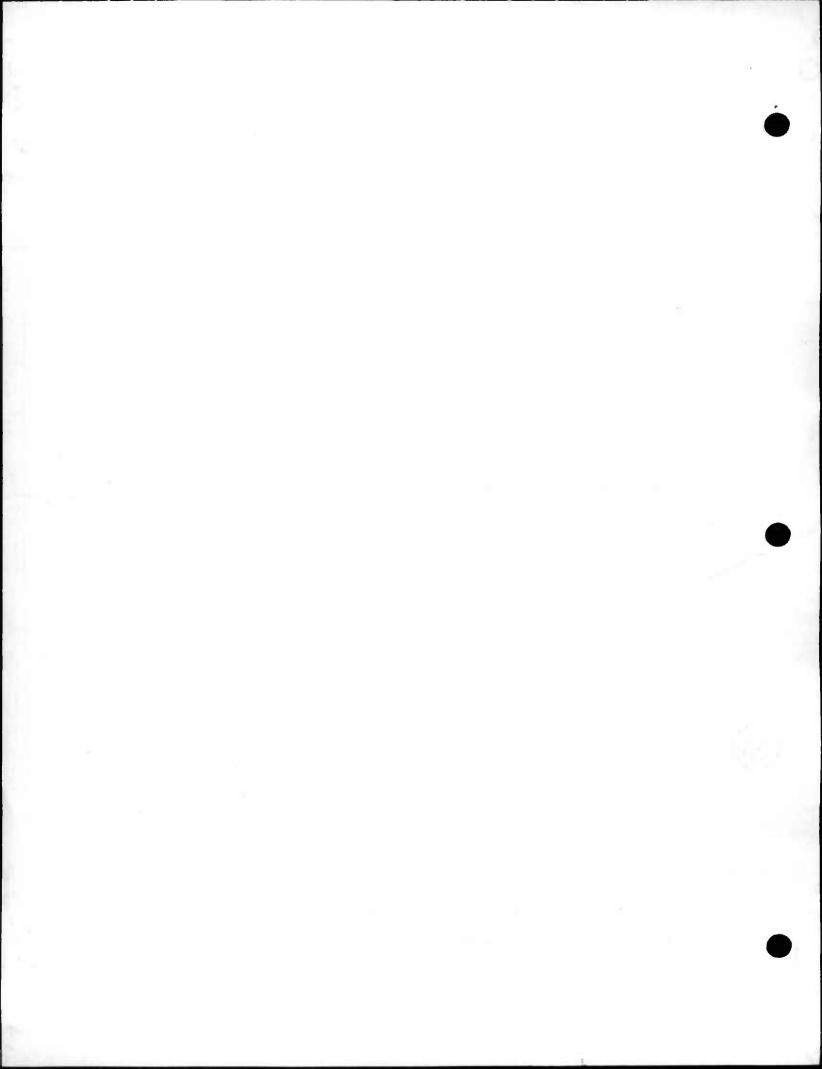
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	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIENI REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	Zola Goul	d Solli				April 29,	1993	м.				
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	7. DATE OF BIRTH	8. BIRTI	HPLACE (State or Foreign						
	219-10-2653	1 □ M 2 XXF 8(YRS.	(Month, Day, Year) 2,-2,0-1913	Mar	yland						
	9a. FACILITY NAME (If not institution, give s	treet and number)		EATH	9c. COUNTY OF E							
DIRECTOR	3735 Courtleigh Dr. Randallstown Baltimore											
H H	10s. STATE 10b. COUNTY		10d. INSIDE CITY LIMITS?									
		imore Co.	Rat	ndallsto	wn			1 YES 2 NO				
FUNERAL	10e, STREET AND NUMBER			100	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
ij	3735 Courtleigh	Dr.		2	1133							
ᆵ	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 14. RACE — Ame Black, White. Black, White.							
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specifi	Spec						
	15. DECEDENT'S EDUC	CATION	18a. DECEDENT'S	1	io.			White				
<u> </u>	(Specify only highest grade	completed)	IN sl of working	16b. KIND OF BUSI	NESS/INDUSTRY							
7	12th grade	College (1-4 or 5+)	fife. Do NOT us			T 05	£4.c.					
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Secreta	L y	46 1407117710 14	Law Of						
	Henry J. Childre					ME (First, Middle, Malden Sence Unknow						
BE	19a. INFORMANT'S NAME (Type/Print)	55	10h MAII INC	ADDRESS (Ov.)								
임	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Joan K. Anderson 6700 Laurel Dr. Baltimore, MD 21207											
	20a. METHOD OF DISPOSITION 1 General 2 Cremation 3 General	20b.	PLACE AND DATE O	F DISPOSITION (Na	me of	DATE 20c. LOC	ATION — City or To	wn, Stata				
	4 Donation 5 Other (Specify)	Ceme Care	etery, crematory or other C	remation	, Inc. 4	-30-93 Ha	mpstead,	MD				
1	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	D ADDRESS OF FA	CILITY		~				
	1 John K	& luly				Tuneral Dir						
	23. PART . Enter the diseases, pro	complications that caused	the death. Do n	t enter the mo	de of dving eucl	Rd. Randal	ISLOWN,					
	attock, or freett fellure.	Liet Drily one couse on se	ch line.			it as cordisc of respir	albry errest,	Approximats interval Between				
	iMMEDIATE CAUSE (Final disease or condition	acui	te CU	7				Onset and Death				
	DUE TO JOR AS A CONSEQUENCE OF											
z	atual phulleto											
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF									
<u>5</u>	CAUSE (Disease or injury	c										
	that initieted events	DUE TO (OR AS A	CONSEQUENCE OF	•								
w II	resulting in death) LAST	1										
AL C	PART ii. Other significent conditions	s contributing to deeth bu	t not reaulting in	the underlying	Ceuse given in	Part i. 24a. WAS AN A	UTDPSV 24h	WERE AUTOPSY FINDINGS				
				,	g	PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC						1 TYES 2	□ NO	OF DEATH?				
						—		1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Che	ant ant and						
	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe		OTHER:								
Ĕ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. tNJ	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED					
2	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? ES 2 NO							
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	At home, farm, st			281. LOCATION (Street an	d Number or Rural F	Toute Number				
<u> </u>	4 Homicide determined	building, stc. (Specif	γ)			City or Town, State)						
ן ל	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	dge death occurre	at the time date	and place, and due	An Abrahamara (a) and a said						
COMPLETED	(Check only one) 2 MEDICAL MANINE	R: On the beals of exemination	and/or investigation	, in my optnion, de	sth occured at the	time, data and place, and	due to the cause/s	and manner se stated				
	///				11042	99	▶ 4//>	(Month, Day, Tear)				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	/	-	- 7/	9(/)				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE									
	APR 3 0 1993 Ju	his Devidson Rand	400									
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Mental And Mental Hygiene prior to burial, cremation, or removal.	23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - STATE REGISTRAR	STATE OF I	WARYL	AND / DEP	ARTMENT	OF HEALTH AND OF DEATH	MENT	TAL HYGIEN			2511
9	1. DECEDENT'S NAME (First, Middle, Last)	Mauri -		0.1				ATE OF DEATH			3. TIME OF DEATH
1		Marie	Α.	Schwar	zkopf		Ap	ril 28,	1993	YEAR	12 noon M
	4. SOCIAL SECURITY NUMBER	5. SEX		In yrs. last birthde			7. DA	TE OF BIRTH onth, Day, Year)		. BIRTHP Country)	LACE (State or Foreign
	820-01-4764	1 M 2 XF	88	YRS	MONTHS	DAYS HOURS MIN.	Ju	ne 19,1	904		yland
~	9e. FACILITY NAME (If not institution, give str	reet end number)			9b. CITY, T	OWN OR LOCATION OF D	EATN		9c. COUNT	Y OF DE	ATH
2	42 Sheraton Road Randallstown Baltimore										
ည္အ	10e. STATE 10b. COUNTY										10d. INSIDE CITY
BY FUNERAL DIRECTOR	Maryland	Baltimo)re			Randallstown					LIMITS?
A	10e. STREET AND NUMBER	Dareine	71.6			101. ZIP CODE		OWII	10g, CITIZE		AT COUNTRY?
E	42 Sheraton Road					21	133			S.	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN	U.ST ARMED	13, W	S DECENOENT OF NISPA	, RACE -	- American Indian.			
Σ.	1 Never Married 2, Merried 3 Wildowed 4 Divorced	IF YES, GIVE W				res, specify Cuben, Mexica YES 2 NO Specif		to Rican, etc.)		White, etc.	
	15. DECEDENT'S EOUC								Specify: Caucasian		
COMPLETED	(Specify only highest grade of	completed)		(Give kind	T'S USUAL OCC of work done du Tuse retired.)	AL OCCUPATION Ione during most of working 16b, KIND OF BUSINESS/INDUSTRY					
7	Elementary/Secondary (0-12) 8th. Grade				stress	T = = = -1.	T		_		
MO	17. FATHER'S NAME (First, Middle, Last)			Dealli	stress	18. MOTNER'S NA	A 145 (5)-			ni (Company
		Louis Ri	v			IO. MOTHER'S NA	MME (FRS				
BE	19a. INFORMANT'S NAME (Type/Print)	LOGIS KI		19b, MAIL	NG ADORESS (Street and Number or Rural	Prurte Mr	Louis	e Satt	Ler	
2	Mary Lou Darrell					n Rd Randa					
	20e. METHOD OF DISPOSITION		20b.	PLACE AND DAT	E OF DISPOSIT	ON (Name of		ATE 000 10	CATIONI OIL	211 -	n. State
	1 X Buriel 2 ☐ Cremation 3 ☐ Remort 4 ☐ Donation 5 ☐ Other (Specify)	val from State	Ceme H	oly Red	eemer	Cemetery 5	/1/0	93 Bali	timore	. Ma	ryland
ı	21. SIGNATURE OF FUNERAL SERVICE LICE				22. NA	ing Byers	CILITY	1 D:		, 110	aryrand
	> Googs Q. W	1. Koll	no	n	872	8 Liberty 1	rune Rd F	erai Di Randallo	rector	S, .	21133-4784
	23. PART I. Entar the diseases, or co	omplications that	t ceused	the deeth. D							
	ehock, or heert fellure. L IMMEDIATE CAUSE (Final	let only one ceu	ise on ae	ch line.		to mode of dying, add	JII do Ci	erdiec or reepi	ratory erree	τ,	Approximate Interval Batween
	disease or condition	CVA	3								Onset and Death
ļ	resulting in death) e									-	
z	HASEVD										İ
윤	Sequentially list conditions, if eny, leading to immediate	DUE TO	(OR AS A	CONSEQUENCE	OF):						
5	CAUSE (Disease or Injury										
Ħ	that initiated evente resulting in daeth) LAST	DUE TO	(OR AS A	CONSEQUENCE	OF):						
CERTIFICATION	d.										
	PART II. Other eignificant conditions	contributing to	deeth bu	it not resultin	g in the unde	rlying ceuse given in	Part I.	24a, WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINOINGS
5	_ severe estimanth	utes						PERFOR			WAILABLE PRIOR TO COMPLETION OF CAUSE
								1 🗌 YES 2	(I) NO		F DEATH?
ä										'	□ TES 2 □ NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PLACE OF OEATH (Ch	eck only	one)			
Š	_	HOSPITAL: 1 Inpatient 2	ER/Outpa	tient 3 🗆 DOA	OTHER:	Nome 5 Residence	8 🗆 Ot	ther (Specify)			
E	27. MANNER OF OEATH	28a. OATE OF (Month, Da		28b. T	IME OF 28	c. INJURY AT WORK?	28d. 0	ESCRIBE NOW IN	JURY OCCUR	RED	
B	1 Natural 5 Pending 2 Accident Investigation				М	1 TES 2 NO					
	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY -	At home, fern	, street, factory	, office	281. LC	DCATION (Street e	nd Number or	Rural Rou	ite Number,
E I											
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of	my knowle	dge, death occu	rred at the time	, date end plece, end due	to the c	cause(e) and men	ner ee stated.		
S I	one) 2 MEDICAL EXAMINER	On the basis of ex	amination	end/or investigs	tion, in my opin	ion, death occured at the	lime, de	ate end plece, end	due to the c	euse(e) e	nd menner ee stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUM	MBER		29d. DATE SI	IGNEO (A	fonth, Day, Year)
	John D	arrell,	M. D).		D ₀₁	OFC		>		9/93
2	30. NAME AND ADDRESS OF PERSON WNO John J. Darrell,	M D O	E OF DEAT	TH (ITEM 27) (7)	De, Print)			MD 2112	2	, 2	7/93
					ru.,	uuuallstow	/11 ,	בוד איים	3		
	APR 3 U 1993 fu	32. BEGISTRA	R'S SIGNA	TURE							
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page 5 should be detached once. notified at pe must funeral director, medical examiner filled in by the fu completely filled rial, cremation, (the event. and com o burial. other traumatic the attending physician a Mental Hygiene prior to 10 Injury, o a big amy i signed b shows a s certificate has been s th the State Dept. of H id, or Item 23 show L DIRECTOR: After this ce hours after death with the Item 28 is marked, marked, TO THE HOSPITAL TO THE FUNERAL DE FILE WITHIN 72 h

executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

31. DATE FILED (Month, Day, Year)

APR

0 1993

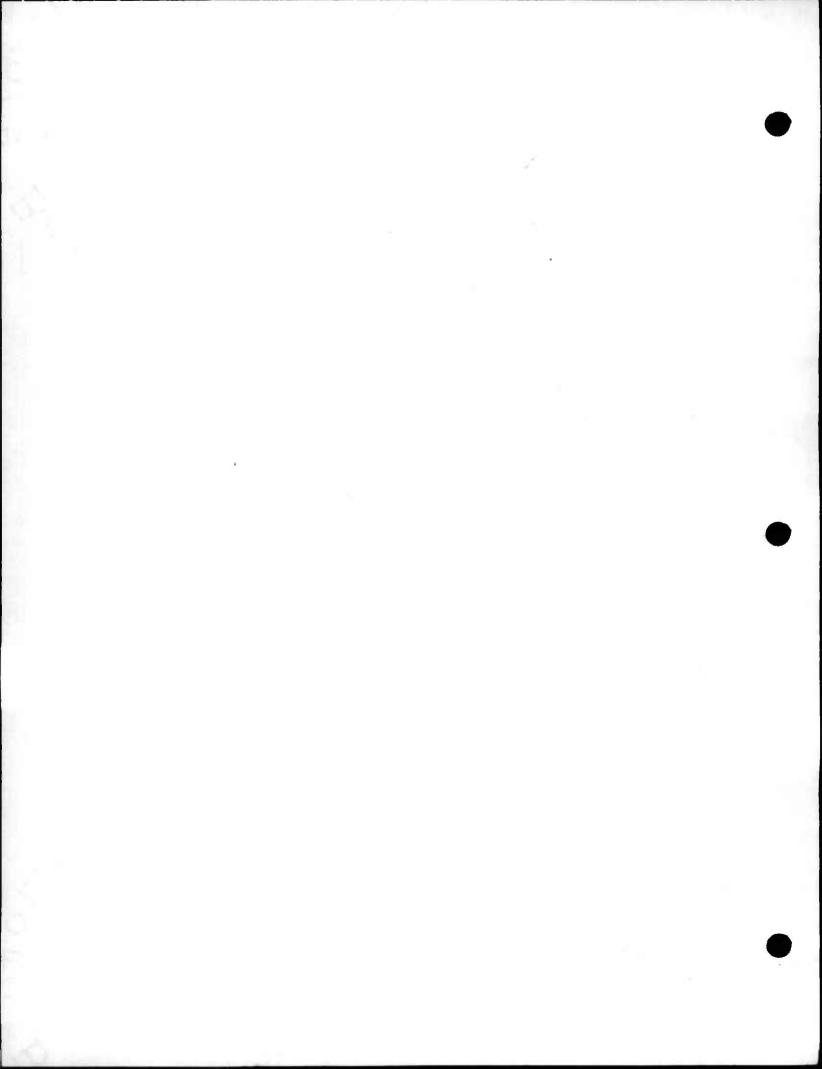
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32. REGISTRAN'S SIGNATURED TO THE STATE OF T

BALTIMORE, MARYLAND 21215-0020

24 hours after death. Page 6 may be retained by the hospital or attending physic

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH HILLARD SIEGEL APRTI. 25,1993 TAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) AUG. 6, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 - F DAYS HOURS 6-30-8455 MARYLAND 1935 VBS CILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH BALTIMORE 96. CITY, TOWN OR LOCATION OF DEATH SPARKS DENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE SPARKS, MD. 1 YES 2 NO REET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6540 YEOHO ROAD 21152 USA RITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. lever Married 2 (XMarried It yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 TYES 2 XNO B Specify Specify: WHITE 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) AUTOMOBILES/TRUCKS 4 SALES MANAGER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ABRAHAM FANNY BE BERENHOLTZ 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. MARLENE 16540 YEOHO RD., SPARKS, MD. (21152) SIEGEL 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify) HEBREW FRIENDSHIP BALTO., MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS. FUNERAL HOME 0 6010 REISTERSTOWN RD., BALTO., MD. (21215) 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallura. List only one cause on each line interval Betwe IMMEDIATE CAUSE (Final Onset and Dasth disease or condition_ sudden cardine resulting in death) DUE TO (OR AS A CONSEQUENCE OF): wevery arthy 2004 CERTIFICATION Yfu Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, laading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 - YES 2 - NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 - Nursing Home 5 - Residence 8 CyCother (Specify) 1 1 AUCUS 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural INJURY 5 Pending Investigation ВУ M 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicida 261. LOCATION (Street and Number or Rural Route Number, 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only 1 🗹 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND THILE OF CERTIFIES BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Trucks 1809 4-26-4 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, MPI Mid



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ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	narked, or item 23 shows ar

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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / D	EPARTI RTIFIC	MENT OF	HEALTH AND F DEATH	MENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last)	SAUBER	, M.I				2. DATE OF DEATH	~ q	YEAR 3.	TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER 214-40-5227	5. SEX 6. AGE	(In yrs. lest b		F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	17	8. BIRTHPLA Country) MAR	NCE (State or Foreign	
	OR	SINAI MHOSPITTATOVO S	treet end number)		9	BALT:	DEATN	9c. COUNTY OF DEATH				
	DIRECTOR	100. STATE 10b. COUNTY MARYLAND	7			TIMORI						
	FUNERAL (10% STREET AND NUMBER 3737 CLARKS LA.,	APT. 406				101. ZIP CODE 21215		10g. CITI	ZEN OF WHA	T COUNTRY?	
	B	11. MARITAL STATUS 1 Never Married 2 Narried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1, YES IF YES, GIVE WAR OR D	2 NO		If yes,	ECENDENT OF NISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)				
	COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +) 5+	(Give life. Do	DENT'S US kind of work o NOT use n	etired.)	TION most of working	MEDICAL			.с.	
d at once	BE CO	17. FATHER'S NAME (First, Middle, Lest) NATHAN SAUBER		AME (First, Middle, Melden ELIA KRAN	The second second							
e notine	5	19e. INFORMANT'S NAME (Type/Print) MRS - ROSALIE SAUBER 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3737 CLARKS LA - APT 406 BALTO - MD 21215										
Must		20a. METNOD OF DISPOSITION 1º Burlal 2 □ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify)		. PLACE ANI	D DATE OF E	DISPOSITION place)	Name of		CATION —	City or Town,	State	
Examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	Levino		MGTO	SOL	LEVINSON	& BROS.,]	INC.	LMORE,	MD	
and in		23. PART i. Entar the diseases, or o		d the deeti	h. Do not	enter the r	<u>RETSTER</u>	POWN RD F	SALTO	est,	21215 Approximate	
HI, ING III		IMMEDIATE CAUSE (Final disease or condition resulting in death) A DICS epsis Bacterial Peritonitis										
י, טר טוויפר נופעווומנוכ פעם	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS										
SHUWS AND INJU	MEDICAL	PART II. Other significant condition	s contributing to death b	ut not res	ulting in t	the undarly	ing cause given in	Part I. 24a. WAS AN PERFOR	RMED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 27 NO	
27 27	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (C	neck only one)				
	HYSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ☐ ER/Outs				ome 5 Rasidence	6 Other (Specify)	NJURY OCC	UREO		
8	ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY	Y M 1	YES 2 NO					
20 07 111	ETED	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spec	28a. PLACE OF INJURY — At home, larm, street, lactory, office building, atc. (Specify)						or Rural Route	Number,	
IN 11 110	COMPLETED		CIAN: To the best of my know R: On the basis of examination								d manner ee stated.	
5	TO BE	298. SIGNATURE AND TITLE OF CENTIFIER THE	- MA	Hous	estan	ian	29c. LICENSE NU	MBER	29d. DATE	SIGNED (MOI	nth. Day, Year)	
		30. NAME AND ADDRESS OF PERSON WHO F S Pere es	22	ENA	Type, Pri	Ho5	pital	of Ba	Itin	nore		
1		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE								

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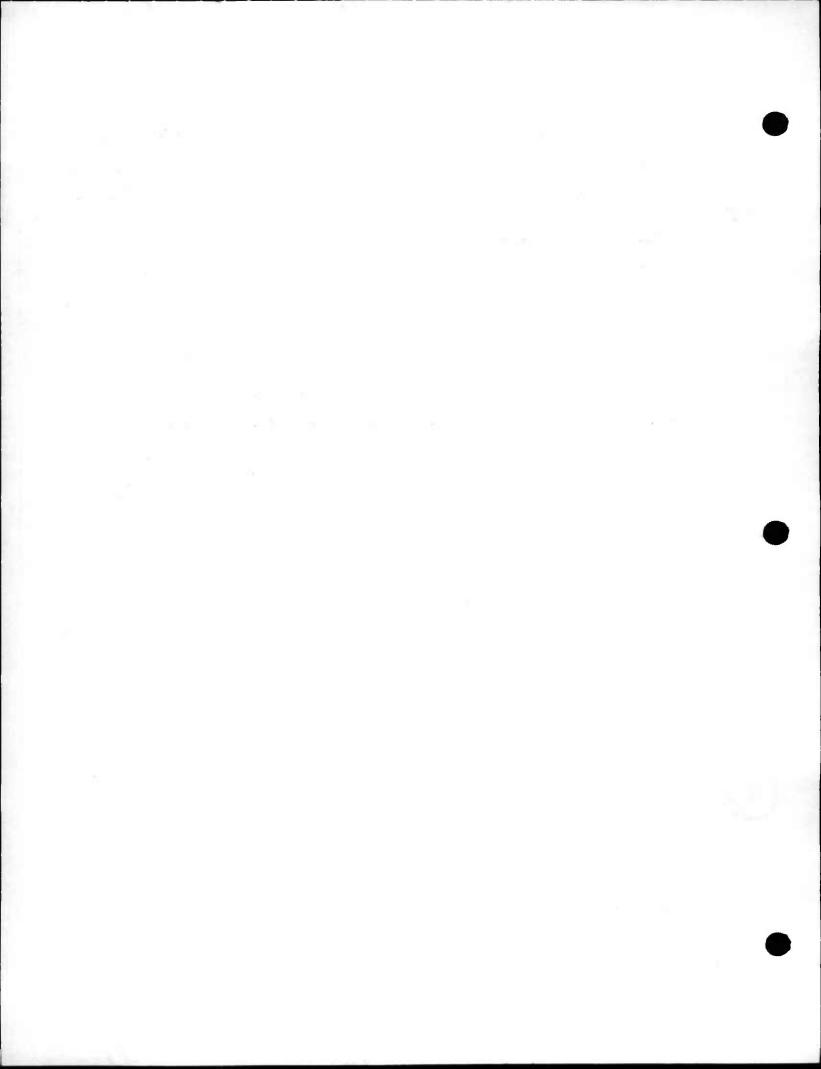
perfiltrate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, if the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once, STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH		3. TIME OF DEATH						
4	Alvin M. Strobel			4-28-19	YEAR	1						
		E (la complete de la			The same of the sa	М						
	215 00 1:551	MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Country	HPLACE (State or Foreign						
9	215-09-4574 1X M 2 🗆 F	79-09-49/4 $120 = 20 = 1$ $1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1$										
	Se. FACILITY NAME (If not institution, give street end number)	98	. CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF D	unuland DEATH						
۳.	2058 Belvedere Ave.		Baltimare									
K	RESIDENCE OF DECEDENT											
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
	M I $M = 1$					LIMITS?						
31	Md		Baltimore			XX YES 2 NO						
₹			10f. ZIP CODE		10g. CITIZEN OF V	WHAT COUNTRY?						
E I	2058 Belvedere Ave.		212	21239 U.S.A.								
5	11. MARITAL STATUS 12. WAS DECEDENT EVER	R IN U.S. ARMED		71								
	1 Never Married 2 Merried FORCES? 1 TYE	S 2 (20)0	I1 yes, specify Cuben, Mexica	n, Puarto Rican, etc.)	Black	E — Americen Indien, k, White, etc.						
B	3 Widowed 4 Divorced	DATES	1 YES 2 🔀 NO Specify	r,	Speci	"White						
Ω	15. DECEDENT'S EDUCATION					WICLE						
	(Specify only highest grade completed)	18a. DECEDENT'S USL (Give kind of work	done during most of working	16b. KIND OF BUS	INESS/INDUSTRY							
"	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use re			_							
P		Copper-	Smith	Bethle	em Stee	1						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Meiden S								
	Christophen Strobel		Rann	e Rohdes								
BE	19e. INFORMANT'S NAME (Type/Print)		Denny	e Nonaes								
2			DRESS (Street end Number or Rural F									
- 1	Mrs. Inez M. Strobel] <i>2058 B</i>	elvedere Ave	. Balto.	.Md. 21	239						
	20a. METHOD OF DISPOSITION ** Buriel 2 Cremation 3 Ramoval from State 2	ON PLACE AND DATE OF D	SPOSITION (Mamo of	DATE 200 LOC	CATION CH Y-	01-1-						
Î	4 Donation 5 Other (Specify)	emetery, cremetory or other	place)	11/20 R	14. MA							
PC Buriel 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) Parkwood Cemetery 4/30 Balto., MD, Parkwood Lemetery 22. NAME AND ADDRESS OF FACILITY												
1			Hartley Mil	Lan Funa	na/ Ham							
i	John D. Smith		7527 11 1	Len I une	RUL HOM	.e						
	23. PARTY Enter the diseases, or complications that ceus	and the disable to the	7527 Narfor	d Rd. Ba.	Lto. Ild	. 21234						
	shock, or heart feilure. Liet only one cause on	aach iina.	anter the mode of dying, such	as cardiac or reapir	etory arrest,	Approximata						
1	IMMEDIATE CALICE (Class)		II 2	P		Onset and Death						
	disease pr condition	- 4 ex rue	uare toil	123 B								
	resulting in death)	A CONSEQUENCE OF	1 / cerci	*								
_	disease or condition resulting in death) a. Cardio - Pulmonary Failure DUE to (or as a consequence of) Asterios clarelic Cardio Vas - EA- Tibrillation 1990 Sequentially list conditions.											
CERTIFICATION	Sequentially list conditions, Duff to (OR AS A CONSEQUENCE OF):											
Ė	if any, leading to immediate	A CONSEQUENCE OF):										
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	575				1980						
<u>=</u>	that initiated events DUE TO (OR AS	A CONSEQUENCE OF):										
E	resulting in dasth) LAST	al Elle	e crima			1-92						
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ا بر	PART II. Other significant conditions contributing to death	but not resulting in th	na underlying cause given in I	Part i. 24a. WAS AN A	AUTOPSY 24b.	. WERE AUTOPSY FINDINGS						
EDICAL				PERFORI	MED?	AVAILABLE PRIOR TO						
				1 YES 2	☑ /NO	COMPLETION OF CAUSE OF DEATH?						
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ä					- 1							
₹	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Che	ck only one)								
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Input 1 Input 2 FR/O		HER:									
≚∥			Nursing Home 5 TRasidenca	8 Other (Specify)								
古	(Month, Dave Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW IN	JURY OCCURED							
À	1 Natural 5 Pending 2 Accident Investigation	+-	M 1 YES 2 NO									
	3 Suicide 28e. PLACE OF INJUI	RY — At home, farm, stree	t, factory, office	281, LOCATION (Street or	nd Number or Burei S	toute Number						
	4 Homicide determined building, etc. (Sp	pecify)		City or Town, State)	is realized of this drift	oute Number,						
<u> </u>	20. CENTIFIED	70 71 5										
릴	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my known	wiedge, dasth occurred at	the time, date end plece, end due	to the ceuse(e) and menr	her as stated.							
COMPLET	2 MEDICAL EXAMINER: On the beels of exeminat	ion end/or investigation, in	my opinion, death occured at the I	ime, date and place, end	due to the ceuse(s)	and menner se stated						
	29b. SIGNATURE AND THE OF CERTIFIER											
H .	STATE OF THE PARTY		29c. LICENSE NUM	BER	29d. DATE SIGNED	(Month, Day, Year)						
	- 1 Jongon Ma	1	00409	9	¥ -84	9-93						
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Prin	1)	1	1 -1	1						
	M. GONGON W.	8321 =	Relair Pd. Bo	elto. Tud.	2100							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG		exact to -, Do	e/10. Wag.	40)	6						
1		INAIURE			_							
	APR 301993 Mia Davidson	Rendere										



OF VITAL RECORDS, P.O. BOX 68760,

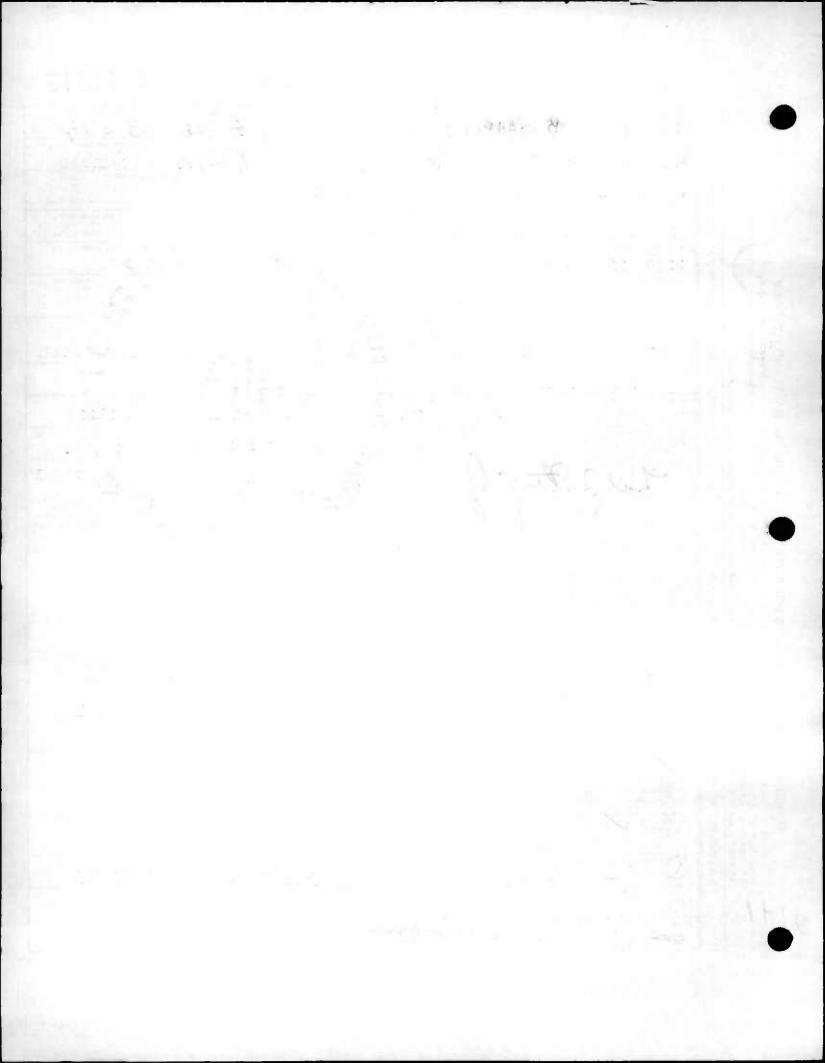
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P	ifter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removai.	28 is marked, or item 23 shows any injury or other traumatic event the medical examiner must be notified
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	FOR STATE REGISTRAR	STATE OF	MARYLAND /		RTMENT					HYGIEN REG. NO.	e 93	3 1	2515	
	1. DECEDENT'S NAME (First) 1. DECEDENT'S NAME (First) 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY	re B. SANI	Ford	SR.					2. DATE OF	2	3 9	3	TIME OF DEATH	
	217-09-7	- 1 1	6. AGE (In yrs. las	YRS.	MONTHS SECTIVE	DAYS	HOURS	MIN.	7. DATE OF		7	MAF	CE (State or Foreign	
TOR		CHEY HOUSE				9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH —						н		
DIRECTOR	10a. STATE	10b. COUNTY ANNE ARU		10c. CI1	TY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?			
	MARYLAND 100. STREET AND NUMBER	PA							YES 2 NO					
ERAL	2200 229TH STREET					101		€ 122				0g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: WHITE						American Indian, thita, etc.		
TED	15. DEC (Specify only	EDENT'S EDUCATION y highest grade completed)	(G	ive kind of	Work done d	turina mo	st of working	ng	16b. KI	ND OF BUS	INESS/INDUS	TRY		
COMPLET	Elementary/Secondary (0	0	O SELI			PI.C	YED		BU	ILDI	NG C	ONST	RUCTION	
BE CO	17. FATHER'S NAME (First, M HIRAM			18. MOTHER'S NAME (First, Middle, Maiden Surname) MARY E. RLEE										
TO E	198. INFORMANT'S NAME (Types/Print) THEODORE B. SANFORD JR. 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town., State, Zip Code) 8245 PARKWAY DRIVE-BALTIMORE, MD. 21226													
	20s_METHOD OF DISPOSITION 1 [A Burlet 2 Cremation 4 Donation 5 Other	on 3 - Removal from State	20b. PLACE / CAMPIACY COS GLEN					Y	5/3		CATION CIR EN BU			
	426 CRAIN HWY.S.W.GLEN BURNIE, M													
	23. PART I. Enter the diseases, or complice on that dused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death)													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): b. Dubles Due To (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	Destret	te vocule both feet	deeth but not r	eculting		7	gre			e. WAS AN PERFOR	MED?	CO OF	NE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 \(\text{NO} \) N/A	
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL HOSPITAL:			ОТНЕЙ		ACE OF D	EATH (Chec	ck only one)				21/ 22	
PHYS	1 VES 2 NO	1 ☐ Inpatient 2 ☐ 28e. OATE OF	ER/Outpatient 3	DOA 28b, TIM	4' Nursi	ing Home	_		Other (S					
BY PI	1 Natural 5	Pending (Month, L	Pay: Year) A	IN.	JURY	1 Y	RK? ES 2		28d. OEŞCRI	IBE HOW IN	JURY OCCUI	RED		
8		Could not be determined 26e. PLACE C building.	OF INJURY At he , etc. (Specify)	me, term,	street, facto	ery, office		i	281. LOCATION OF THE	ON (Street a own, State)	nd Number or	Aural Route	Number,	
COMPLET		IFYING PHYSICIAN: To the best of a											d manner as stated.	
TO BE C	SHHATURE AND TITLE	Then					29c. LICE	ENSE NUM	BER	- 1	29d. DATE S	IGNED (Mo	onth, Day, Year)	
	DOUGE	PERSON WHO COMPLETED CAU	SE OF DEATH (ITE	(1) (Type	(Print)	C/-	mp,	RE	Car	UME	PAM	DZ	-93	



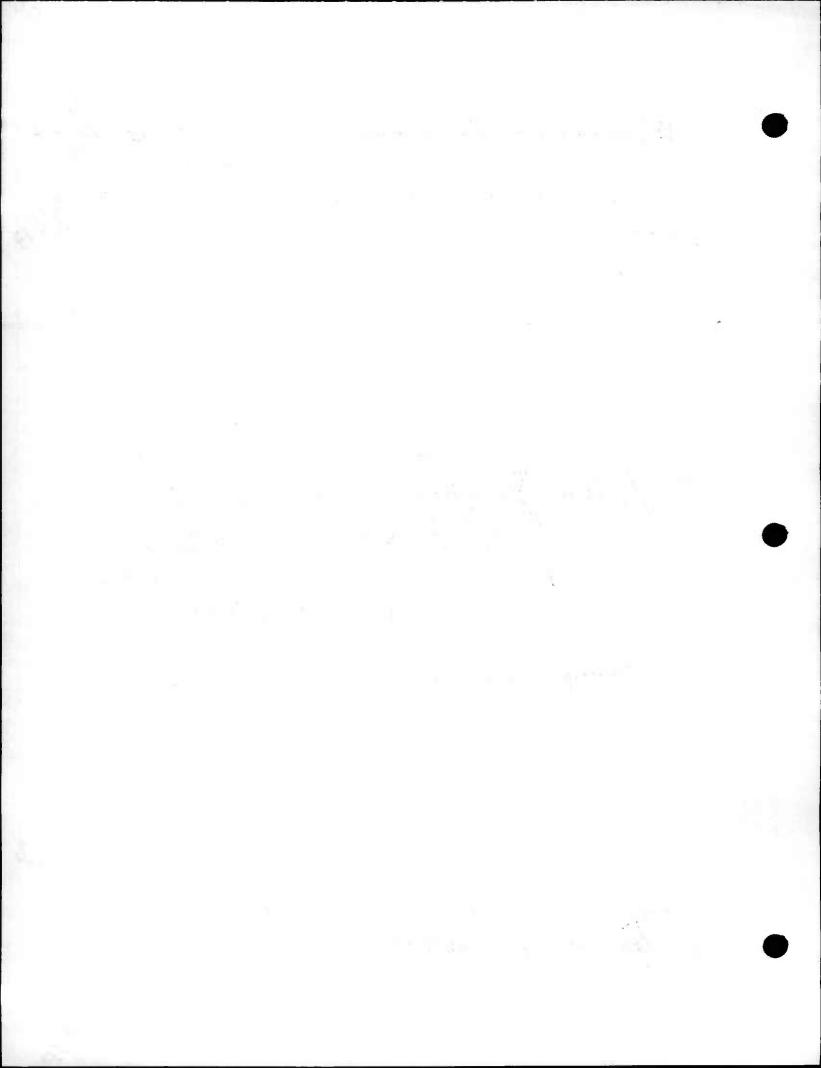
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MENTAL HYGIEN REG. NO	-	93 12516			
	DECEDENT'S NAME (First, Middle, Last) SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER	ANNA L. TAYLOR 4 27 93 5:30 PM									
	212-22-8543	YRS. MONTH	HS DAYS	06	BIRTINPLACE (State or Foreign Country) Maryland						
TOR	98. FACILITY NAME (IT not Institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH PLEASANT VIEW NSG HOME MT. AIRY, MD. Carroll RESIDENCE OF DECEMENT										
DIRECTOR	10a. STATE 10b. COUNTY Maryland Carrol:	10c. CITY, TOW	N OR LOCATI		 		10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	III.		ZIP CODE		10g. CITIZEN	1 TYES 2 THO				
FUNERAL	4101 Old Natio			- 2		.S.A.					
ā	11. MARITAL STATUS 12. 1	P. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYPES 2 TO IF YES, GIVE WAR OR DATES	ARMED SNO	If yes, spe	ENDENT OF NISPAN ocity Cuben, Mexican 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	y Yee or No— 14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 11 Years College (1-4 or 5 +) HouseWife							TRY			
NO.	17. FATHER'S NAME (First, Middle, Last)	110		18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	urname)				
BEC		homas Hill				ristine H.					
10	Mr. Richard H. Tay	1				Route Number, City or Toward and allstow		21133			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		ce and date of dary, crematory or oth aine Par			DATE 20c. LC		y or Town, State , Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc.										
,	Stephan	m Jonk	in	8728 Liberty Road Randallstown, MD 21133							
	ahock, or heart fellure. List only one cause on each line.							t, Approximate interval Between Onset and Death			
	disease or condition resulting in death)	SEGUENCE OF):	en	eut		bets ba					
N	Committee who are afterwater who was decore							418			
ATIC	if any, leading to immediate cause. Enter UNDERLYING	SEOUENPE OF):	Nu		VIRS						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST							1			
CER	d										
EDICAL	PART II. Other aignificant conditions of Suppose , X	t reaulting in tha	resulting in the underlying cause given in Part I.			N AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN: MEDI	1 7 7 6 2 7 10										
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
HYS	1 Tyes 2 TNO 1-	□ Inpatient 2 □ ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	URY AT	6 ☐ Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUI	RED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	INJURY		RK7 YES 2 NO	NO						
	3 Suicide 8 Could not be detarmined	home, farm, street,	me, farm, street, factory, office 281. LOCATION City or Town				(Street and Number or Rural Route Number, , State)				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(e) end manner as stated.										
H	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM		29d. DATE SIGNED (Monip., Day, Year)					
DT	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Melvin Kordon 4801 Dorsey Hall Drive Suite 201 Columbia 21044										
		32. PEGISTRAR'S SIGNATURE		, iscy	naii bii	ve buree	2.01	JOI LANDIA 21044			

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ō
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	IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 12517								
	1. DECEDENT'S NAME (First, Middle, Lest) Margarete Lucia von Gohren		2. DATE OF DEATH MONTH 044 26 93 12.18 A M						
	428-66-0779 1□ № 2 欠次	SE (III)/yrs. Inst Dirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 66 YRS. MONTHS DAYS HOURS MIN	7. DATE OF BIRTH (Month, Day, Year) 06-16-26 8. BIRTHPLACE (State or Foreign Country) Germany						
TOR	99. FACILITY NAME (If not institution, give street end number) Greater Laurel Beltsville Ho RESIDENCE OF DECEDENT	Prince Georges							
DIRECTOR	Maryland Prince Georges	10d. INSIDE CITY LIMITS Y 1 YES 2 NO							
FUNERAL	11706 S. Laurel Drive, #3B 11. MARITAL STATUS 12. WAS DECEDENT EVER	101. ZIP CODE 20708	10g. CITIZEN OF WHAT COUNTRY? USA						
B	1 Never Married 2 Married IF YES, GIVE WAR OR	S 2 AMO It yes, specify Cuban, Mex							
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 College (1-4 or 5+) 4	16b. KINO OF BUSINESS/INDUSTRY							
BE CO	17. FATHER'S NAME (First, Middle, Last) Franz Bonczyk Klara (Unknown)								
5	190. INFORMANT'S NAME (Type/Print) George Nathan von Gohren 200. METHOD OF DISPOSITION	19b. MAILING ADDRESS (Street and Number of Run 5609 Columbia Road,	Columbia, MD 21044						
	206. METHOD OF DISPOSITION 1 Burlal 2 (M Stremetton 3 Removal from State 4 Donatton 5 Other (Specify) 206. PLACE AND DATE OF PUNERAL SERVICE LICENSIE 207. PLACE AND DATE OF PUNERAL SERVICE LICENSIE 208. PLACE AND DATE OF DISPOSITION (Name of Crema tory Laurel, Maryland 218. SIGNATURE OF PUNERAL SERVICE LICENSIE 229. NAME AND ADDRESS OF FACILITY								
	22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, MD 20707 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate								
	shock, or heart failure. Luit only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to gor as a consequence on:								
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. C. LY LY LY OUE TO (OR AS A CONSEQUENCE OF): d.								
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMILIABL.								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
ВУ РН	27. MANNER OF DEATH 1	28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED						
	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(e) end manner as stated.								
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. ATE SIGNEO (Month, Day, Year) 41269								
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SYED A. SADIA 14600 4 5 5 SCULLE 11 A, LAUREL, WAS 20707 31. DATE FILED (Month, Day, Year) 32@REGISTRAB'S SIGNATURE								
Ш	APR 3 0 1993 - w Lurido								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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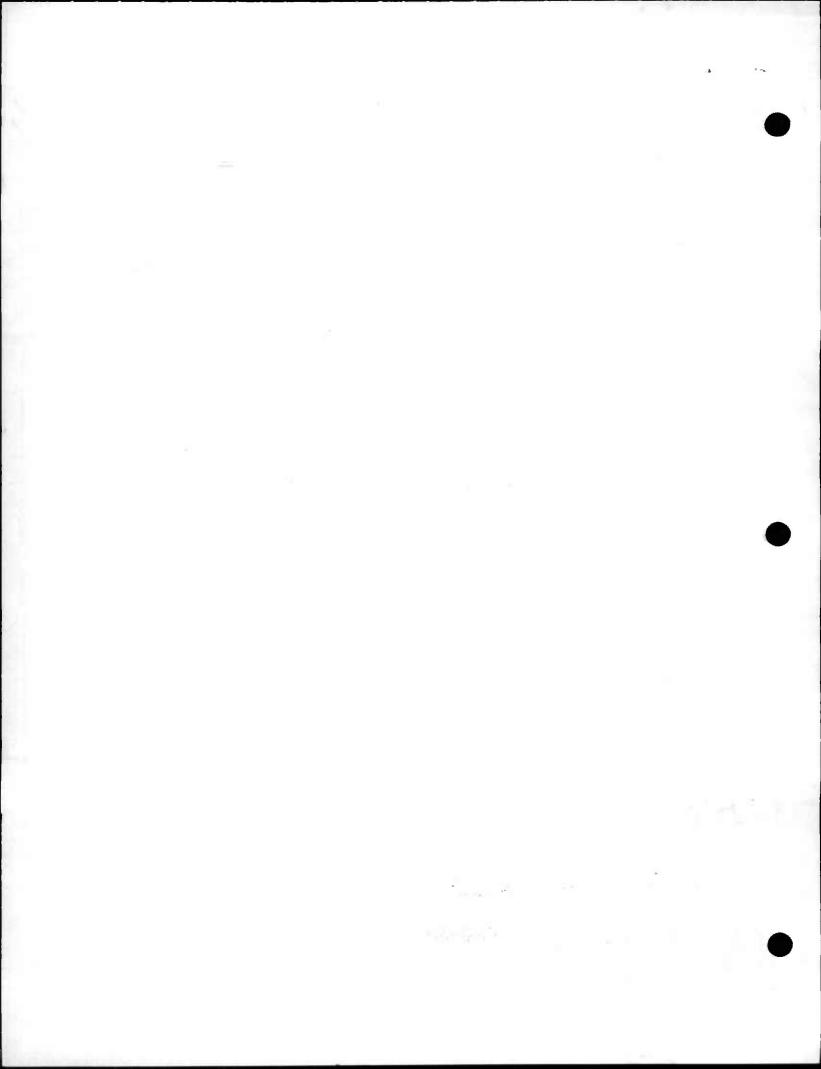
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ITEM: 7. PER F.H. G-699 5/12/93 t.t

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. OECEDENT'S NAME (First, Middle, Last FRANK	Last)			2. DA				2. DATE OF DEA	гн 26	9 YEAR	3. TIME OF DEATN 9:30 A _{MP}	
	4. SOCIAL SECURITY NUMBER 195-10-1090	5. SEX	6. AGE (In yrs. I	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BIRT	n ar) 3	Count	IPLACE (State or Foreign	
TOR	811 OLDHAM STREET					9b. CITY, TOWN OR LOCATION OF DEATN BALTIMORE CITY 9c. COUNTY OF DEATN							
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUN	10b. COUNTY 10c. CI				TY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 811 Oldham Street					101. ZIP CODE 21218					1 MYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A		
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ DIO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifif yea, specify Cuban, Maxican, Puerto Rican, ate					ly Yea or No—	14. BACE	— American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +) 16a. DECEDENT'S (Give kind of w iffe. Do NOT us					USUAL OCCUPATION Work done during most of working se retired.) Whit							
OMP	12 Years 17. FATHER'S NAME (First, Middle, Last)	Cab Dri				ver Cab							
BE C	Frank Volk						A	nna	Yankl				
10	19a. INFORMANT'S NAME (Type/Print) Robert Frank \	olk	1	2169	Gou.	DORESS (Street end Number or Rural Route Number, City or Town, Stele, Zip Code) Goulster Place Gretna La. 40056							
	20s. METHOD OF DISPOSITION 1												
	Martin J. Dippel fr				22. NAME AND ADDRESS OF FACILITY Dippel Funeral Home 7110 Belair Road Baltimore Md 21206								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, ahock, or heart failure. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in									PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? APRIL YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO												
РНҮ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month. Dev. Neur.) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED												
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined determined					M 1 YES 2 NO				Street and Number or Rural Route Number, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. 2X MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end manner as stated.												
BE CO	29b. ANGINATURE AND TITLE OF CERTIFICA				n, In my opinion, death occured at the time, date of the second sec					d place, and due to the cause(e) end manner as stated. 29d. DATE SIGNED (Month, Day, Yeer)			
D .	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type).				O.C.M.E.					•	▶ 4-27-1993		
DONALD G. WRIGHT, M.D. 111 Penn Street, Baltimore, Ma							, Mai	rylar	nd 21201				
31. DATE FILED (Morth, Day 1997) GUA 32. MEGISTAR'S STATUS													



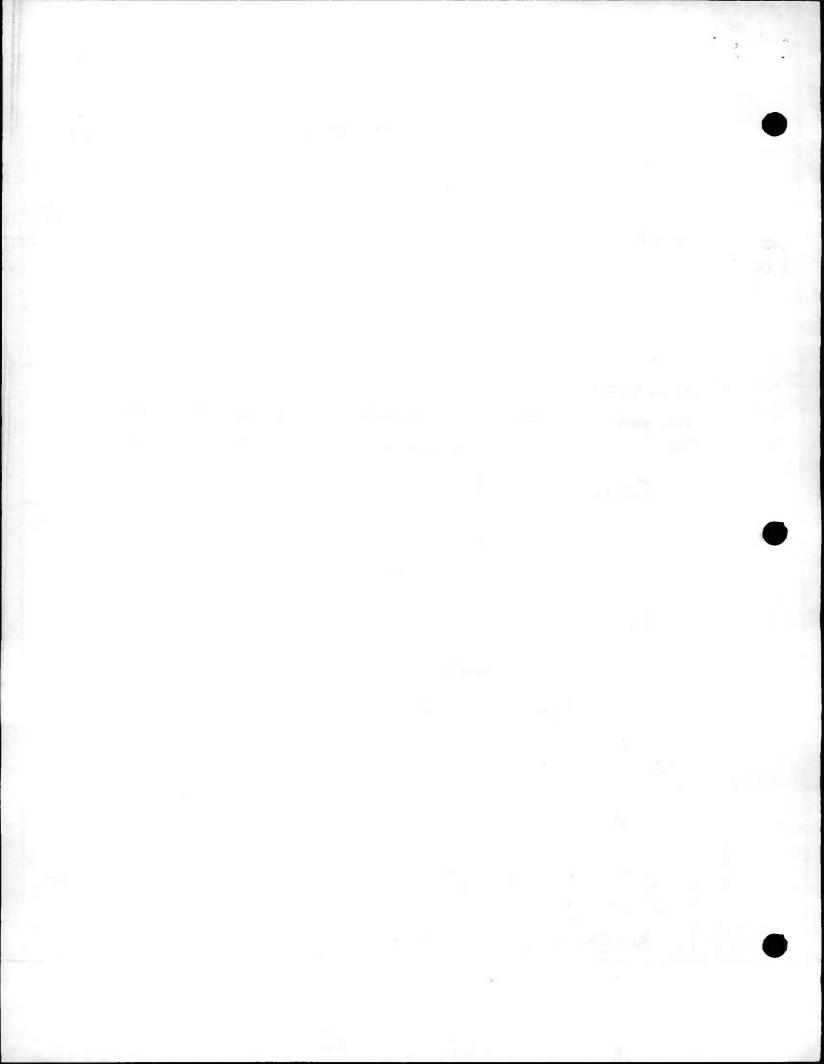
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ORDS, P.O. BOX 68760,	that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending process	ed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns commit in and Mental Hygiene prior to burial, cremation, or removal.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

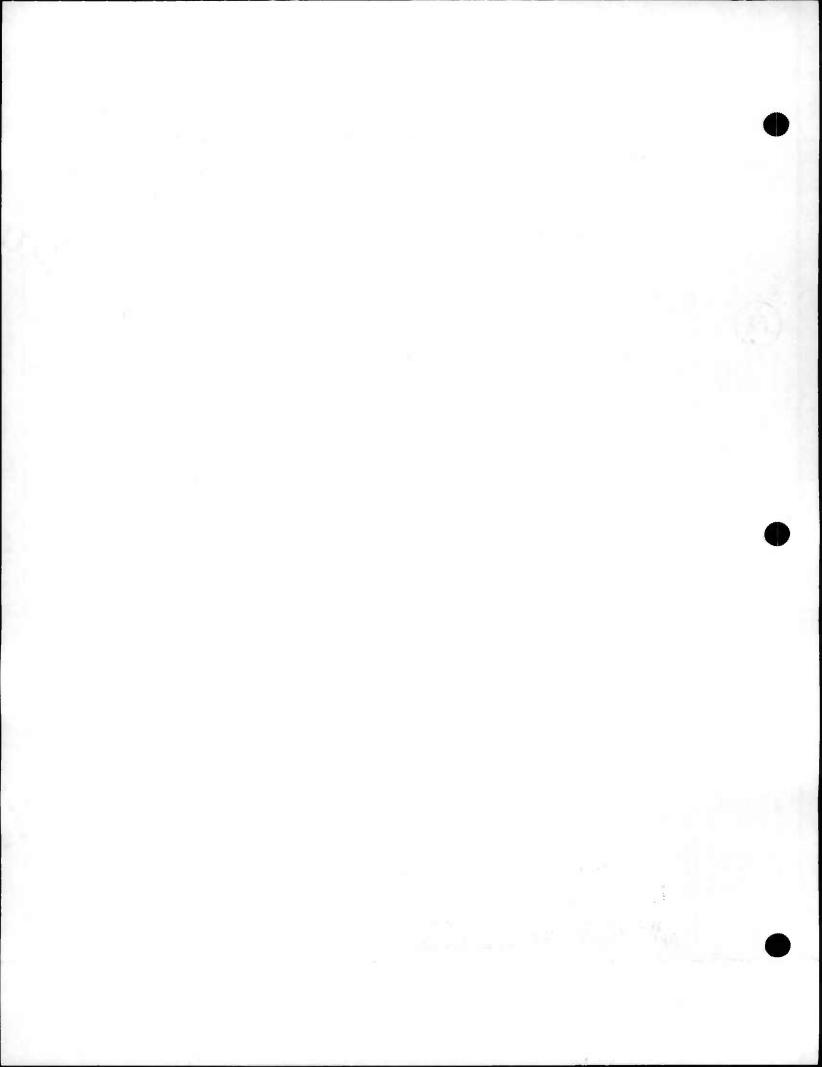
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	- VEA	3. TIME OF DEATN	
	ROLAND E.			WORKM	142	APRIL 23			
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		(In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)	
	221-58-4033 se. FACILITY NAME (If not institution, give stree		22 YRS.			7/14/1970		eľaware	
E	PENINSULA REGIONAL		NTER	96. CITY, TOWN OF SALIS	R LOCATION OF DE SBURY	EATH	9c. COUNTY O	F DEATH OMICO	
5	RESIDENCE OF DECEDENT						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	771100	
DIRECTOR	10a. STATE 10b. COUNTY Delaware Sussex	w		Y, TOWN OR LOCATION	ON			10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		Lau	rel 10f.	ZIP CODE		40m CITIZEN C	1 🖾 YES 2 🗌 NO	
ER/	2003 Daniel Street				9956		USA		
FUNERAL		12. WAS DECEDENT EVER IN FORCES? 1 YES	V U.S. ARMED	13. WAS DECE	NDENT OF NISPAN	IIC ORIGIN? (Specify Yes	or No.— 14. B	ACE — American Indian, lack, White, etc.	
BY F	1XXNever Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			City Cuban, Mexica ZXNO Specify	n, Puerto Rican, etc.)	100	white	
	15, DECEDENT'S EDUCAT	TION	16a. DECEDENT'S	USUAL OCCUPATION	N .	16b, KIND OF BUS	INESS/INDUSTR		
COMPLETED	(Specify only highest grade co	College (1-4 or 5 +)	(Give kind of v life, Do NOT us	work done during most	t of working	1000	HTLOGIN DOO		
MP	12		stock p	erson		retail			
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden S	Surname)		
8	Elvia Workman 19a. INFORMANT'S NAME (Type/Print)					aron Beebe			
임		Joseph				Route Number, City or Town			
	20a. METHOD OF DISPOSITION	20b.	. PLACE AND DATE O	OF DISPOSITION (Nam			ATION — City o		
	1 Donation 5 ☐ Other (Specify)	al from State cem	netary, crematory or ot Inion Cem	ther placa)		4/29 Geo			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE //			ADDRESS OF FA				
	Techard T	Watson	5			elaware 19			
	23. PART I. Enter the diseases, or cor shock, or heart fellure. Lis	mplications that caused	the death. Do n					Approximate	
	IMMEDIATE CAUSE (Final	st Only One Couse on a	JCn line.					Interval Between Onset and Death	
	disease or condition resulting in death)	Seps	,15	-					
1.1	_	DUE TO (OR AS A	CONSEQUENCE OF						
02	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF	T:					
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury		•						
TE	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):					
5	d								
CAL	PART II. Other significant conditions			in the underlying	cause given in	Part I. 24a. WAS AN /		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
		parcelalite	b .			1 TYES 2		COMPLETION OF CAUSE OF DEATH?	
MEDI	-D -	Harmen	MM.	00		_		1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	e venix	Dux	UNY THE	CE OF DEATH (CM				
SICI		Inpetient 2 ER/Outpe	attent 3 (1 DOA	OTHER:					
Ě	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIMI	E OF 28c. INJUI	RY AT	28d. DE\$CRIBE NOW IN	JURY OCCURED		
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	WOR	ES 2 NO				
ED E	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, s	street, factory, offica		28f. LOCATION (Street as City or Town, State)	nd Number or Rui	al Route Number,	
COMPLET		AN: To the best of my knowle							
8	2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation	n, in my opinion, dea	ath occured at the	time, dats and place, and	due to the caus	e(s) and manner as stated.	
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	IM WID)		29c. LICENSE NUN	IBER	29d. DATE SIGN	IED (Month, Day, Year)	
임	30, NAME AND ADDRESS OF PERSONATING O	COMPLETED CAUSE OF DE	ATN (ITEM 27) Type,	Print)	D1672	3	4	120149	
1	367-0 River	SOP OF	Calez	had .	MP :	2(80)			
	APR 3 0 1993	32. MEGISTRAD'S SIGNA							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 2/215-4020	f hours after death. Page 6 may be retained by the house to a second projection.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the beanth and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the housing our personnel or the housing of the housing our personnel or the housing our personne	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.

	1 - STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIEN	E	y tous
	1. DECEDENT'S NAME (First, Middle, Last) Mary Elizabeth	Wilhelm			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1993 8. BIRTI	HPLACE (State or Foreign
		4 YRS.	NONTHS DAYS	HOURS MIN.	(Month, Day, Year) Feb. 25. 1	919 Ma	ryland
ا بر	9a. FACILITY NAME (If not institution, give street and number)			R LOCATION OF DE		9c. COUNTY OF E	DEATH
OT.	10513 Wilmar Rd.		Cock	eysville		Baltim	ore
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	MD Baltimore	Co	ckeysvi	11e			1 YES 2 NO
FUNERAL	106. STREET AND NUMBER 10513 Wilmar Rd.		101.	ZIP CODE 21030	0	10g. CITIZEN OF V	WHAT COUNTRY?
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	J.S. ARMEO	13. WAS DECE		C ORIGIN? (Specify Yes		E — American Indian,
BY F	1 Never Married 2 Married FORCES? 1 YES 3 X Widowed 4 Divorced FORCES? 1 YES	2 X NO	If yes, spe	city Cuban, Maxican 2 NO Specify:	, Puerto Ricen, etc.)	Blac Spec	k, White, atc.
						W	hite
ETE	(Specify only highest grade completed)	6a. OECEDENT'S U (Give kind of wo life. Do NOT use	rk done durina mos	N t of working	16b. KINO OF BUS	INESS/INDUSTRY	
APL	Elementary/Secondary (0-12) College (1-4 or 5+)	Housew	ife		Homema	ker	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				NE (First, Middle, Maiden	Sumame)	
BE	Edward Gill			Mary T			
임	19e. INFORMANT'S NAME (Type/Print) Mary E. Barrett	1			oute Number, City or Town		0
	20s. METHOD OF DISPOSITION 20b B	LACE AND OATE OF			DATE 20c. LO	CATION — City or To	
	1 M Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	est Bapt	ist Chu	rch Cem.	4/28/93	Hereford	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ell-Wiedef	eld.Inc	
	Bryan W. Clary		10 W	• Padoni	a Rd., Tin	onium. M	D 21093
	23. PART I. Enter the diseases, or complications that caused t ahock, or heart failure. List only one cause on size	ha death. Do no					Approximata
	IMMEDIATE CALICE (Float		7 0 .	C	w .		Interval Between Onset and Death
	disease or condition a. MASK	trc (alow	Carce	nona		3mos
	DUE TO (OR AS A C	ONSEQUENCE OF):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	ONSEQUENCE OF):	<u></u>				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury						
	that initiated events DUE TO (OR AS A Coresulting in death) LAST	ONSEQUENCE OF):					
CE	d						
A	PART II. Other significant conditions contributing to death but	not reaulting in	tha underlying	causa given in P	Part I. 24a. WAS AN PERFOR		WERE AUTOPSY FINDINGS
MEDIC	Atherosclentic des	1 1 1/2			1 YES 2		AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
M	AIND 10 8CCHAC NOT	wor					1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		20 01 4	ICE OF DEATH (CARGO			
SICI	EXAMINER? t YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpati	ent 3 DOA 4	OTHER:	5 Masidence 8			
¥	27. MANNER OF DEATH 288. OATE OF INJURY	28b. TIME (OF 28c. INJU	RY AT	28d. OESCRIBE HOW IN	JURY OCCUREO	
BY	1 Actival 5 Pending 2 Accident Investigation	MJOF		ES 2 NO			
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY building, etc. (Specify)	At home, farm, atre	eet, factory, offica		28f. LOCATION (Street as City or Town, State)	nd Number or Rural F	Route Number,
COMPLETED	20. CENTERS						
MPI	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowled						
	2 MEDICAL EXAMINER: On the basis of examination a 29b. SIGNATURE AND UTLE OF CENTIFIER	incor investigation,					
H H	(Bruns un			29c. LICENSE NUME	14	P // DATE SIGNED	Month, Dec. Hear
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type, P	rint)	22300	/	410	410
	John C. Downs, M.D., 7505 Os	ler Driv	e, Suit	e 504, To	owson, MD	21204	
	APR 3 0 1993 Julia Sauriana Roman			-			
	APR 3 U 1993 Julie Devidson Rom	WIL.					



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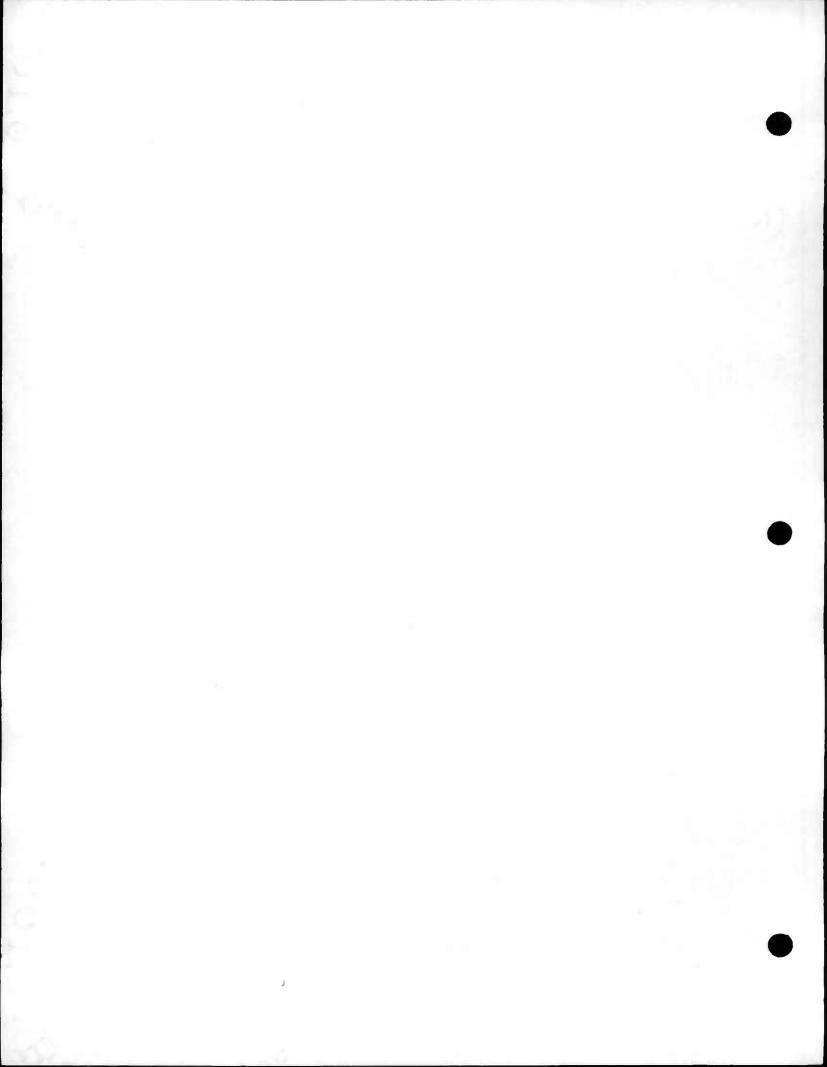
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32. REGISTRAR'S SIGNATURE

Penn Street, Baltimore, Maryland

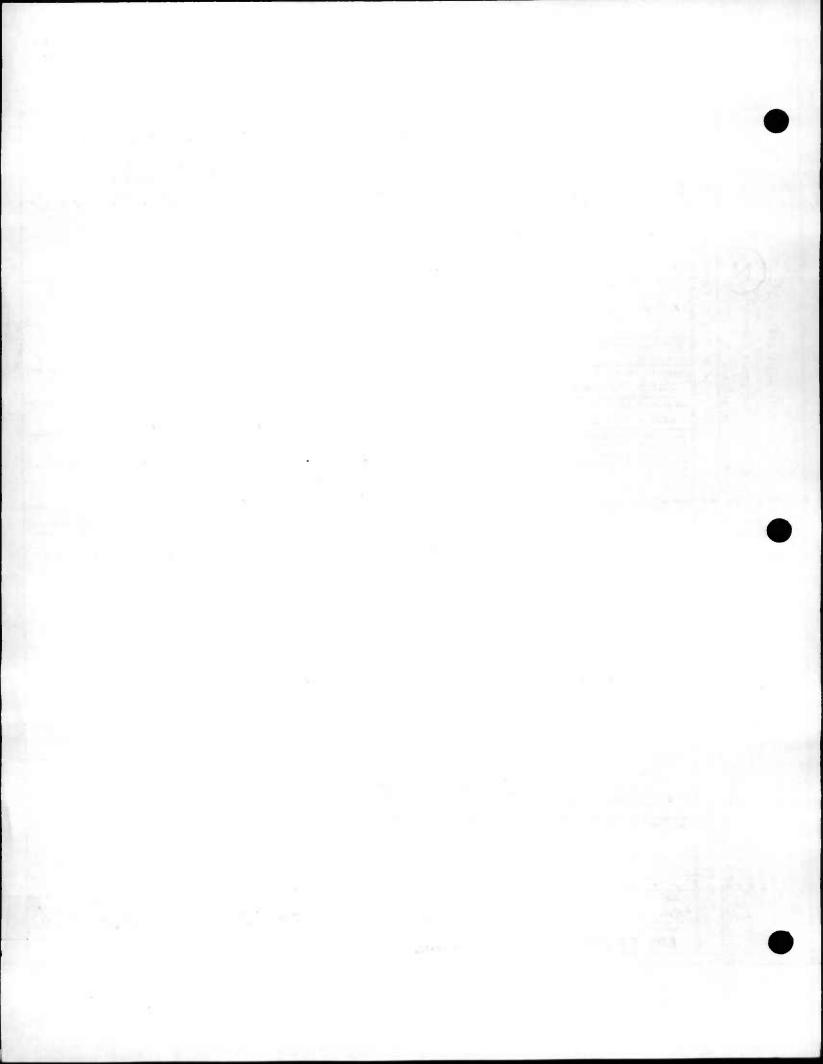
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR						HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Roberta			Wor	ley				0 4	21		93	6:41 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	st birthday)	IF UNDER		IF UNDER	-	7. DATE OF (Month, D	BIRTH		8. BIRTI	IPLACE (State or Foreign
	237-74-0964	1 🗌 M 2 😿 F	46	YAS.	MONTHS	DAYS	HOURS	MIN.		1/46		Count	v.C.
_	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE			EATH		
DIRECTOR	Sinai Hospita	al			Βē	lti	mor	e C	ity				
H.	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c.							10d. INSIDE CITY					
								1 X YES 2 NO					
\¥	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	ZEN OF	WHAT COUNTRY?
FUNERAL	4011 HILTON ROAD						2121	5			υ	.S.A	
15	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. A	RMED NO	13. V	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S	Specify Yea	or No—	14. RACE	American Indian, k, White, etc.
à	3 💢 Widowed 4 🗌 Divorced	IF YES, GIVE V	WAR OR DATES		i i	YES	2 X NO	Specify	C:	iii, aites)		Spec	tty:
	15. DECEDENT'S EDU	CATION	140. 0										. AMERICAN
	(Specify only highest grade	completed)	(0	ECEDENT'S Give kind of a e. Do NOT us	vork done o	CUPATIO	on st of workin	ng	16b. KII	ND OF BUS	INESS/INC	DUSTRY	
7	Elamentary/Secondary (0-12)	College (1-4 or 5	+)										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						10 MOT	MEDIC MAI	ME (First, Midd	M- Ad-I	0		
	ROBERT STEVONS						177 - 17		STEV(Surname)		
8	19a. INFORMANT'S NAME (Type/Print)		10	b. MAILING	ADDRESS	/Street e			OLEV		Chata Zi	Control	
2	JOHN HARTFIELD								TIMORI				
	20a. METHOD OF DISPOSITION 1 文Burial 2 □ Cremation 3 □ Rema	oval from State	20b. PLACE	AND DATE	OF DISPOSI	TION (Na			DATE	20c. LO	CATION —	City or To	wn, Stata
	4 Donation 5 Other (Specify)	1	WEST	ERN'S	TAR (CEM.		4/27	/93	CAT	ONSV	ILLE	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1	22. N	AME AN	D ADDRE	SS OF FAC	S FUNE	ZD A T	HOME	D 4	
/	Quoin 90	. 661	(-)	4					ACE BA				
	23. PART i. Enter the diseases, or o	ompijcationa the	t caused the d	with. Do n	ot antar	tha mo	da of dvi	ng. auch	aa cardiac	or reapi	ratory an	MD Z	Approximate
	shock, or heart failured IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a	E th	in (iv	er	-						interval Between Onset and Death
		OUR TO	OR AS A CONSE	OWENCE OF	A1.	1-	1-	۸					
CERTIFICATION	Sequantially list conditiona,	bDUE TO	(OR AS A CONSE	OUENCE OF	1100	she	OIKI	7					
Ā	if any, laeding to immediata cause. Entar UNDERLYING		(doritor of	,.								
윤	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE OF	า:								
E	resulting in death) LAST				•								į
4	PART il. Other aignificant condition	s contributing to	death but not	raauiting i	n the und	dariying	cause g	jivan in I	Part i. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC									_ 1/	YES 2	□ NO		COMPLETION OF CAUSE DF DEATH?
≝									_ '				1 YES 2 □ NO
z													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ck only one)				
S	1X YES 2 □ NO	1 Inpatient 2	ER/Outpatient 3	00A	OTHER		5 🗆 Ra	sidenca	8 🗆 Other (Sp	pecify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY ay, Year)	26b. TIM	E OF URY	28c. INJU			28d. DESCRI	BE HOW IN	JURY OC	CURED	
BY	Natural 5 Pending Investigation	100.00			М		ES 2	NO					
ا م ا	3 Suicide 6 Could not be	28a. PLACE O building,	F INJURY — At he etc. (Specify)	oma, farm, a	treet, facto	ry, office			261. LOCATIO	N (Street a	nd Number	or Rural F	loute Number,
ETE	4 Homicide detarmined								Oily Of It	wii, Olale)			
Z	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	eath occurre	d at the tir	ne, data	and place,	and dua	to the cause(s) and man	ner aa stat	ed.	
COMPL	2 MEDICAL EXAMINE	R: On the basis of a	camination and/or	Investigatio	n, In my op	inion, de	ath occur	ed at the t	lime, deta and	place, and	due to th	e cause(s) and manner as stated.
l w l	29h. 9 CONNEURE AND TITLE OF CERTIFIER		A. A					NSE NUM					(Month, Day, Year)
100	10 aun	rke	(M)				0.	C.M	.E.		•		/22/1993
			7		_								,,,
2	TA FON LOCK	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)								

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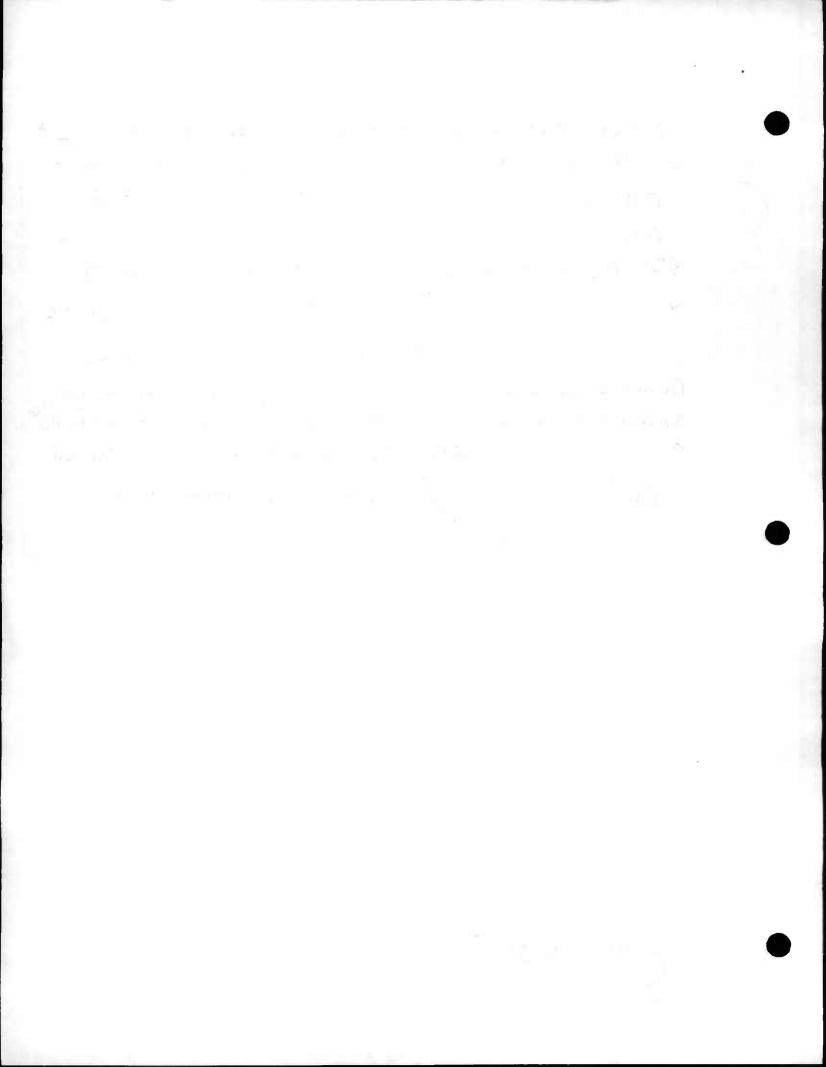


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	1 - FOR STATE OF MARYL	AND / DEP	ARTMENT	OF H	EALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	mK	4.5		DEMI	2. DATE OF DEATN	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) 8. If UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year)								NPLACE (State or Foreign
	9a, FACILITY NAME (If not institution, give street and number)	77	9b. CITY	TOWN (PR LOCATION OF D	05 10	10000	INTY OF D	šia
8	S100CONUCTION AVI	d	CH	1/1/	CHHS				60MERY
급	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	100	CITY, TOWN C	V 7			17010		6 17 6 acy
DIRECTOR	MD MONTEOME		HEV		CHASE	ب			10d. INSIDE CITY LIMITS? 1 VES 2 NO
18 P	10e. STREET AND NUMBER	1	,	101	. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	8100 CONNECTICUT	AJU	#11:	18	2081	5	บร	SA	
	11. MARITAL STATUS 12. WAS DECEDENT EVER II FORCES? 1 YES	2 X NO	1 1	yea, ap-	ecify Cuben, Maxica	NIC ORIGIN? (Specify Yearn, Puarto Ricen, atc.)	or No-	14. RACI	E — American Indian, k, White, atc.
B	3 Ndowed 4 Divorced IF YES, GIVE WAR OR D	ATES	1	☐ YES	2 NO Specif	у:		Spec	1
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDEN	T'S USUAL OC	CUPATIO	ON st of working	16b. KIND OF BU	SINESS/IN	DUSTRY	Lte
빌	Elementary/Secondary (0-12) College (1-4 or 5+)		of work done of use retired.)		or or working				
COMPL	17. FATHER'S NAME (First, Middle, Last)	Owner				Groce			
BE C	Louis Yumkas				Dena	ME (First, Middle, Maiden Park	Surname)		
5 B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILI	NG ADDRESS	(Street a		Route Number, City or Tow	n, State, Zi,	p Code)	
F	Sande Wool					, Rockvi			20852
	Removal from State Com	PLACE AND DAT	o cabos place l					City or To	
	4 Donation 5 Other (Specify) J	ıdean	Mem.	Gdr	D ADDRESS OF FA	7/1993 0	lney	, M	D
	lawellaw Packe	(I	ves	-Pearso	on Funera	1 H		3
	23 ART i. Enter the diseases, or complications that caused shock, or heart failurs. List only one cause on e	the death. Di	not enter	the mo	de of dylng, auc	h as cardiac or raspi	ratory ar	rest,	Approximate
	iMMEDIATE CAUSE (Final disease or condition	acii iiite.							oneet and Deeth
	resulting in death) e. 11 V L DUE TO (OR AS A	1116	1	1	BUMK				ACUTE
7	Sequentially list conditions b. DEPRI		/-						1443
15	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE	OF):						IN DET
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury								
E	that initiated evente DUE TO (OR AS A reaulting in death) LAST	CONSEQUENCE	OF):						
B	d								-
A.	PART II. Other significant conditions contributing to death by	ut not reaultin	g in the und	ieriying	cause given in	Part I. 24s. WAS AN PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICA	DISTERPOSCIEROTIC CAR	DIC VAS	CUFF	ff.	DISE	ASE 1 TYES 2	INO	4	CDMPLETION OF CAUSE OF DEATH?
Σ.						_			1 TES 2 NO
×	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Che	ock only one)			
Sic	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inpetlant 2 ER/Outp.	ntient 3 DOA	OTHER 4 Nursi	:		8 Other (Specify)			
표	27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year)			28c. INJU WOF	RY AT	28d. DESCRIBE HOW IN	JURY OC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation	3 67	OFM	1 🗌 Y	ES 2 NO	JUMPER	11	FLO	230
E	3 Sericide 8 Could not be determined 28s. PLACE OF INJURY building, atc. (Special Country of the country of t	At home, farm	11	ry, offica		28f. LOCATION (Street e City or Town, State)	nd Number	or Rural R	oute Number,
9	29a. CERTIFIER						H/	0	
COMPLE	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basic of examination	ruge, death occu fend/or investios	rred at the tin tion, in my on	ne, data a Inion, de	and place, and due	to the causs(s) and man	ner as atat	ed,	and manger on state
E CC	296. SIGNATURE AND PIPCE OF CERTIFIER			_	29c. LICENSE NUM		_		
0 8	Allecan Mill	4/1	01	-	2170	69	D L	1/2 0	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PERSON WHO CAUSE OF PERSON WHO COMPLETED C	TH (ITEM 27) (Ty)	oo, Print)	3 1	BETHS	con M	<i>b</i> 2	10	17/10/
	31. DATE FILED (Month, Day, Year) APR 3 0 1993 APR 3 0 1993				-1112	NI POLI		01	7,,00



	_	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Leat) ARX AX	THERINE	An	Anac		DATE OF DEATH MONTH DAY	Q V54R 3	TIME OF DEATH
				yrs. last birthday)	IF UNDER 1 YEAR		DATE OF BIRTH	7	2 11
			□ M 2 💢 F		WONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Country)	ACE (State or Foreign
pho	THE PERSON	9e. FACILITY NAME (If not institution, give street			9b. CITY, TOWN O	R LOCATION OF DEATH		OUNTY OF DEA	
P	TOR	AAM C			A-	NNAPO	_ 1	A	A
	DIREC	10a. STATE 10b. COUNTY	A-A		TOWN OR LOCAT	Ω		100	Od. INSIDE CITY LIMITS?
E BB		10e, STREET AND NUMBER	6000	0		ZIP CODE	10g. (CITIZEN OF WHA	T YES 2 NO
020 physician bunal-transit	FUNERAL	11. MARITAL STATUS 12. 1 Never Married 2 Merried	WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECI	ENDENT OF HISPANIC O	ORIGIN? (Specify Yea or No-	- 14. RACE Black, V	- American Indian, White, atc.
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the bunal-tran	р Вү	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TES	2 NO Specify:		Specify:	, hite
121 or afte use	TED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	oN oleted)	(Give kind of wo	irk done during mos	N st of working	166. KIND OF BUSINESS	INDUSTRY	
MARYLAND 21 retained by the hospital or 5 should be detached for a notified at once.	COMPLET	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	IHO. DO NOT USO	,	rker	H	om	2
LAN the hos detach	8	17. FATHER'S NAME (First, Middle, Last)	11 01				First, Middle, Maiden Surnam	е)	
RYI ed by uld be	BE	DOMINIC DON	ald OI	(verio		Virgi	First, Middle, Maiden Surnam N 1	CCV	rro
MAR be retained e 5 should n notified	٩	SAMMY ADAM	SI	196. MAILING A	EVON	nd Number or Rural Route	Number, City or Town, State,	Zip Code) NA DA	1146 LRK MO
ORE, s 6 may be ector, page must be		20a. METHOD OF DISPOSITION 1. Burlet 2 Cremetton 3 Removal 4 Donation 5 Other (Specify)	from State 20b.	PLACE AND DATE OF		ma of	DATE 20c. LOCATION	— City or Town	, State
Page al dire	1	21. SIGNATURE OF FUNERAL SERVICE LICENSE	I/F	1		D ADDRESS OF FACILIT		rlingTe	BA, UA
BALTIMORE, 24 hours after death. Page 6 may be filled in by the funeral director, page ion, or removal.		· / Whats 6	3	P	BARK	PANCO, S	everna f	K, M()
B nours after d in by the or removal medical		23. PART I. Enter the diseases, or comp shock, or heart fellure. List	olications that caused only one cause on w	the death. Do no	t antar tha mod	da of dying, such as	cardiac or raspiratory	arrest,	Approximata Interval Batween
		IMMEDIATE CAUSE (Final disease or condition			Bred	est Ca	100 PO N		Onsat and Death
3760, rited within completely ial, cremati	j	reaulting in death) a		CONSEQUENCE OF):		031 08	na		year
Secure and and burn hati	CATION	Sequentially list conditions, 6.	DUE TO (OR AS A	CONSEQUENCE OF):					
BOX cate be e physician e prior to	ICAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury							
OS, P.O. BOX be death certificate be of the attending physician Mental Hygiene prior to idury, or other traun	ERTIFI	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):					
E Se e S	O	PART II. Other significant conditions co	ntributing to death bu	t not resulting in	tha undariying	cause given in Part	I. 24a. WAS AN AUTOPS	SV 24h WI	ERE AUTOPSY FINDINGS
	DICAL					•	PERFORMED?	AW	AILABLE PRIOR TO OMPLETION OF CAUSE
() 8 5 8 6	MEC						1 TYES 2 NO	OF	DEATH?
Iaw requires been sing bept. of He 23 show									_ 163 2 NO
VITAL JAN: The law rificate has the State Dept or item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:			ACE OF DEATH (Check of	nly one)		
ICIAN: sertifica the St	> 11	1 YES 2 XNO	Inpatient 2 ER/Outpa		OTHER:	5 🗆 Rasidenca 8 🗆	Other (Specify)		
O His of the board	Y PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUR	RY WOF	PRY AT 28d RK? ES 2 NO	. DESCRIBE HOW INJURY (OCCURED	
DIVISION OF OR ATTENDING PHYSI DIRECTOR: After this of hours after death with Item 28 is marked.	EO B	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY - building, etc. (Specifi	At home, farm, str	eet, factory, offica	281.	LOCATION (Street and Num City or Town, State)	ber or Rural Route	e Number,
OR A DIRECT	٦	29a. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my knowle	dae deeth accurred	et the time date		e cause(a) end manner as s		
	COMPL	(Check only one) 2 MEDICAL EXAMINER: On	the basis of examination	and/or investigation,	in my opinion, de	ath occured at the time,	e cause(a) end manner as s data and place, and due to	stated. the cause(a) an	nd manner as stated.
	H H	296. SIGNATURE AND TITLE OF CERTIFIER	Colien			29c. LICENSE NUMBER D16354	29d. D	ATE SIGNED (MC	onth, Day, Year)
	일	30. NAME AND ADDRESS OF PERSON WHO CO			ESTGA	-c 0a	ALLEA	1//	- 6/ /
		21 DATE EILED (Month Day Mari			-31 GA	12 190	ANNA	VOUS	Md
		APR 1 5 1993	Julia Davidson	n-gandess.			×1	40/	



3. TIME OF DEATH

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DIVISION OF VITAL RECORDS, P.O. BOA 66/60,	G P	th se
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5	OR	B
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us
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15-0020

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

APR 1 9 1993

Wilson, Alfonza

A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 XM 2 F 213-18-9000 YRS. 80 Feb. 21 1913 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Clavert Memorial Hospital Pr. Frederick, Calvert RESIDENCE OF DECEDENT 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Calvert Owings 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNER Box 170 20736 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) attending physicials as the burial-t 14. RACE — American Indian, Bleck, White, atc. FORCES? 1 YES 2 1 ▼ Never Married 2 Merried BY 1 TES ZXXNO Specify: Specify: Black 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Farmer be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Roland Wilson BE Sadie Young 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carrie Brown 4020 Ferry Landing Rd. Dunkirk, MD 20754 20a. METHOD OF DISPOSITION
1. Burlet 2 Cremetton 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State examiner must Cooper's Church Cem. 4/22, 1993 4 Donation 5 Other (Specify) Dunkirk, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sewell Funeral Home Leu 1451 Dares Beach Rd. Prince Fred., MD 20678 Kerker sell. or removal traumatic event, the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line interval Between **IMMEDIATE CAUSE (Finel** Onset and Death cremation, disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 40MUT SEPSis to burial, CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or injury or other DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 YES 2 NO 1 | YES 2 | NO 6 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: 1 TES 2 NO OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) marked, or the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED With 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 60 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide Item 28 HOURS 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated. 2 IMPORTANT: If 2 _ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 불분들 EP-81-4 ann · Curst 223 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20678 Prince Frederick, Md Dr. I. Damalouji 32. REGISTRAR'S SIGNATURE DE Chia Davidson-Romas pe 31. DATE FILED (Month, Day, Year)

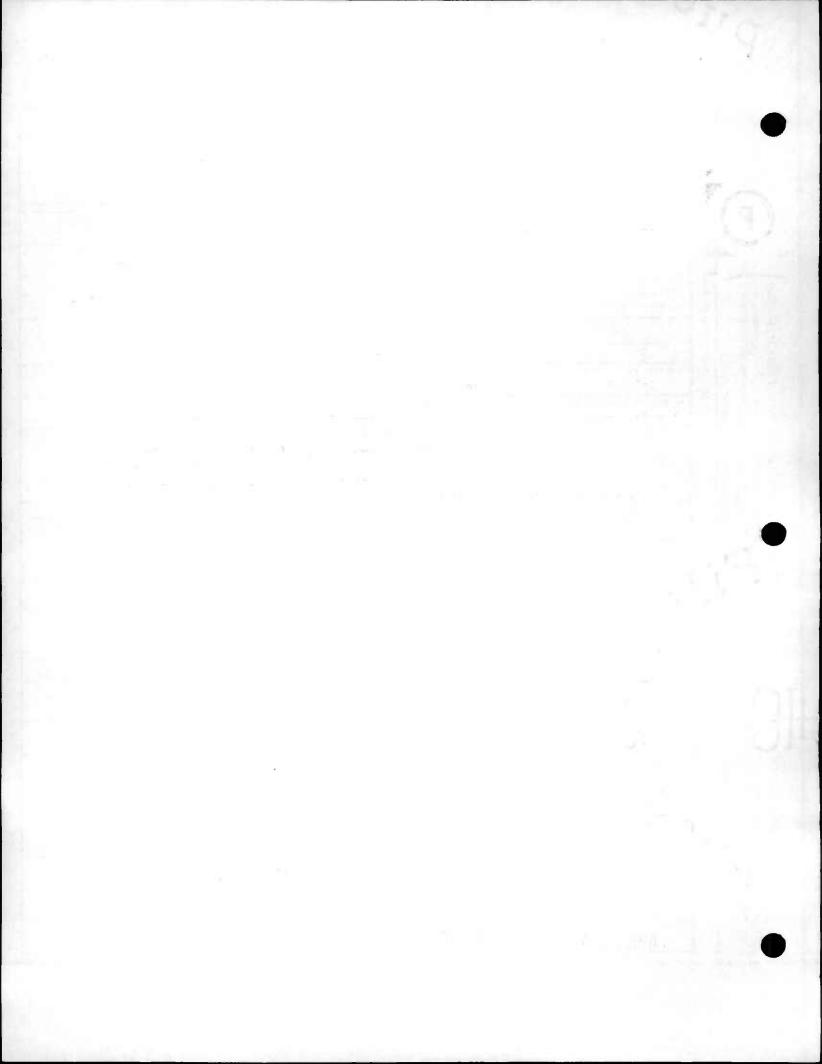
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

04-17-93

DHMH-18 Rev 1/89



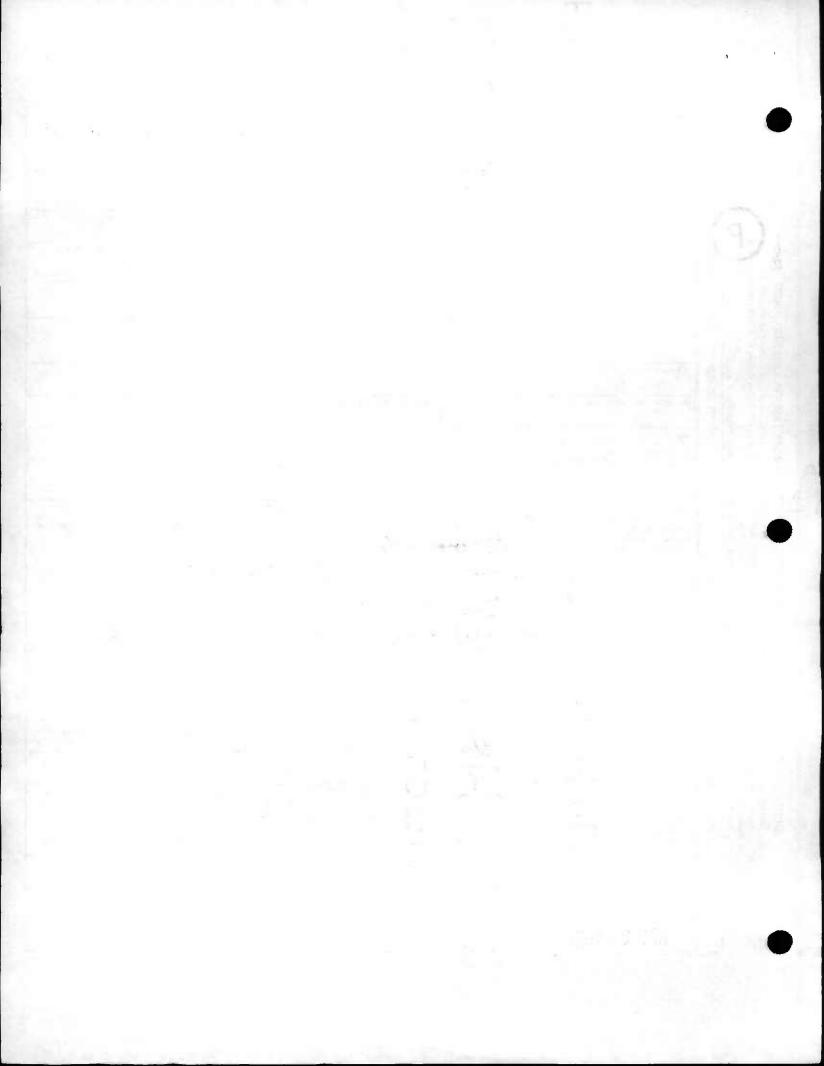
BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnletons be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	CATE OF DE	ATH	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	Janise Ce	leste' Bri	scoe		2. DATE OF C		1	3. TIME OF DEATN	
FEMALE		THOMAS-F	THOMAS-BRISCOE			3 29 93 4			
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG					HRTH	8. BIRT	THPLACE (State or Foreign	
	1 🗌 M 2 🖾 F	YRS.	MONTHS DAYS HOURS MIN			(Month, Day, Year) Country) 3/29/93 Mar			
9a. FACILITY NAME (If not institution, give a	EXPERIMENT TOTAL		b. CITY, TOWN OR LOC	CATION OF DEAT	TH		COUNTY OF		
Prince George's H	lospital Cen	iter	Cheverly			1	rince	George's	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10- OUTV	TOWN OR LOCATION						
								10d. INSIDE CITY LIMITS?	
	ce George's	пуац	tsville					1 X YES 2 NO	
10e. STREET AND NUMBER			101. ZIP (CODE				WNAT COUNTRY?	
8203 Allendale	<u>lerrace</u>			20785		Ţ	J.S.A.		
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DECENDER				0— 14. RA	CE — American Indian, ck, White, atc.	
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF		1 - YES 2 -		T DESTRUCTION	, 400)	Spe	Black	
								втаск	
15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEOENT'S U (Give kind of wo	SUAL OCCUPATION rk done during most of w	rorkina	16b. KIN	D OF BUSINES	S/INOUSTRY		
Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)						
17. FATHER'S NAME (First, Middle, Last)			18. 8	MOTNER'S NAMI					
Michael Anthony	y Biscoe			Jacq	ueline	e Deni	se Tho	mas	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Nur	mber or Rural Ro	oute Number, C	City or Town, Sta	te, Zip Code)		
20a. METHOD OF DISPOSITION 1		20b. PLACE AND OATE of cemetary, crematory o		е	OATE	20c. LOCATIO	ON — City or	Town, Stata	
4 🗆 Donation 5 🗆 Other (Specify)									
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND AD	DRESS OF FACI	LITY				
1 -									
	if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	d. //		, , , , , , , , , , , , , , , , , , ,	, , ,)	france	
PART ii. Other significent condition	1e contributing to deet	h but not resulting in	the underlying ceu	se given in P		PERFORMED	?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			00 01 000	OF DEATH (Chec	ok ont				
EXAMINER?	HOSPITAL:		OTHER:						
1 YES 2 NO	1 ☐ Inputient 2 ☐ ER/C		Nursing Nome 5		-				
1 Natural 5 Pending	(Month, Day, Yes		RY WORK?		26d. OEŞCHI	BE NOW INJUR	Y OCCURED		
2 Accident Investigation	70.70.70.70.70.		M 1 YES						
3 Suicide 6 Could not ba	26a. PLACE OF INJU building, atc. (S	URY — At home, farm, at Specify)	eet, factory, offica		281. LOCATIO	N (Street and Nown, State)	lumber or Rura	il Route Number,	
4 Nomicide datermined									
Torroom orny	SICIAN: To the beat of my kr ER: On the basic of axamina							e(e) and menner ee stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	Sulich	flory	29c.	LICENSE NUME	BER	29	. OATE SION	EO (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON W			Print)						
		(m z.) (ypo,)	/						
	Dec esser								
APR 26 1993	32. REGISTRAR'S S	GNATURE							



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	i.	(
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians	•	(,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-traff	Isit permit	See 1.2 Second	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	-	P	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must he notified at once		1	

		FOR		93 12526
	_	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) HOMAS By	2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 1 1 M 2 F YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Pay Year)	8. BIRTHPLACE (State or Foreign Country)
phone	125	9s, FACILITY NAME (If not institution, give street end number) 9b, CITY, TOWN OR LOCATION OF CO.	DEATH 9c. CDUN	TY OF DEATH
P	DIRECTOR	RESIDENCE OF DECEDENT 104. STATE 105. COUNTY TOWN OR LOCATION	1110 Ca	2010/1
V		ma Carroll Westminster		10d. INSIDE CITY LIMITS? 1 YES 2 NO
susit per	FUNERAL	100. STREET AND HAMBER DY WESTMINSTER MO 2/159	10g. CITIZ	EN OF WHAT COUNTRY?
attending physicians se as the burlal-transit	BY	11. MARITAL STATUS 1 Never Merried	can, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:
50 7	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.).	166. KIND OF BUSINESS/INDU	BMARNE
the hospital of detached for once.	COMPL	8 Production Inspects	r GOVERNME	NT MATERIALS
# E &	BE CC	Michael Berta, Sr. MA	AME (First, Middle, Melden Surname) RLA 51.5K	IN
be retained ge 5 should be notified	5	190. INFORMANT'S NAME (Type/Print) MARIE S. BERTA 190. MAILING ADDRESS (Street and Number or Rural 458 LOGAN I	RIVE WES	Code) MINSTER
P 20 4		209, NETHOD OF DISPOSITION 1 © Burlet 2 Gramation 3 Gramoval from State 4 Gramation 5 Other (Specify).	DATE 20c. LOCATION — C	ty or Town, State
death. Page 6 m funeral director,		21. SIGNATURE OF PUREILAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F	ACILITY 9/Willi	DAT: MD.ZM
after on the moval.	_	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, sur	HEAC HOWE	et, Approximate
filled in on, or a		MMEDIATE CAUSE (Fine)	leadent	Interval Between Onset and Death
within pletel crema		DUE TO (OR AS A CONSEQUENCE OF):	runn	ldery
and and bur	CATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):		
Phy phy	RTIFICA	CAUSE. (Disease Dr Injury that initiated events DUE TO (DR AS A CONSEDUENCE OF):		
	CERT	resulting in death) LAST		
that the d by the nand Mi	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
- 0 0 0 5		Hypertension	1 🗆 YES 2 (DATO	OF DEATH?
C3 tept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER	heck only one)	
the the		1 PES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Turning Home 5 Residence 27. MANNER OF DEATH 28s. DATE DF INJURY 28b. TIME OF 28c. INJURY AT	6 Other (Specify)	JRED
DING PHYS After this of death with	ВУ Р	1 W Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 3 Suicide 8 Could get by 28e. PLACE DF INJURY — At home, farm, street, lactory, office		
TTEN TOR: after	ETED	3 Suicide a Could not be detarmined Suicide a Could not be detarmined Suicide a Could not be building, etc. (Specify)	281, LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
対対なま	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilms, date end place, and du one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the		
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT. II	ш	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NO.	IMBER 204 DATE	SIGNED (Month, Day, Year)
E C C C C C C C C C C C C C C C C C C C	TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (None Print)	2386 +4	116/1993

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

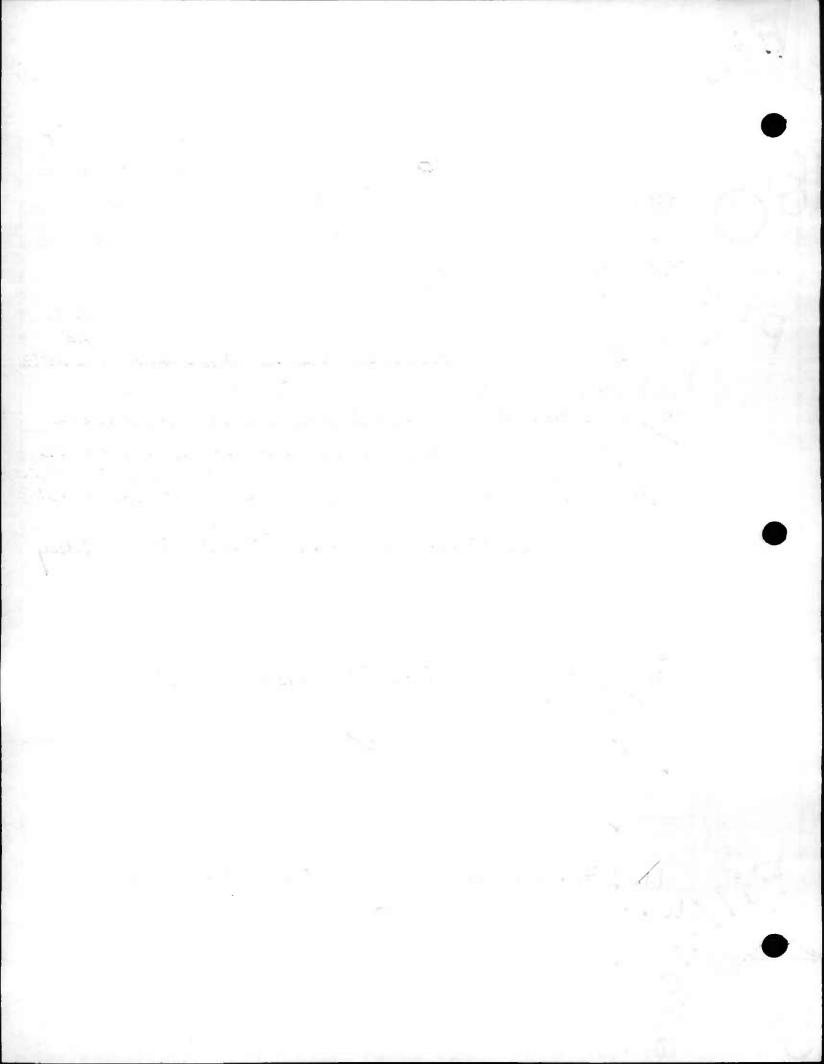
AND 3223 Man St

32 REGISTRAR'S SIGNATURE

Julia Davidson-Andree

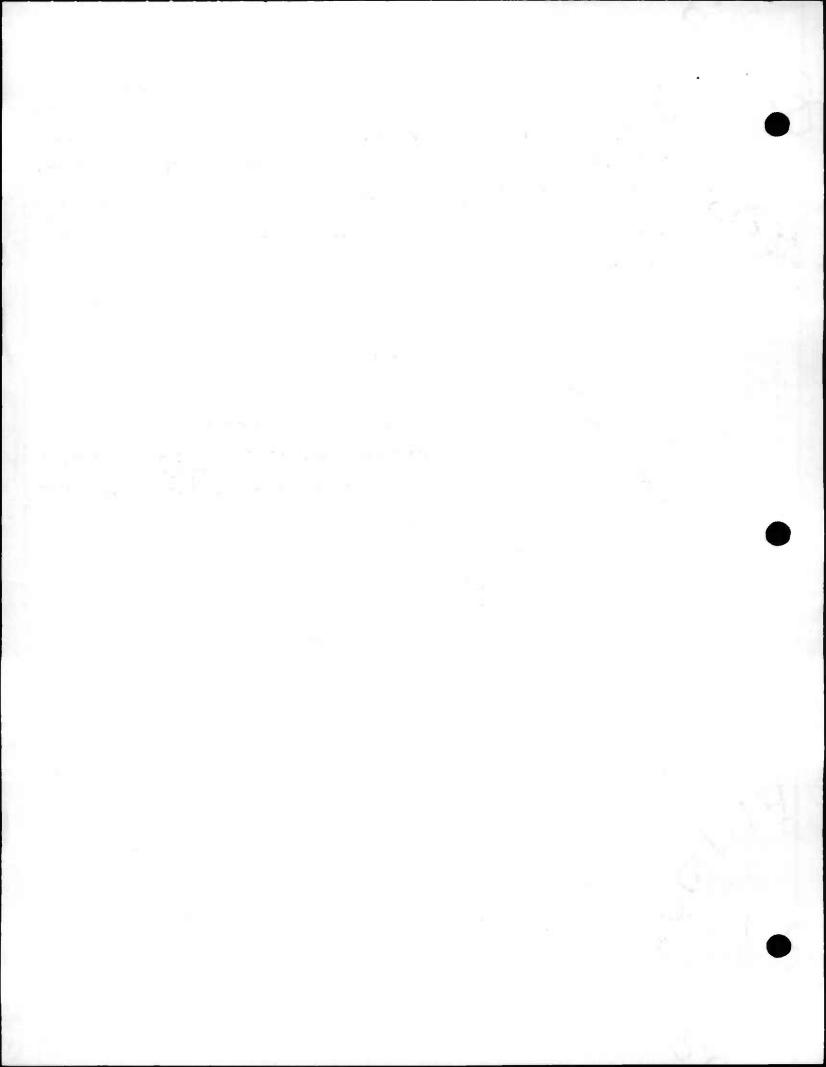
30. NAME AND ADDRESS OF PERSON

The standard of the standard o



0, BALTIMORE, MARYLAND 21215-0020	ithin 24 nours after death. Page 6 may be retained by the hospital or attending phys	tetely filled in by the funeral director, page 5 should be detached for use as the buri.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	D / DEPART Certific	MENT OF H	EALTH AND M	ENTAL HYGIEN REG. NO		33 12527			
	8	1. DECEDENT'S NAME (First, Middle, Last)	114	BL	UE		2. DATE OF DEATH MONTH D	3 9	3. TIME OF DEATH A 3 12:50 M			
Pir	3	152-38-4046	□ M 2 💢 F 4		IF UNDER 1 YEAR HONTHS DAYS	MONTHS AND	7. DATE OF BIRTH (Month, Day, Year) May 25, 1	947	. BIRTHPLACE (State or Foreign Country) New Jersey			
e, 3 should	Юн	90. FACILITY NAME (If not institution, give street SOUTHERN A RESIDENCE OF DECEDENT	RYLAND Hos	pital	_	HON, M	d,	0.	JCEGEORGE			
(P)	DIRECTOR	10a. STATE 10b. COUNTY	lvert	10c. CITY,	TOWN OR LOCAT	Frederic	ξ.		10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
Jisit J	ERAL	100. STREET AND NUMBER 111 Barstow Ro.	ad			20678			N OF WHAT COUNTRY?			
physician. burial-transit	F.	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. FORCES? 1 Tyes 2 IF YES, GIVE WAR OR DATES	∑ NO	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yes Puerto Rican, etc.)		USA I. RACE — American Indian, Black, Whita, atc.			
r attending use as the	ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 16a	. DECEDENT'S U	SUAL OCCUPATIO	DN .	16b. KIND OF BUS	SINESS/INDUS	Specify: Black			
spital or	COMPLETED		College (1-4 or 5+)	Domesti	,	st of working						
≥ 0 ×		17. FATHER'S NAME (First, Middle, Lest) unknown				18. MOTHER'S NAME	E (First, Middle, Maiden	Surname)				
5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street a		IOWII ute Number, City or Tow	n, State, Zip Cr	ode)			
y be re sage 5.	F	Norman Keemer		P.O.	Box 21	I	Barstow, M	1D 206	10			
6 ma stor, p		20e. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	I from State cemetery.	crematory or other	olsposition(Na erplace)	me of Sem. 04/16	1		y or Town, Stata			
death. Page tuneral direct.		21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	TOLL NO	22. NAME AN	D ADDRESS OF FACI	Sewell	Funer	Frederick, MD			
after death. y the funeramoval.		Spencer	E. Sew	ell	1451 D	ares Beac	h Rd. Pri	ince F	red.,MD 20678			
within 24 nours apletely filled in cremation, or re		23. PART i. Énter the diseases, or com ahock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	Lung &	daath Did no	auter the mod	da of dying, auch	as cardiac or raspl	retory arres	t, Approximate interval Between Onset and Death			
h certificate be e anding physician Hygiene prior to or other traun	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d. SIP R. T. H. MANN.										
v requires that the been signed by the t. of Health and Mi	MEDICAL	PART ii. Other eignificant conditions of	ontributing to death but no	ot reaulting in	tha underlying	causa given in Pa	24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: The law this certificate has with the State Dep with the State Dep red, or item 23	PHYSICIAN:		OSPITAL:		THER:	ACE OF DEATH (Check						
SICIAL s certif th the d, or	H	27. MANNER OF DEATH	□ Inpatient 2 □ ER/Outpatient 28a. DATE OF INJURY	28b. TIME	OF 28c. INJU	5 Residence 6	Other (Specify) 8d. DESCRIBE HOW II	NJURY OCCUP	RED			
DING PHYSI After this c death with	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF	M 1 🗆 Y	ES 2 NO						
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma		3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At building, atc. (Specify)	t home, tarm, str	eet, tactory, offica	2	81. LOCATION (Street a City or Town, State)	ind Number or	Rural Route Number,			
SPITAL OR A NERAL DIREC hin 72 hours NT: If item	COMPLET		N: To the best of my knowledge, On the basis of examination and/						ause(a) and manner as stated.			
TO THE HOSPITAL OF THE FUNERAL COMPANIENT TO THE MINIOR TO THE IMPORTANT: If II	TO BE C	296/SIGNATURE AND TITLE OF CERTIFIER	ZMD/	Allen	line	29 LICENSE NUMB	535	29d. DATE SI	IGNED (Month, Day Year)			
1	_	LAXMI BERWA	OMPLETED CAUSE OF DEATH (I	00 Oc	D BRAN	OCH AVE	CLIN	ston,	MB, 20135			
		APR 16 1993 Ju	32. REGISTRAR'S SIGNATURE	Ell								

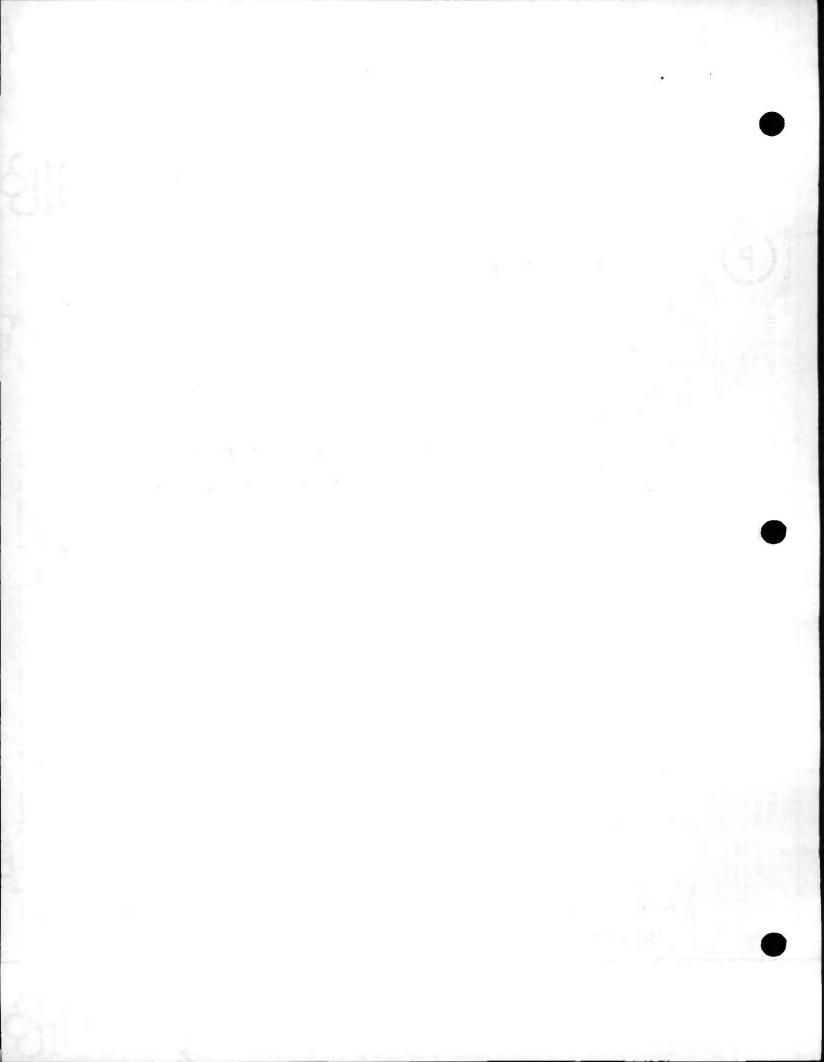


(u u	Dissell Dissell)
AND 21215-0020	hospital or attending physical	stached for use as the surney	nce.
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	d within 24 hours after death.	impletely filled in by the funeral, cremation, or removal.	event, the medical exami
S, P.O. BOX 687	death certificate be executed	e attending physician and co fental Hygiene prior to burial	ury, or other traumatic
TAL RECORD	N: The law requires that the	icate has been signed by th State Dept. of Health and N	item 23 shows any inj
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIA!	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	item 28 is marked, or
	TO THE HOSPITA	TO THE FUNERAL be filed within 72	IMPORTANT: II

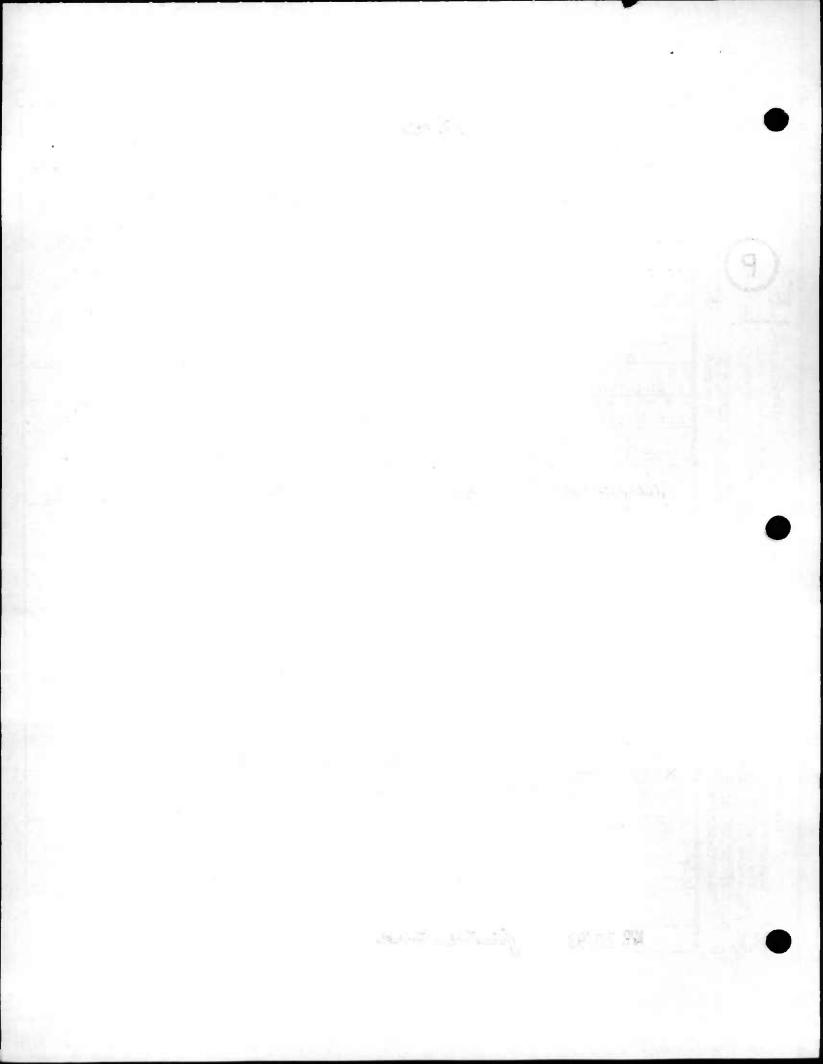
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		_				TONIE (/ DLA		HEG. NO.			
9	1. DECEDENT'S NAME (First,	Middle, Last)	Ω	1.					2. DATE OF DEATH		VEAR	3. TIME OF DEATH
	Carr	10	00	CK					04 16	" a	YEAR	8:20 A W
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER L YE	AR IF UNDER	R 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	215-28-4	927	1 🗆 M 2 💢 F	63	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Day, Year)	30	Country	acyland
	9a. FACILITY NAME (If not in		treet and number)			9h CITY TO	MN OR LOCATI	ION OF DEAT		7 -	NTY OF DE	1 100.10
œ	1 coftant	1	1	L 11	100	1	01	. /	in.	^		0
6	RESIDENCE OF DEC	EDENT	lescen	1 Cer	iter		0++0	N		HU	ne	Hrundel
S S	10a. STATE	10b. COUNTY	1		10c. C/1	Y, TOWN OR L	OCATION					10d. INSIDE CITY
DIRECTOR	Maryland	C	alvert			Lusby					- 1	LIMITS?
	104. STREET AND NUMBER					Labby	10f. ZIP COD			10. 017	7511 05 111	1 YES 2 X NO
FUNERAL	12025 Rot	ichv H	a11 Dd					-		iog. Citi		HAI COUNTRY?
Ä	11. MARITAL STATUS	130y 11						20657			USA	
	1 Never Married 2	Married		YES 2X	ARMED NO	13. WAS	DECENDENT (s, specify Cubi	DF HISPANIC In, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE Black	- American Indian, White, atc.
A	3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES		1 🗆	YES 2 X NO	Specify:			Specif	^{y:} Black
	15 DECI	EDENT'S EDU	CATION	146	DECEDENTIO	USUAL OCCU						
E	(Specify only	highest grade	completed)		(Give kind of life. Do NOT u	work done durin	g most of working	ing	16b. KIND OF BUS	SINESS/IND	USTRY	
٦	Elementary/Secondary (0-	-12)	College (1-4 or 5 +	,		so romou.)						
COMPLETED					Cook							
	17. FATHER'S NAME (First, MI	OOM, LIISI)	D						E (First, Middle, Maiden			
BR	KANGO	DIDU	000	me.					ie Ke	No.	100	
2	19a. INFORMANT'S NAME (7)								ute Number, City or Town	n, State, Zip	Code)	
- 1	Carolyn A.				450	8 8th	St. N.	W. W	ashington	, D.	C. 20	0011
	20a, METHOD OF DISPOSITI	ON n 3 🗆 Rame	ovel from State	20b. PLAC	EANDDATE	OF DISPOSITIO	N (Name of		DATE 200 100	CATION	City on Tou	
	4 Donation 5 Other			East	ern U	.M. Chi	arch C	em.4/	20/93 Lu	sbv.	MD	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			22. NAM	E AND ADDRE	SS OF FACIL	Sewell	Funei	ral F	lome
	Spance	0. 6	- 0	000		145	l Dare	s Bea	ch Rd. Pr	ince	Fred	.,MD20678
			· Deu	rece								,IID20070
	23. PART I. Enter the di shock, or he	seases, or c eart fellure.	complicatione that Liet only one cau	se on each il	death, Do i ne.	not enter the	mode of dy	ing, such a	aa cerdlec or reepi	ratory arr	eet,	Approximate interval Between
- 0	MANAGED LAST CALLOS AND											
- 1	IMMEDIATE CAUSE (Fin	ei	1 -	11-	- 2	/ _	3	_	1 .0			Onset and Death
	disease or condition resulting in death)	ei →		eff	- 0	enti	ian	lan	Lail	uri		
	disease or condition	ei →	DUETO	OF AS A CONS	SEQUENCE O	enti	ran	las	fail	uu		
NO	disease or condition resulting in death)	+		incie	SEQUENCE O	ent	nan	lan	fail	in		
TION	disease or condition resulting in death) Sequentielly list condition if any, leading to immediately in the condition of the	ona, flate		(OR AS A CONS	SEQUENCE O	enti	ian	lan pa	fail	uu		
ICATION	disease or condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLY	Dna, diate		incie	SEQUENCE O	enti	ian	las pa	fail	uu.		
LIFICATION	disease or condition resulting in death) Sequentielly list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injurthat initiated events	ona, diate NG	DUE TO	incie		enti	nau)	lan par	fail	uu.		
ERTIFICATION	disease or condition resulting in death) Sequentielly list condition if any, leading to immediates. Enter UNDERLYII CAUSE (Disease or injuries)	ona, diate NG	DUE TO	OR AS A CONS		enti	nas	las pa	fail ncrea,			
CERTIFICATION	Sequentielly list condition resulting in death) Sequentielly list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST	Dna, dilate NG ry	b. DUE TO	OR AS A CONS	SEQUENCE O		nas	Par	fail ncrea	uu,		Onset and Death Will Ry Would the
	disease or condition resulting in death) Sequentielly list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injurthat initiated events	Dna, dilate NG ry	b. DUE TO	OR AS A CONS	SEQUENCE O) lyling ceuse s	Par par	fault u Clea ent I. 24a. WAS AN PERFOR			
	Sequentielly list condition resulting in death) Sequentielly list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST	Dna, dilate NG ry	b. DUE TO	OR AS A CONS	SEQUENCE O) ying ceuse s	Par Par		MED?		Onset and Death With P WGU H WERE AUTOPSY FINDINGS
MEDICAL CERTIFICATION	Sequentielly list condition resulting in death) Sequentielly list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST	Dna, dilate NG ry	b. DUE TO	OR AS A CONS	SEQUENCE O		ying ceuse of	Pau	PERFOR	MED?		Onset and Death Wight Participant of the Computation of Cause
MEDICAL	Sequentielly list condition resulting in death) Sequentielly list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST	Dna, dilate NG ry	b. DUE TO	OR AS A CONS	SEQUENCE O		ying couse s	Par Par	PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRION TO COMPLETION OF CAUSE OF DEATH?
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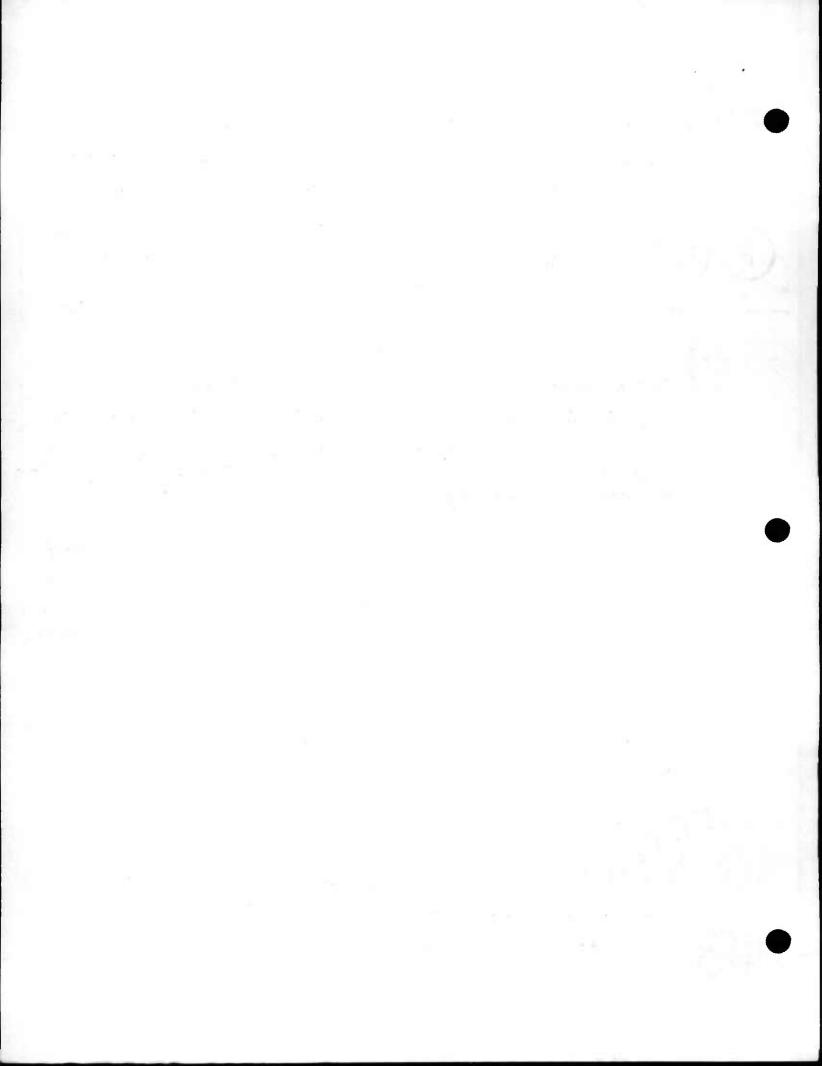


	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	MENT OF HEALTH	AND MEN	TAL HYGIEN	E	93 1252			
	1. DECEOENT'S NAME (First, Middle, Lest) LATISHA	LATISHA 7	-1.1	S	2. DA	TE OF DATH					
nu d	4. SOCIAL SECURITY NUMBER 579-02-3462	1 M 2 F /	YRS. MO	NTHS DAYS HOURS	MIN. (M	TE OF BIRTH CORTH, Day, Year)		BIRTHPLACE (State or Foreign Country) WASH., D.C.			
1, 2, 3 should	Hurley Neck R	elreet and number O. Box 122 9b. CITY, TOWN OR LOCATION OF D					of death Comico				
Pages 1, 2, 3: DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Mardela										
FUNERAL		Hurley Ne		10f, ZIP COL	21837		10g. CITIZEN	OF WHAT COUNTRY? U.S.A.			
	11. MARITAL STATUS 1 Xever Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	13. WAS DECENOENT If yes, specify Cub 1 YES 2 ANO	an, Maxican, Puer	GIN? (Specify Yea to Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: Black			
d for use as	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEOENT'S USL (Give kind of work life. Do NOT use re	done during most of work	ing	16b. KIND OF BUS					
at once.	17. FATHER'S NAME (First, Middle, Last) Unknown		never e		HER'S NAME (Firs	t, Middle, Maiden	none				
notified TO BE	19a. INFORMANT'S NAME (Type/Print) Ann Geraldine	Wildauer	19b. MAILING ADI	PRESS (Street and Number	or Rural Route N	nknown	n, State, Zip Cod	21837 Mardela,MD			
runeral director, page xaminer must be	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetton 3 Remo	oval from State 20b.	PLACE AND OATE OF DI	SPOSITION (Name of place)	0	ATE 20c. LOC	CATION — City	or Town, State			
0 m	21. SIGNATURE OF FUNERAL SERVICE LIE	Curron	02 /25	Cremator	ss of facility funeral	L Home		MD. 21613			
compressy med in by in its cremation, or remover: event, the medical	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart felture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
e prior to burial, er traumatic ev	DUE TO (OR AS A CONSEQUENCE OF): Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
Inju	PART II. Other significant conditions	contributing to death bu	at not resulting in th	e undariying cause	given in Part I.			24b. WERE AUTOPSY FINDINGS			
hows ar						1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ed, or Item 23 s PHYSICIAN:		HOSPITAL: 1 Inpatient 2 ER/Outpa		HER:	EATH (Check only						
> E .	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 5 Re 28c. INJURY AT WORK? M 1 YES 2	26d. D	her (Specily) ESCRIBE HOW IN	JURY OCCURE	0			
after d	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	M 1 YES 2 NO 26e. PLACE OF INJURY — A1 home, farm, atreet, factory, office building, atc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	29a. CERTIFIER (Check only one) 1 K CERTIFYING PHYSIC DESCRIPTION OF COMMON	IAN: To the best of my knowle : On the baels of examination	edge, death occurred at and/or investigation, in	the time, data and place my opinion, death occur	, and due to the c	ause(a) and menn	er ea stated.	Se(e) and manner as stated			
be filed within 72 h IMPORTANT: If II O BE COMP	29b. SIGNATURE AND TITLE OF CERTIFIER	Heke P	11	29c. LICE	NSE NUMBER		29d DATE SIG	NED (Month One Year)			
<u> </u>	S.H. LAFFE)	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)	121 Na	ntico	ke MA	218	40			
ļ	31. DATE FILED (Morith, Day, Year)	32. REGISTRAN'S SIGNA					- 0				

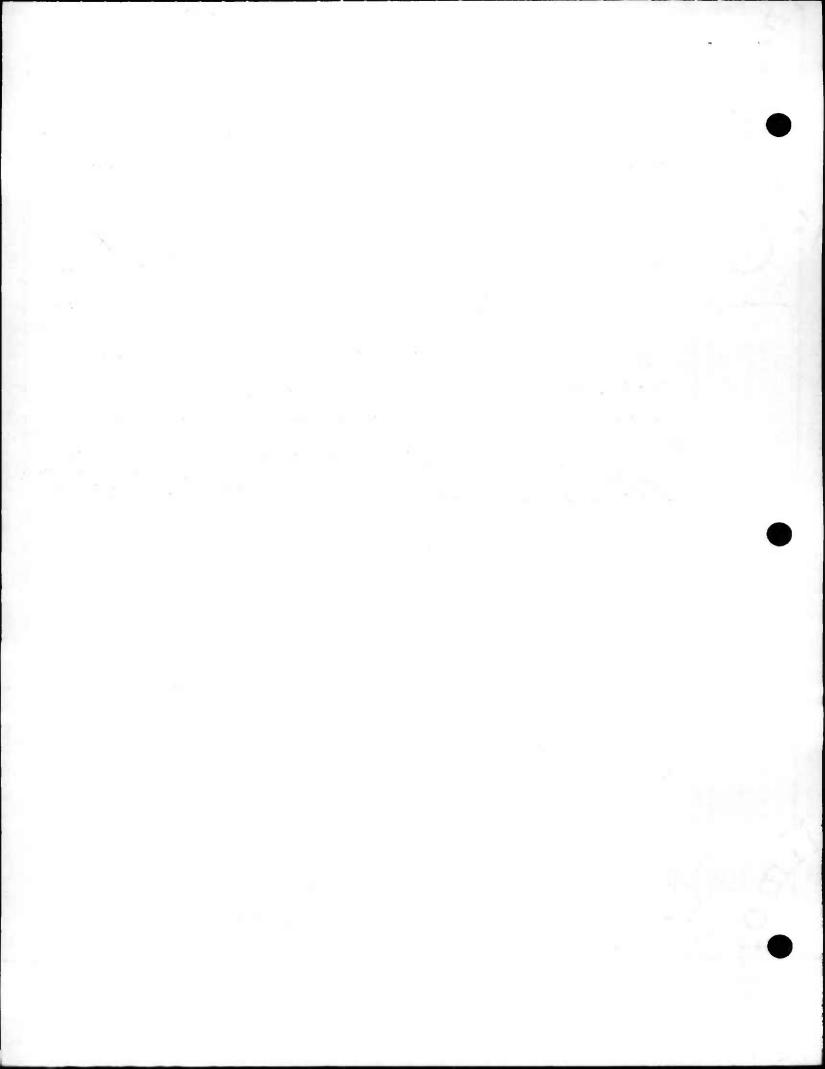


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60, BALTIMORE, MARYLAND 21215 0020	within 24 hours after death. Page 6 may be retained by the hospital or attending providing the block of the burning more as as the burning more as as the burning more as a some burning more as a some burning more as a some burning the burning the burning that the burning the burning that the burning the burning that the burning	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pryoring TO THE FUNESTOR: After this certificate has been signed by the attending processing the principle of the processing processing the principle of the processing processing the principle of the processing processing processing the principle of the processing	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR BABER LEOLA ALDERSON April 10 1993 4:05 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 04-29-1898 Virginia 1 - M 2 X X 94 231-52-7496 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 440 Wagga Man Circle Annapolis Anne Arundel 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne Arundel Annapolis 1 TES 21 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 440 Wagga Man Circle United States 21403 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THE YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yee, specify Cuben, Mexican, Puerto Rican, etc.)
 O Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Mer BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Homemaker Home. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Chapman Alderson Dora Johnson 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jacqueline Hildebrand 440 Wagga Man Circle Annapolis, Maryland 21403 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE incoln Cromatory 4-13+93 Brentwood, Maryland SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 147 Duke of Gloucester St. Annapolis, MD 23. PART I. Enter the disease, or complications that cause the design shock, or heart failure. List only one cause of each line. he deeth. Do not enter the mode of dying, such as cerdiec or respiratory erreet, Approximata IMMEDIATE CAUSE (Finel Onset and Death Massive disease or condition resulting in death) CERTIFICATION Sequentielly ilst conditions. If any, leading to immediate ceuse. Enter UNDERLYING a CAUSE (Diseese Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a, WAS AN AUTOPSY 1 - YES 2 X 100 OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Accident 26e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete end place, end due to the ceuse(e) and manner ee stated. 2 MEDICAL_EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. SIGNATURE AND TITLE OF CERTIFIED BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D11653 April 12, 1993 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1833-A Forest Drive Annapolis, Maryland 21401 Verkouw. M.D. 32. REGISTRAR'S SIGNATURE APR 1 3 1993 Frelia Davidson



		1 - STATE REGISTRAR	STATE OF MARY	CERTIF	ICATE	OF H	DEAT	AND ME	NTAL HYGIE REG. N			
		1. OECEDENT'S NAME (First, Middle Last)						2	DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
		JOHN CLIFFORD 4. SOCIAL SECURITY NUMBER					111		pail 12.	. 1993		1:45 . A M
		THE PART OF THE PARTY OF THE PROPERTY.	1 M 2 - F	E (In yrs. last birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLI Country)	ACE (State or Foreign
pino		71,1-12-0450 90. FACILITY NAME (If not institution, give str	ret and number)	G U THS.	ah CITY	TOWN O	B LOCATI	ON OF DEAT	12-22-19		Geor	
1, 2, 3 should	8	Anne Arundel Medi			41	ınapo		ON OF DEAT			Arun	
===	5	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		1 40 - 02	Y, TOWN C			-		Traine		
(h)	DIRECTOR	, , , , , , , , , , , , , , , , , , , ,	Arundel	100,741		inapo						Od. INSIGE CITY LIMITS? YES 2 \(\square\) NO
(P)		100. STREET AND NUMBER					ZIP CODE	E		10g. CITIZ		T COUNTRY?
	NERAL	21.7, G Victor P		F			_ 21	1,403		Un	ited	States
attending physicianse as the bunal-tra	BY FÜ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EYER FORCES? XX YE IF YES, GIVE MAY OR WWIII	R IN U.S.ARMED S 2 NO DATES		WAS DECE If yes, spe I PES	city Cube	n, Mexicen, F	ORIGIN? (Specify Y Puerto Rican, etc.)	ne or No—	14. RACE — Bleck, W Specify:	American Indian, white, etc. White
r attendi	ED	15. DECEOENT'S EDUC. (Specify only highest grade of	ATION	16a. DECEDENT'S (Give kind of	USUAL O	CCUPATIO	N t of workin		16b. KINO OF B	USINESS/INDU	STRY	
the hospital or detached for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Inte. Do NOT u	se retired.)			·y				
the hospital or detached for once.	P M	12 t7. FATHER'S NAME (First, Middle, Last)		Chief	Engl	neer				itment	Stor	.e
के विश्	ECC	Joseph H. Bell							(First, Middle, Maide). Hodge			
retained 5 should notified	00	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS	(Street an			te Number, City or To		Code)	·
y be rett y age 5 s be not	욘	Patrick Bell		5 (Vainu	righ	t Au	renue	Annapol	cis, MI	214	03
		20s. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remo	val from State 2	ON DE ACE AND DATE	05010000	TION (A)		-				
Page 6 U directo		4 Donetion 5 Other (Specify)	MISEE /	<u>Catholic</u>	Ceme	tery	04	1-15-9	3 So	<u>lvannal</u>	1, Ge	orgia uneral Hon
death. Pag tuneral di f.		///	///		14	7 Du	bo o	of Gla	ucester	1. lays	LOT FI	uneral Hon
rs after of n by the removal.	_	23 PART Enter the disease or or	00	m								cas, Mi
D D D E		23. PART I. Enter the diseases, or co shock, or heart fellure. L	ist only one ceuse on	each line.	not enter	the mod	le or dyl	ng, such e	s cerdiec or ree	piratory erre	at,	Approximete interval Between
· · · · = =		IMMEDIATE CAUSE (Finel disease or condition	PNEUM	2111								36 hrs
ted within completely ial, cremati		resulting in death)	DUE TO (OR AS		F):							36473.
executed within and completely o burial, crema natic event,	N N	Sequentially ilst conditions, b.										
ertificate be execute ng physician and o giene prior to buria	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE O	F):							
g physiene p	빌	CAUSE (Disease or injury c. that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):			-				<u> </u>
th c endi	l w l	resulting In deeth) LAST										
that the death ed by the atter th and Mental any Injury, o		PART ii. Other significent conditions	contributing to deeth	but not resulting	In the un	derlying	cause g	Iven in Par	ti. 24a. WAS A	N AUTOPSY	24b. WE	ERE AUTOPSY FINDINGS
that the led by the and line		Urinam tract.	intertion						PERFO	RMED?	CO	AILABLE PRIOR TO DMPLETION OF CAUSE
w requires that been signed pt. of Health a shows any	MEC	lend failure								- 10/0	_	DEATH?
has bee Dept. c	ÿ	Anemia										
N: The ficate has State D	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		CE OF OE	EATH (Check	only one)			
SICIAN: The certificate the State	PHYS	1 TYES 2 NO 27. MANNER OF DEATH	Inpatient 2 - ER/Ou		4 🗆 Nurs	ing Home			Other (Specify)			
NG PHYS frer this ceath with marked		1 Netural 5 Pending	(Month, Day, Year)		URY M	28c. INJU WOR			d. DEŞCRIBE HOW	INJURY OCCU	RED	
NDING I I: After r death	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	RY — At home, farm,	street, facto				t. LOCATION (Street	and Number of	r Rural Route	e Number,
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate hours after death with the State I tem 28 is marked, or item	1	4 Homicide determined	bonding, etc. (Sp	Jacony)					City or Town, State)		
	COMPLE		IAN: To the best of my kno									
	SON	2 MEOICAL EXAMINER	On the beele of examinat	ion end/or investigation	n, in my o	pinion, de	eth occur	ed at the time	e, date and place, a	nd due to the	ceuse(a) en	d menner ee stated.
TO THE HOSPI TO THE FUNER De filed within	BE (396 SIGNATURE AND TITLE OF CERTIFIER					29c. LICE	NSE NUMBE	R	29d. DATE	SIGNED (Mo	onth, Day, Year)
5 5 3 M	OT	38. NAME AND AODRESS OF PERSON WHO	COMPLETED CAMES OF S	20.711 //			D	133	7	1	-12.	-93
}		JAMIE HARMS 1			,	10-	1:-	n	7 %			
		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG		NNI	1000	-15	, //	70.			
		APR 1 2 40	100 L.C. K.		22							



BALTIMORE, MARYLAND 21215	death. Page 6 may be retained by the hospital or atten-	e funeral director, page 5 should be detached for use as II.
S, P.O. BOX 68760, B.	death certificate be executed within 24 hours after	attending physician and completely filled in by the ental Hygiene prior to burial, cremation, or removal
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten-	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as in 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.

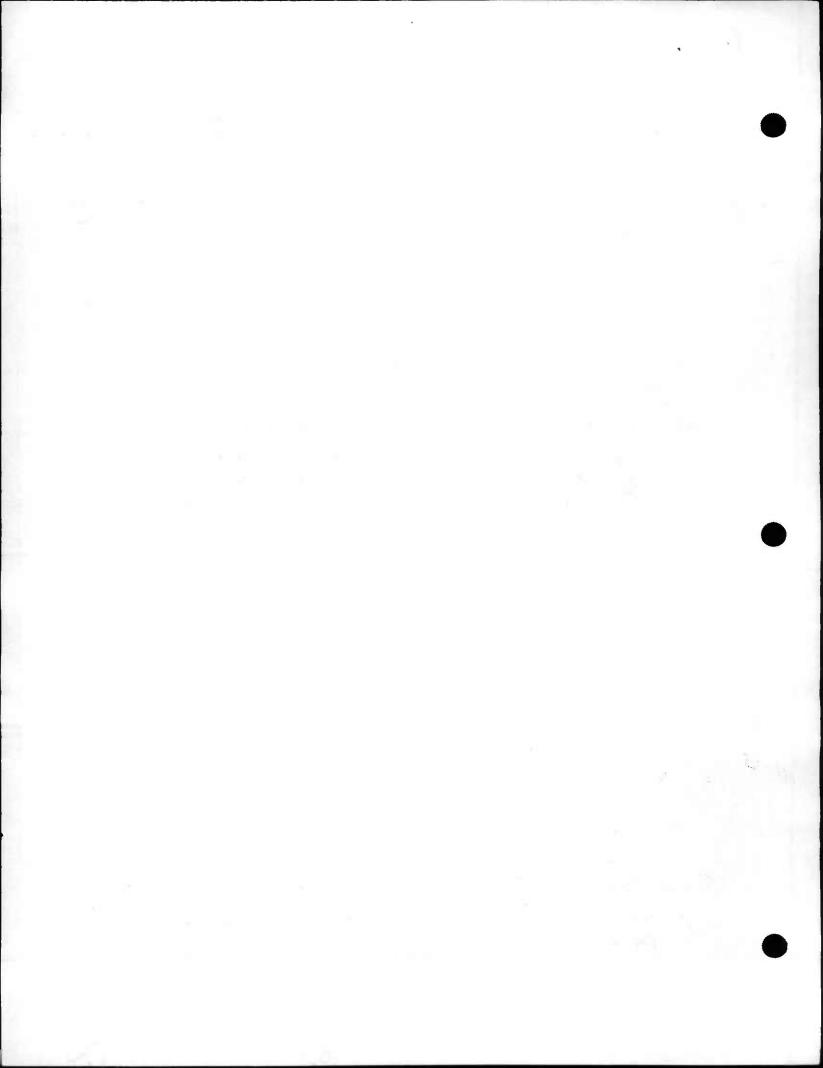
	REGISTRAR 1. DECEDENT'S NAME (First, M. WAYNE	iddle, Lest)	is Be	VPC	CERT	IOAI	L OF	DEA		MONTH		AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	-	tn yrs. last birthde	A Company				04			3	10:08 A
-	173-01-7776	. 4	1 M 2 D F	6. AGE (81 YRS	MONTHS	DAYS	HOURS	84104	(Month	Day, Year)	- 1	Country)	
	9a. FACILITY NAME (If not institu	ution, give s	1		01	9b. CITY, TOWN OR LOCATION OF DEATH					1911	9c. COUN		stown, PA
	Union Hospita					Elkton							eci1	
5	RESIDENCE OF DECE	DENT	,		100	SITY, TOWN								
BIB	Maryland	Cec			100.		h Ea						- 1	IOd. INSIDE CITY LIMITS?
A I	10e. STREET AND NUMBER			_		NOL		. ZIP COO	Œ			10g. CITIZ		TAT COUNTRY?
番目	67 W. Shady H	Beach	Road					2190)1			U.S.		
FUN	11. MARITAL STATUS 1 Never Married 2 N Ma	and a	12. WAS DECEOE! FORCES?	NT EVER IN	U.S. ARMED	13			OF HISPANIC an, Maxican, F					- American Indian, White, etc.
ВУ	3 Widowed 4 Divorce		IF YES, GIVE	WAR OR DA	ATES				Specify:	-uerto H	icun, atc.)			White
<u> </u>	15. DECEDI			-4/	16a. DECEDENT	"S USUAL (OCCUPATION	ON .		165	KIND OF BUS	INESS (INO.)		
	(Specify only high Elementary/Secondary (0-12)		completed) College (1-4 or 5	+)	(Give kind life, Do NO	of work done use retired.	during mo	st of working	ing	100.	KIND OF BUS	SINESS/INOU	SIHY	
COMPL	12		4		Offi	ce Ma	nage	r		Ba	aking			
8	17. FATHER'S NAME (First, Middle								HER'S NAME			Sumame)		
8	Norman Bean		r		-				harlo					
9		ormant's name (Type/Print)							r or Aural Aou				Code)	
1	20a. METHOD OF DISPOSITION			206		.O. Box 412 North E					East, MD 21901 DATE 20c. LOCATION -			1000
ł	t Burial 2X Cremation 4 Donation 5 Other (So	3 Rame	oval from Stata	ceme R	etery, cremetory of	r other place	CO	me or	į	4/14	1			
	21. SIGNATURE OF FUNERAL SENVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												, PA	
	Crouch Funeral Home													
	23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,										21901			
	silves, of heart failure. List only one cause on each line.											Approximata interval Betwee Onset and Das		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
EDICAL	PART ii. Other significant	condition	s contributing to	daath bu	ut not reaultin	g in the u	nderlying) cause (given in Par	n Part i. 24a. WAS AN AUTPERFORMED		MED?	A C	VERE AUTOPSY FINDING VAILABLE PRIOR TO OMPLETION OF CAUSE F OEATH?
Σ :										-			1	YES 2 NO
N N	25. WAS CASE REFERRED TO M EXAMINER?	EOICAL					26. PL	ACE OF D	EATH (Check	only one)			
Sign	1 YES 2 NO		HOSPITAL:	ER/Outpa	Itlant 3 🗆 DOA	OTHE		5 🗆 Ra	sidenca 8	Other	(Specify)			
PHYSICIAN:	27. MANNER OF OEATH	18000	28a. DATE OF (Month, D			IME OF	28c. INJ				RIBE HOW IN	JURY OCCU	RED	
à	1 Natural 5 Pen 2 Accident Inve	ding estigation		2111		М	1 🗆 1	ES 2 [NO					
	3 Suicide 8 Cou	id not be	28a. PLACE C building.	OF INJURY . atc. (Special	— At home, farm	, street, fac	tory, office	1	28	f. LOCA City o	TION (Street a Town, State)	nd Number or	Rural Rou	te Number,
OMPLET	29a. CERTIFIER (Check only	ING PHYSIC	CIAN: To the best of a											nd mennar as stated.
0 1									ENSE NUMBE					lonth, Day, Year)
В CO	296. SIGNATURE AND TITLE OF													
E C	The &	-	Tu	-				D.	323	39.	5	1 4	1/13	3/93
U U	30. NAME AND ADDRESS OF PE	-	COMPLETED CAU	SE OF OEA	TH (ITEM 27) (7)	De, Print)		D	323	39.	5	1	1/13	193

3 Marches ans

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Thomas 31. DATE FILEO (MONTH, Day, Ybar) APR 16 '93



Ž.	TSR part	-
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainst permanent or necessary after this scale hand not be the size page of the state	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	death certificate be executed within attending physician and completely intal Hunjane nifer to birdal cremati.	ry, or other traumatic event, t
OF VITAL RECORDS	HYSICIAN: The law requires that the his certificate has been signed by the with the State Dear of Health and M.	ted, or item 23 shows any inju
DIVISION	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funite find within 72 hours after death with the State Deat of Health and Mental Horizone note to brid compiled in processed.	IMPORTANT: If item 28 is mark

CHATURE AND TITLE OF CERRIFIER

31. DATE FILED (Month, Day,

APR 1 4'93

7 Dla

O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

a Davidson-Randale

32. REGISTRAR'S SIGNATURE

93 12533 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Jackson Biddle 3. TIME OF DEATH Jack Biddle 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) Maryland IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year (Month, Day, Year) Aug. 25, 1914 219-16-4020 1 - M 2 K F 78 HOURS YRS. Sc. COUNTY OF DEATH Harford 99. FACILITY NAME (If not institution, give street and number)
Harrord Memorial Hospital, 96. CITY, TOWN OR LOCATION OF DEATH Havre de Frace Me moria Havre detrace p.ta FOYG 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Ceci1 Perryville 1XX YES 2 □ NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 537 Maryland Avenue, P.O. Box 177 FUNER 21903 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ≦ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1
YES 2
NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Eleven Years Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Theodore Jackson Lydia Salek BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lydia Trimble 537 Maryland Ave., P.O. Box 177, Perryville, MD 20a, METHOD OF DISPOSITION
1/ XBurlel 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Angel Hill Cemetery 4/15/93 Havre de Grace, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funeral Home Iromas M TOUTE WOW. Perryville, Maryland 21903 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Encepholopoth resulting in death) LAST disease Orteriordorotic PART II. Other significegt conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? IXO YES 2 | NO DSNY domants rouses TYPES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1. Impatient 2 ER/Outpatient 3 DOA OTHER: 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNEY OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER

(Chack only

(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion,

29c. LICENSE NUMBER

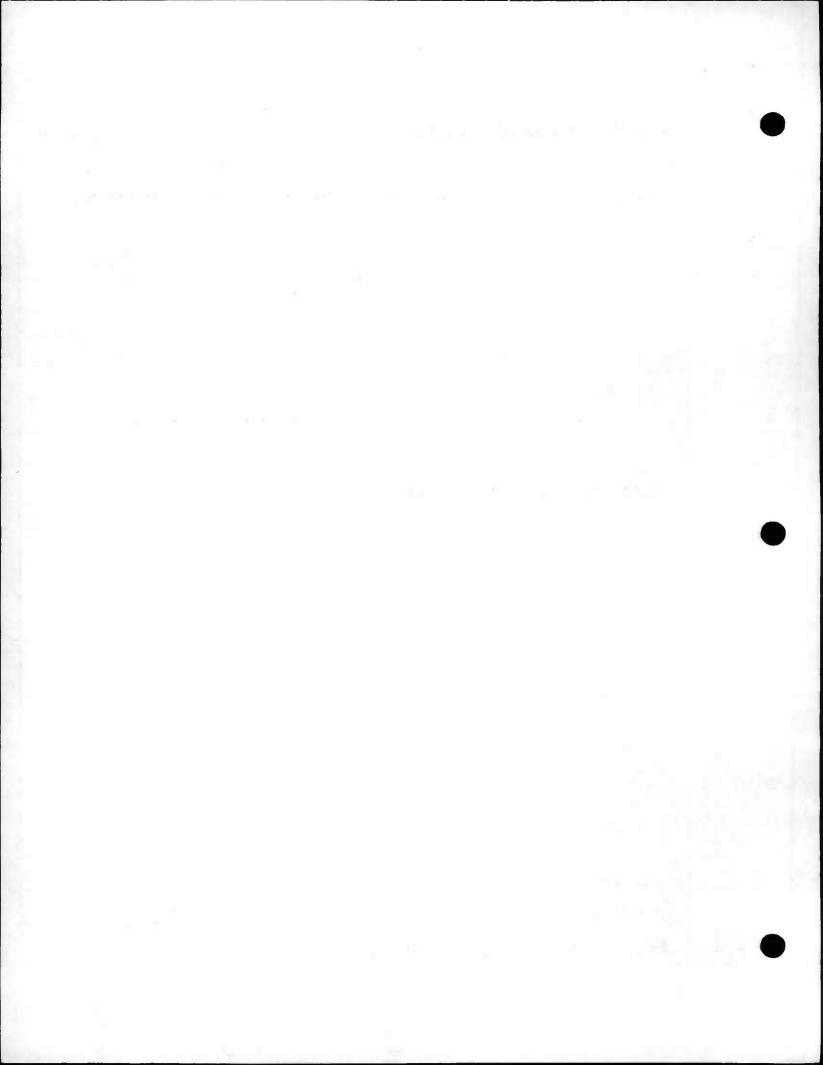
DHMH-16 Rev 1/89

Grace

29d. DATE SIGNED (Month, Day, Year)

BE

2



93 12534

Bolte, Marguerite

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

Marguerite Sarah Bolte

4. SOCIAL SECURITY NUMBER
120-34-5841

1 M 2 F 92

YRS. MONTHS DAYS HOURS MIN. 3/29/1901

TO BE COMPLETED BY PUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

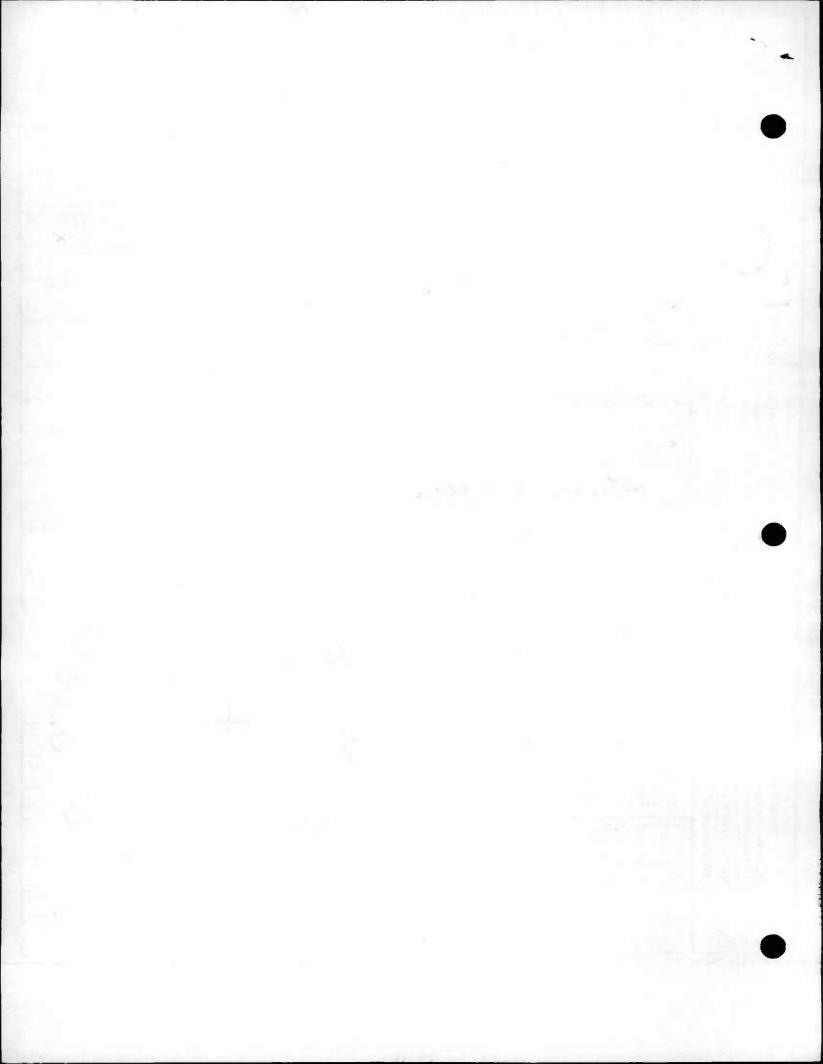
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending to the TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

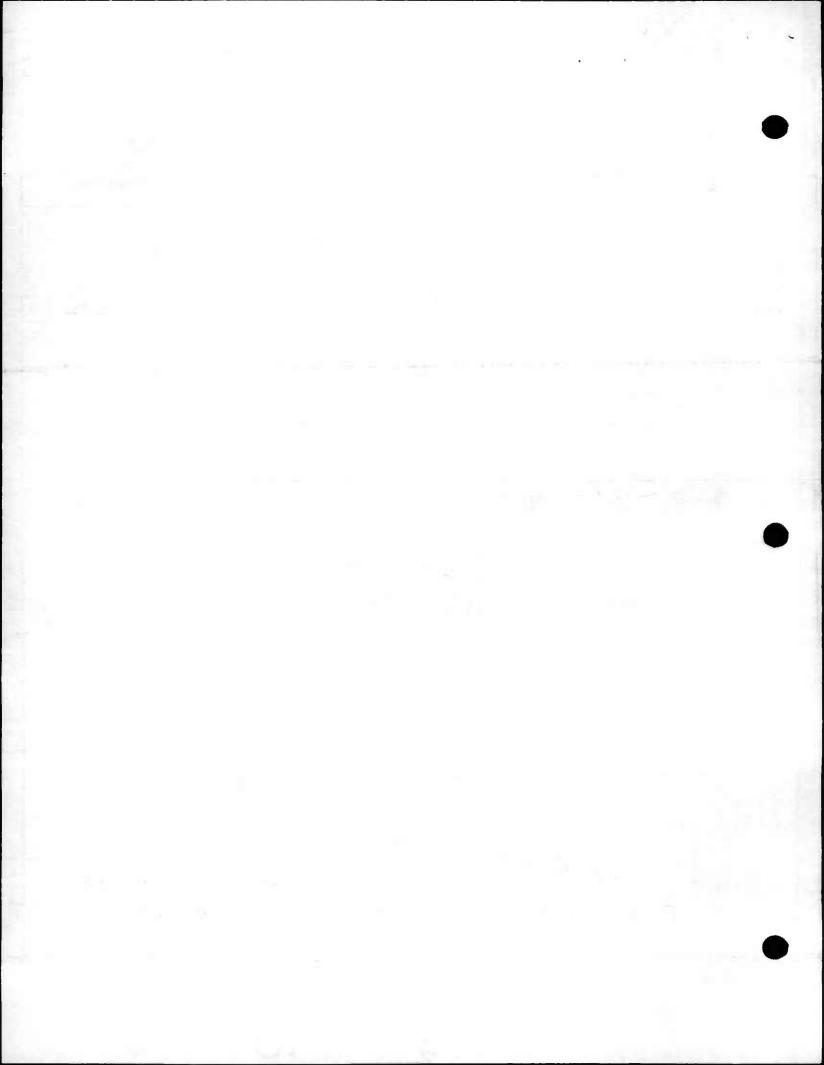
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR				CERTIF	ICATE OF	DEATH	WEIGHT	REG. NO.	-		
1. DECEDENT'S NAME (First	Middle, Last)						2. DAT	E OF DEATH		3.	TIME OF DEATH
	Mar	querite	Sara	h Bol	te		MON	94 8	6	7543	08, 10 Pm
4. SOCIAL SECURITY NUME		5. SEX		s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2. DAT	E OF BIRTH		A. BIRTHPL	ACE (State or Foreign
120-34-5841		1 🗆 M 2 💢 F	92	YRS.	MONTHS DAYS	HOURS MIN.	3/	29/1901		Mary.	
9a. FACILITY NAME (If not in	stitution, give s	reet and number)			9b. CITY, TOWN	OR LOCATION OF E		25/1501		TY OF DEAT	
Carroll Cou			spital			tminster				arrol	
RESIDENCE OF DEC		nerar no.	opi cai		WC5	diffisect				TITOI.	
10a. STATE	10b. COUNTY	•		10c. CIT	Y, TOWN OR LOCA	TION				10	d. INSIDE CITY
Maryland	Ba	ltimore				Reisters	town			1	LIMITS?
10e. STREET AND NUMBER					10	H. ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?
Piney Grove	Road					21136				USA	
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S	NO NO	13. WAS DE	CENDENT OF HISPA	ANIC ORIG	IN? (Specify Yea Ricen, etc.)	or No-	14. RACE — Black, W	American Indian, hite, etc.
3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES			S 2 NO Spec		112001000		Specify:	Tello i de o
15. DEC	EDENT'S EDUC	CATION	164	DECEDENT'S	USUAL OCCUPAT	ION	146	Sb. KIND OF BUS	INESS/IND	ICTOV	White
(Specify only Elementary/Secondary (0	y highest grade	completed)		(Give kind of v	vork done during m	ost of worlding	1"	AU. KIND OF BUS	984E33/14D4	ZOINI	
7th grade	-12)	College (1-4 or 5 +	'	House	wife						4
17. FATHER'S NAME (First, M	iddle, Last)	-			11110	18. MOTHER'S N	AME /Elect	Middle Meiden	Cramma)		
Edward A. B						Ida Ma		_	Surneme)		
19a, INFORMANT'S NAME (7				19h MARING	ADDRESS /Class	and Number or Rura			- Ch 7/-	0-4-1	
Muriel Wilh				1		on Rd.,					
20a. METHOD OF DISPOSIT	ION		20h PL 4		OF DISPOSITION (A					ity or Town,	Conta
1 Burial 2 Crematic		oval from State	cemetery	r, crematory or of	s Ceme	tory	4/1			, Mary	
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE,	7 0	. Luul		IND ADDRESS OF F					
1to		1119	-01	,				Eline			
39/41	m	00, 0	-CM	e		S. Main					1. 21074
23. PART I. Enter tha d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fellure.	DUE TO	se Dn aach	lina.				ralec or respi	ratory arre	est,	Approximata interval Between Onset end Daath
Sequentially list condit if any, leading to imme- cause. Enter UNDERLY	lons, diete NG	^		PO HE		O BLOCK					
CAUSE (Disease or Inju thet initiated events resulting in death) LAS		DUE TO	OR AS A CO	NSEOUENCE OF	F):						
PART ii. Other eignifice		contributing to	deeth but n	Dt reculting I	n the underlyin	ig ceuse given in	n Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
Ane	1 1							1 YES 2		cc	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
Hyp	(ben	bon						-			YES 2 NO
11								1			
25. WAS CASE REFERRED TO	O MEDICAL				26. F	LACE OF DEATH (C	heck only o	one)	-		
EXAMINER?		HOSPITAL:	ER/Outpatier	M 3 DOA	OTHER:	ne 5 🗆 Realdence	6 (1 OH	ner (Specify)			
27. MANNER OF DEATH		28a. DATE OF	INJURY	26b. TIM	E OF 28c. IN	JURY AT	_	EŞCRIBE HOW II	NJURY OCC	URED	
46	Pending Investigation	(Month, Di	ty, Year)	INI	URY W	ORK? YES 2 NO					
a Control	Could not be	28e. PLACE O	F INJURY - A	At home, ferm, a	rireel, factory, offi	ce	26f. LO	CATION (Street a	ind Number	or Rural Rout	Number.
	determined	building,	etc. (Specify)				Cit	y or Town, State)			
		CIAN: To the best of									d manner as stated.
29b. SIGNATURE AND TITLE			+			29c. LICENSE NU					
Deanue	_ 0	lluo	av	W		API. LIGENSE NO	MDER		DATE	1. 1 1 1	orth, Day, Year)
30. NAME AND ADDRESS OF	GHE		E OF DEATH	(ITEM 27) (Type,		RROLL	V	OUNT	7 1	HOS	PITAL
31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATUR	malell					,		



BALTIMORE, MARYLAND 21215-0020	hin 24 hours after death. Page 6 may be retained by the hospital or attending physician	tely filled in by the funeral director, page 5 should be detached for use as trie buriah; muturnation, or removal.	t. the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-instrument be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

													9	12535	
_	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.														
	1. DECEDENT'S NAME (First		J. Be			caucham P				2. DATE OF DEATH MONTH DAY APRIL 15 19			YEAR 193	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-09-6576		5. SEX 1 X M 2 F	6. AGE (In yrs. lest bir		IF UNDER 1	_	IF UNDER HOURS	24 HRS. MIN.	(Mon	E OF BIRTH hth, Day, Year) /1902	F BIRTH Day, Year)		NPLACE (State or Foreign ny) ryland	
_	9a. FACILITY NAME (If not in				9b. CITY, 1								TY OF DEATN		
DIRECTOR	RESIDENCE OF DE	CEDENT		L MEDICAL CENTER			SALISBURY				WICOM			ICO	
1 =	10a. STATE	10b. COUNT		1000 011							10			10d. INSIDE CITY LIMITS?	
	Maryland 100. STREET AND NUMBER	-	ester	ster Poc			comoke City					T co commence on			
MERAL	2007 New B		Road	Road			21851					10g. CITIZEN OF WHAT COUNTRY? USA			
4	11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO			13. WAS DECENDENT OF NISPAI If yes, specify Cuban, Mexics				NIC ORIGIN? (Specify Yes or No— an, Puerto Rican, etc.)			14. RACI	14. RACE — American Indian, Black, Whits, stc.	
D BY	3 X Widowed 4 Divo	orced	IF YES, GIVE V	1 TYES 2 X NO								specify: white			
1 11	(Specify oni	CEDENT'S EDU ly highest grade	CATION completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working ille. Do NOT use retired,)							b. KIND OF BUS	USINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (6	0-12)	College (1-4 or 5	Farmer											
S	17. FATHER'S NAME (First, M							18. MOTH	VER'S NAI	AME (First, Middle, Maiden Surname)					
BE (John Wesle		achamp								adder				
٥	Willard J. Beauchamp														
	1 XBurlel 2 Crematic	on 3 🗆 Rem	novel from State	cometery, cre Salem	matory or o	ther place)			1017	DAT		CATION —			
	21, SIGNATURE OF FUNERA		CENSEE	- Daren	HECI				S OF FAC		TOTPOCC	JIIONE	CI	y, Maryland	
	1 Sury	75.1	Melso			1			nera			A	for serie 1	land 21051	
	23. PART i. Enter the d	liseasea, or	complications the	t caused the de	ath. Do	not anter ti	ne mode	a of dyl	ng, suct	h as car	rdiac or respir	ratory an	rest,	Approximate	
	immediate cause (Fig	eert fallure.	List only one cau	ise on each line).									interval Between Onset and Death	
	disease or condition resulting in death)	\rightarrow		KeFr	CL	T0~	1	CHT							
_	DUE TO (DH AS A CONSEQUENCE OF):														
5	Sequentially list conditions, If any, leeding to immediate														
S	cause. Enter UNDERLYING CAUSE: Obsess or injury														
CERTIFICATION	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	DUENCE O	n:									
Ü	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
SA S	PART II. Other significa	ent condition	18 contributing to	deeth but not r	esuiting	in the und	erlying	ceuse g	iven in I	Part i.	24a. WAS AN / PERFORI		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICA							-				1 🗆 YES 2	□ NO		OF OEATH?	
										_	İ			1 Tes 2 ND	
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL					26. PLA	CE OF DE	EATN (Che	eck only o	ene)				
YSIC	1 YES 2 NO		HOSPITAL:	ER/Outputient 3	□ DOA	OTHER:	g Home	5 🗆 Rei	sidence	s 🗆 Oth	er (Specify)				
	27. MANNER OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED														
	2 Accident Investigation " 1 YES 2 NO										od Number	Number or Rural Route Number,			
TED		Could not be determined	building,						or Town, State)	fown, State)					
APLE															
Ö															
B												(Month, Day, Year)			
٤	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											/ 1 -			
1	31. DATE FILED (Month, Day,	affe ;		NC4 + L	ocus	TSI	rs.	SA	lisbo	uny	ma.	21	801		
4	APR 2			Sinden R	الماماس	10									
-							_								



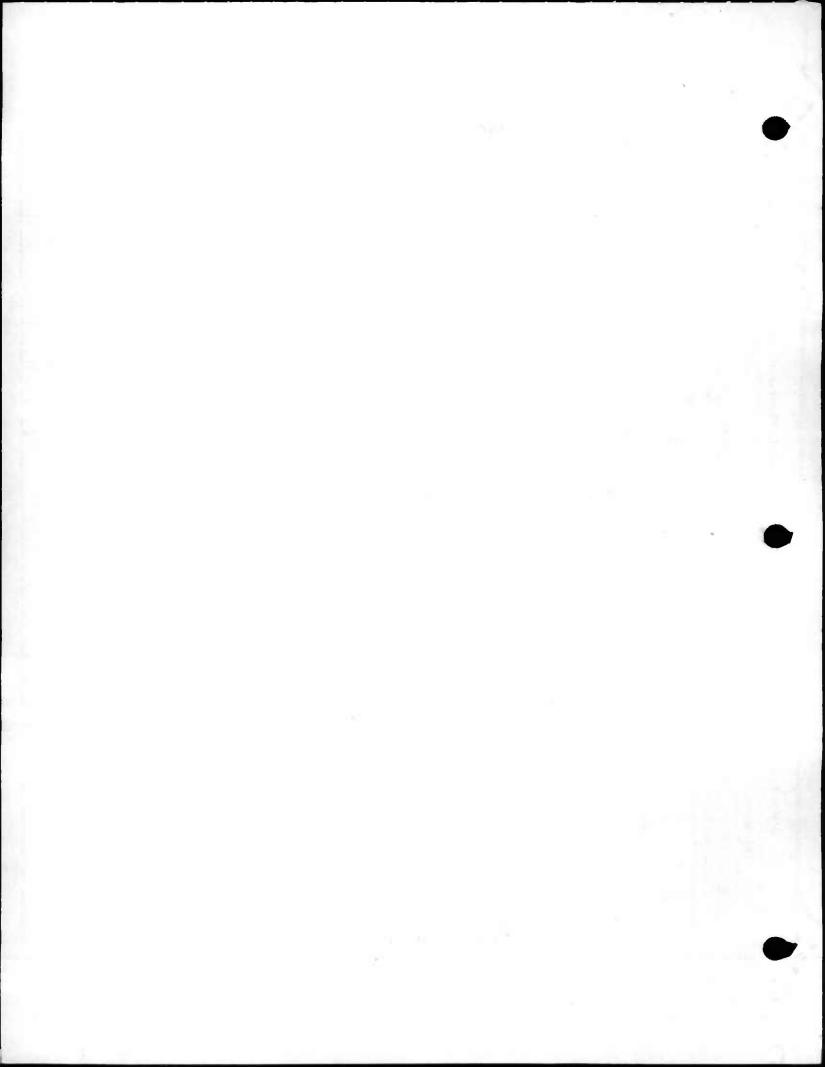
for STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

		1. DECEDENT'S NAME (First, Middle, Last) GEORGE W., BURDETT 2. DATE OF DEATH MONTH 4 - 30 - 9										YEAR	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	BER	5. SEX		s. last birthday)	IF UNDER	1 YEAR	IF UNDER		7 DATE OF BURTH	1	BIRTNP	LACE (State or Foreign
Pin	TOR	212-10-5503	1 🖾 M 2 🗆 F 84		YRS.					11/15/190		Maryland		
2, 3 should												1	nty of DEATH altimore	
16	Į.	RESIDENCE OF DEC	10c. CI	TY, TOWN (R LOCA	TION					10d. INSIDE CITY			
(P	9	Maryland	,	Baltimore	2		,			nda1	1stown		1	LIMITS?
V. C	¥.	10e. STREET AND NUMBER						10	M. ZIP CODE		10g. CITIZEN OF			HAT COUNTRY?
Tang.	FUNE	3314 Chapman					211:				. A.			
5-0020 rading physics is the buring	ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 New Midowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 New Yes 2 IF YES, GIVE WAR OR DATE W. W.						yes, sp		n, Mexica	nn, Puerto Rican, etc.)			- American Indian, White, etc. : Caucasian
215-0 attending se as the	8	15. DEC (Specify onl	DECEDENT'S	S USUAL O	CUPATI	ION	_	16b. KIND OF BUS	16b. KIND OF BUSINESS/INDUSTRY					
12日 日 日 日 日	COMPLET	Elementary/Secondary (6	Me. Do NOT	use retired.)				N. O. T						
AND he hospit detached once.		8th. grad	Drafti	ng De	par	1		N. O. L. ME (First, Middle, Maiden Surname)						
4 8 8 Z	BE C			Edward Bu	ırdett				16. MOT	TEH'S NAI	Mary	2.75	n	
be retained ge 5 should e notified	5	James Wall	Type/Print)								Route Number, City or Tow licott Cit			43
6 may ctor, pa		James Wall 20g: METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 4 Donation 5 Other (Specify) 4 Donation 5 Other (Specify)												
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
W - 2 10		Loring Byers Funeral Directors, INC. 8728 Liberty Rd Randallstown, MD 21133-4784												
B, 124 hours after y filled in by the tition, or removal the medical g		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiretory arrest, shock, or heart feliure. List only one cause on each line. Approximate interval Between Onset and Death												
executed within and completely o burial, cremat matic event, if		disease or condition a. CRYPTO COCLAL MENINGITIS DUE TO(OR AS A CONSEQUENCE OF):												
DA 68 be execute clan and c for to buria	CATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
ertificate ing physical progression progre	TIFIC													
DS, P. The death of the attend Mental Hy Ilury, or	CERTIFI	d												
HUS, at the dea by the att and Menta y Injury,	AL	PART ii. Other eignifice	condition	s contributing to	death but n	ot resulting	in the un	derlyin	g cause g	jiven in	Part I. 24a. WAS AN			WERE AUTOPSY FINDINGS
8 3 5 C	MEDICAL	Chrone	Dur	04	01	807	re	1 TES 2 NO			COMPLETION OF CAUSE OF DEATH?			
L - 60 - 60 !	_	CHARIOR DESTRUCTIVE LINE DISCIPLE GASTODISTISTIVAL BUTCHTON UNIVERNITORING COMPLETION OF CAUS OF DEATH? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO										I 🗌 YES 2 🗌 NO		
AL has be bept.	IAN	25. WAS CASE REFERRED T	100	26. PLACE OF DEATH (Check only one)										
SICIAN: The certificate he the State E	BY PHYSICIAN:	EXAMINER?												
The wift of		27. MANNER OF DEATN 1 Natural 5 1 2 Accident	Pending Investigation	28s. DATE OF (Month, L		28b. Til	ME OF JURY M	WC	JURY AT ORK? YES 2	NO.	28d. DESCRIBE HOW I	NJURY OCCU	RED	
TTENDI TTOR: A after de	TED B	3 Suicide 8 Homicide	of INJURY — A etc. (Specify)	t home, term,	street, fact	ory, offic	Ce		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
F Man Pa	m l	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	COMPL										time, dete and place, an			and manner as stated,
TO THE HOSPIT TO THE FUNERA DE filed within 7	BE (29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 1)									Month, Day, Year)			
5 5 3 X	5	30. NAME AND ADDRESS OF	F PERSON WILL	COMPLETED CALL	SE OF DEATH	W.	o Onlan		D	195	02	•	7	28-73
		ORIANOD	Bi.	-	NAN	M)	e, PTINI)	30	GH	R.	ANDALLSZ	own	Ma	1.21183
		31. DATE FILED (Month, Day,	0"1993	32. Replicati	ARIE CIGNATUR	Lande	ee_							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

93 12536



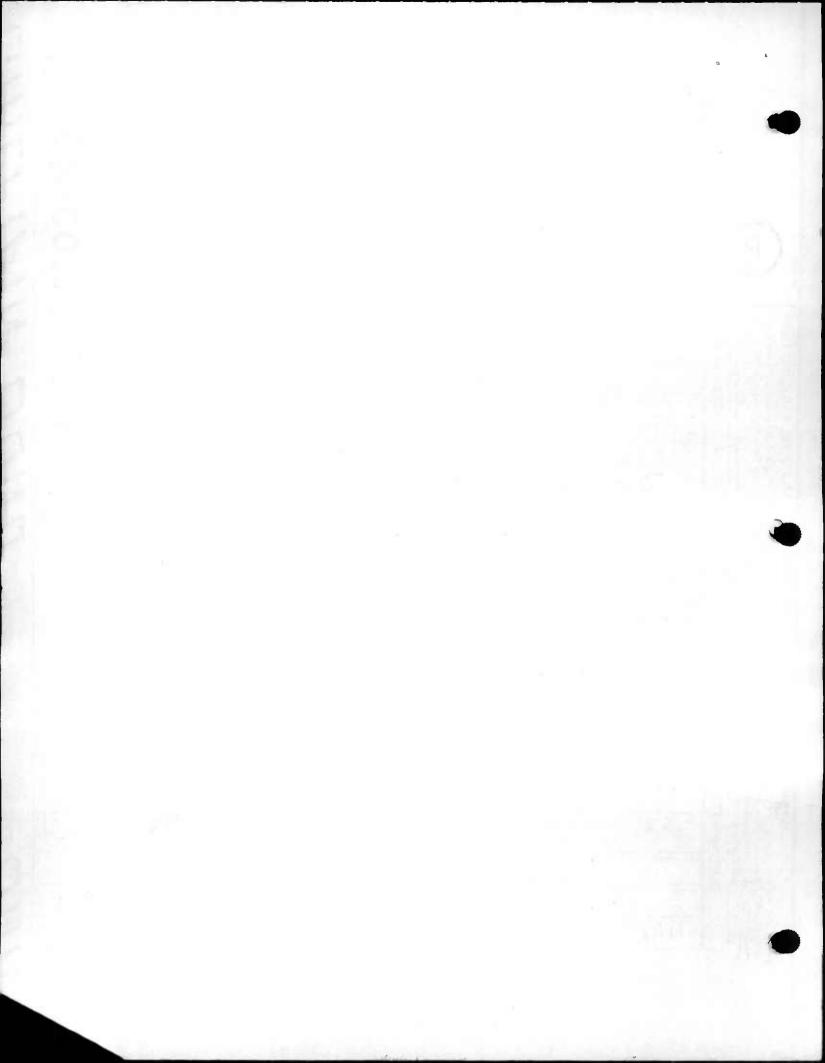
BALTIMORE, MARYLAND 21203-3146

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X hours after death. Page 6 may be retained by the hospital or untending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

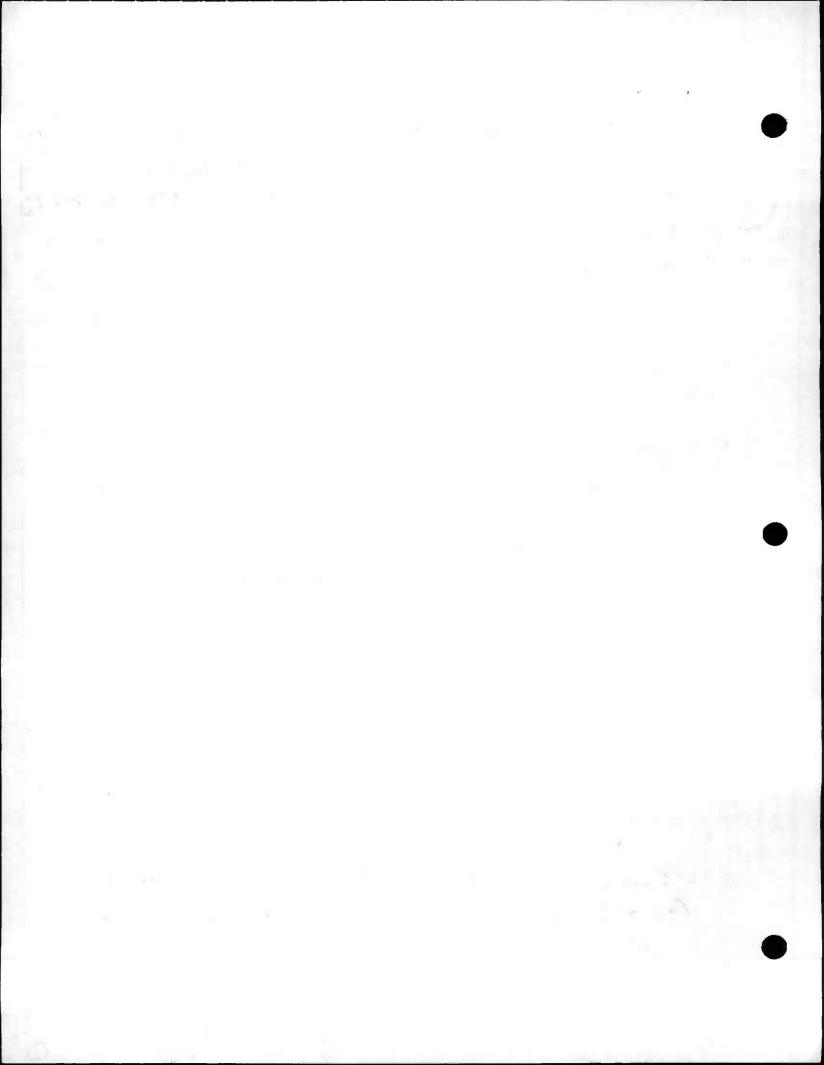
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CERTII	FICATE O	F DEATH	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle Last)	<u> </u>	1, 12 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Y				3. TIME OF DEATH
	WILLIAM RUS	SELL BE	RNHARDT			2. DATE OF D	DAY	9	YEAR 3	11,55 A M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF B			8. BIRTH	IPLACE (State or Foreign
	577-26-4084	1 🕅 M 2 🗆 F	77 YRS.	MONTHS DAY	B HOURS MIN.	July 8		15	Counti	nington, DC
	9a. FACILITY NAME (If not institution, give st		, ,	9h CITY TOW	N OR LOCATION OF DE		, 13		NTY OF O	
œ	Prince George's		ntor			-AIII				
임	RESIDENCE OF DECEDENT	Medical Cer	iter	Cheve	гту			Pri	nce	George's
윤	10s. STATE 10b. COUNTY	1	10c. C	TY, TOWN OR LO	CATION					10d, INSIDE CITY
듬	Maryland Princ	e George's	М	ount Ra	inier					LIMITS?
7	10e. STREET AND NUMBER			T	10f. ZIP CODE		T	10g. CITI	ZEN OF V	WHAT COUNTRY?
ERAL DIRECTOR	4206 Rainier Aven	116			20712				U.S.	٨
	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMEO	13. WAS I	DECENDENT OF HISPAI	NIC ORIGIN? (Se	ecify Yea			E American Indian,
世	1 Never Married 2 🔀 Merried	FORCES? 1 X Y		If yes,	specify Cuban, Mexica ES 2 X NO Specif	in, Puerto Rican			Speci	k, White, etc.
8	3 Widowed 4 Divorced	WW II		'-	Le 2 gg (to open)	,			Орос	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT	S USUAL OCCUP	ATION	16b. KIN	D OF BUS	INESS/INC	DUSTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT	work done during use retired.)	most or working	Diet	rict	of	Co1,	ımbia
占	8		Sign P	ainter		DISC	1100	. 01		vernment
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	, Maiden S	Surname)		, 511111101110
<u></u>	John Aloysius	Bernhardt	=		Minni	ie Lou	ise	Kna	be	1.1
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Stre	et and Number or Rural					
2	Agnes M. Bernha	rdt	4206	Rainie	r Avenue,	Mount	Rain	ier.	MD	20712
	20s. METHOD OF DISPOSITION		20b. PLACE OF DISP		cemetery, crematory or			ATION -		
	1 Buriel 2 Cremation 3 Remo Contact Cont	oval from State	Cedar Hil			14/93	Suit	t Land	d. M.	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		1	22. NAMI	AND ADDRESS OF FA	CILITY				
	►7/L	<i>></i>	4		ncis Gasch					· ·
	A tonse	ance,	dase							, MD 20781
	23. PART i. Enter the diseases, or of shock, or heart failure.			not enter the	mode of dying, aud	ch aa cardiac	or respir	ratory an	reat,	Approximate interval Between
- 1	IMMEDIATE CAUSE (Fine)	•								
- 1		1 0	A T	1	01	11.		1	. 0	Onset and Death
	disease or condition requiting in death)	. A Cu	te In	ferior	well	My	o Ca	(di	·l	
		a. A Cu	te In	ferior	well	My	TO	(di	d	
N	resulting in death)	a. A Cur DUE TO (OR A b. ISCA	te In as a consequence	ferior Den	well fredit	My	In	for	d	
TION	Sequentially list conditions, if any, leading to immediate	a. DUE TO (OR A	AS A CONSEQUENCE	ferior OF): Den OF):	will fredit	My	In	for	d	
ICATION	resulting in death) Sequentially list conditions,	DUE TO (OR /	AS A CONSEQUENCE	OF):	will for di	My	I n	for	d	
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L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR /	AS A CONSEQUENCE	OF):		•	y Ca In			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR /	AS A CONSEQUENCE	OF):		Part I. 24e	. WAS AN A	AUTOPSY MED?		Onset and Desth Onset and Desth Were Autopsy Findings AMALABLE PRIOR TO
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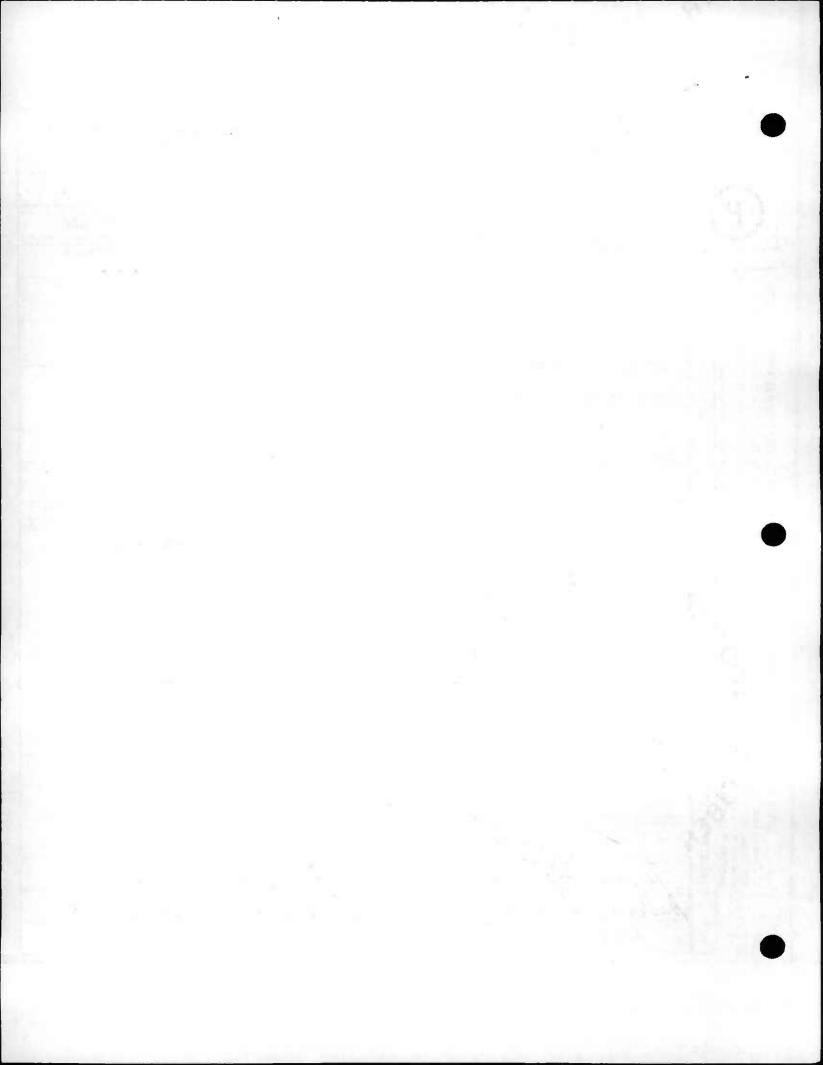
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	FOR STATE STATE REGISTRAR	STATE OF	MARYLAND /		TMENT I				MENT/	L HYGIEN	_	0	
	1. DECEDENT'S NAME (First, Middle, Last)	/	4 0			=			2. DAT	E OF DEATH	MY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	St birthday)		YEAR	IF UNDER	24 HRS.		OF BIRTH	2	9.3 6. BIRTH	IPLACE (State or Foreign
- N	235-58-6390	1/SM 2 □ F	33	YRS.	MONTHS	DAY8	HOURS	Mile.	(Mgr	128	139	Count	Virginia
œ	9a. FACILITY NAME (If not institution, give:	street and number)			9b. CITY, T					_	2 COU	NTY OF D	EATH
RESIDENCE OF DECEDENT								me	will beopen				
DIMECTOR	10a. STATE 10b. COUNT	> Prince beopen LA						His	درح		10d, INSIDE CITY LIMITS? 1 YES 2 \(\subseteq NO		
FUNERAL	4004 74 M	· Mace	7			10f.	2078	E 34				U.S.	A.
2 N	11. MARITAL STATUS 11. Married 2 Married	12. WAS DECEDED	T EVER IN U.S. AF	MED	13. WA	S DECE	ENDENT C	F HISPAN	IIC ORIGI	N? (Specify Ye Rican, etc.)	s or No—	14. RACI	E — American Indian, k, White, etc.
ED BY	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		10	YES	2 K NO	Specify	r:	riveri, etc.)		Specify: 4047 P	
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(0		USUAL OCC work done dur se retired.)			ng	16	b. KIND OF BU	ISINESS/IND	DUSTRY	
COMPLET	6	0011090 (1-4 01 3		Paint	er					House	Paint	ing	
BE (19a INFORMANT'S NAME (Intro-Print)												
2	George Marasky 4004 74th Place, Landover Hills, MD 20784								l .				
20a. METHOD OF DISPOSITION 1 Burdal 2 M Committee State 4 Documents State 4 Documents State 4 Documents State 4 Documents State 4 Documents State 4 Documents State 5 Date 20c. Location - City or Chemptory or other place) Metropolitan Crematory 4-13-93 Alexandria,													
22. NAME AND ADDRESS OF FACILITY Rendon/Hale Lanham Funeral Home 9013 Annapolis Road, Lanham, Maryland 20													
_	JEGG	Vacre	m		901	3 A	nnap	olis	Ro	ad,Lan	ham, M	lone lary]	and 20706
	23. PART I. Emer the dispuses, or abook, or heert feliura. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. CAND	use on esch iine	в.				ing, sucl	n es cai	diec or resp	iratory an	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. AND DUE TO	O (OR AS A CONSE	OUENCE OF	2 (A)	n	Dioj	BHC.	<i>JLBA</i>	9.1	ing C		
MEDICAL (PART ii. Other significent condition	ns contributing to	death but not	resulting	in the unde	rlying	ceuse g	jiven in	Part i.	24a. WAS AP PERFO 1 YES	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME											4		1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		-			26. Pt /	ACE OF D	EATH (Che	nck only o	ne)			
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3	□ DOA	OTHER:		4						
РНУ	27. MANNER OF DEATH 1 Ventural 5 Pending	28a. DATE OF (Month, L	Day, Year)	26b. TIM		lc. INJU	RY AT			SCRIBE HOW	INJURY OC	CURED	
BY	2 Accident Investigation	28e. PLACE C	OF INJURY — At ho	une form o			ES 2 [NO	201 101	DATION (Or		- 0 11	
ETED	4 Homicide 8 Could not be determined	building	atc. (Specify)	, marria, 1	-	, omes				CATION (Street or Town, State		or Hurai F	ioute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of ER; On the basis of s) and menner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	2000	grony 1	Yed	(cal)		29c. LICE	ENSE NUM	IBER		29d, DAT	E SIGNED	(Month, Day, Year)
10 5	30 NAME AND ADDRESS OF BERCH WIL	O COMPLETED CALL	caam	44-61	2		Pa	18	50		1/2	12-4	23
	PAUL A. DERBA	= MA 4	203 (, . , .	NU5	بامد	No	e +	lya	thois	le M	SA	278-1



-	1. DECEDENT'S NAME (First, Miridle,	Joseph W.	Buckla	Buckler	2. DATE MONTI	OF DEATH	TEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-01-3221	5. SEX 6. AGE 76		IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	MIN. (Month	DF BIRTH , Day, Year) 13-16	8. BIRTHPLACE (State or Foreign Country) Maryland
CTOR	9a. FACILITY NAME (If not institution, Prince Georg	ge's General H	Ospital	96. CITY, TOWN OR LOCATION Cheverly		9c. COL	INTY OF DEATH nce George's
DIRECT	10a. STATE 10b. Co	ounty nce George's		town on Location	+c		10d, INSIDE CITY LIMITS? 1 YES 2 XNO
ERA!	100. STREET AND NUMBER 1713 Eden A			101. ZIP CODE			TIZEN OF WHAT COUNTRY?
BY FUNERA	11. MARITAL STATUS 1 Never Married 2XXMerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	S 2 NO	13. WAS DECENDENT OF	HISPANIC ORIGIN Mexican, Puerto F	? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc. Specify: Caucasian
ETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	S EDUCATION		I USUAL OCCUPATION ork done during most of working retired.)	16b.	KIND OF BUSINESS/IN	
once.	5th 17. FATHER'S NAME (First, Middle, Lee	N/A	Carpen			Construction	on
ш	James Albe	ert Buckler			Agnes	diddle, Maiden Surname) S Esther	
일	19a. INFORMANT'S NAME (Type/Print) Geneva M. Buc	kler		ADDRESS (Street and Number e as 10 A-F	or Rural Route Numb	er, City or Town, State, Zi	p Code)
r must be	20a, METHOD OF DISPOSITION 1 Security Burlal 2 Cremation 3 Classification 5 Other (Specify))	b. PLACE AND DATE OF	FDISPOSITION (Name of er place) National Ce	m. 4 12	93 Arlin	City or Town, State
examiner	21. SIGNATURE OF FUNERAL SERVI	LO O	-	22. NAME AND ADDRES	S OF FACILITY	Lee Funer	al Home, Inc.
edica	23. PART I. Enter the diseases shock, or heart fall	s, or complications that cause liure. List only one cause on a	ed the deeth. Do no			_	CLinton, Md
aumatic event, the medical	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	each line.	ot enter the mode of dyla	ng, such as card	lec or respiratory er	Test, Approximate interval Betwoonset and D
or other traumatic event, the ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona,	DUE TO (OR AS .	A CONSEQUENCE OF:	NUSCO O	ng, such as card	lec or respiratory er	Test, Approximate interval Betwoonset and D
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Ked, or item 23 shows any injury, or other traumatic event, the PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the cause of the	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS EN/Out TO (OR AS DUE TO (OR	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in	at the underlying cause g 28. PLACE OF DE OTHER: Continue C	ven in Part I. ATH (Check only one idence 8 🗆 Other	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 A.MO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
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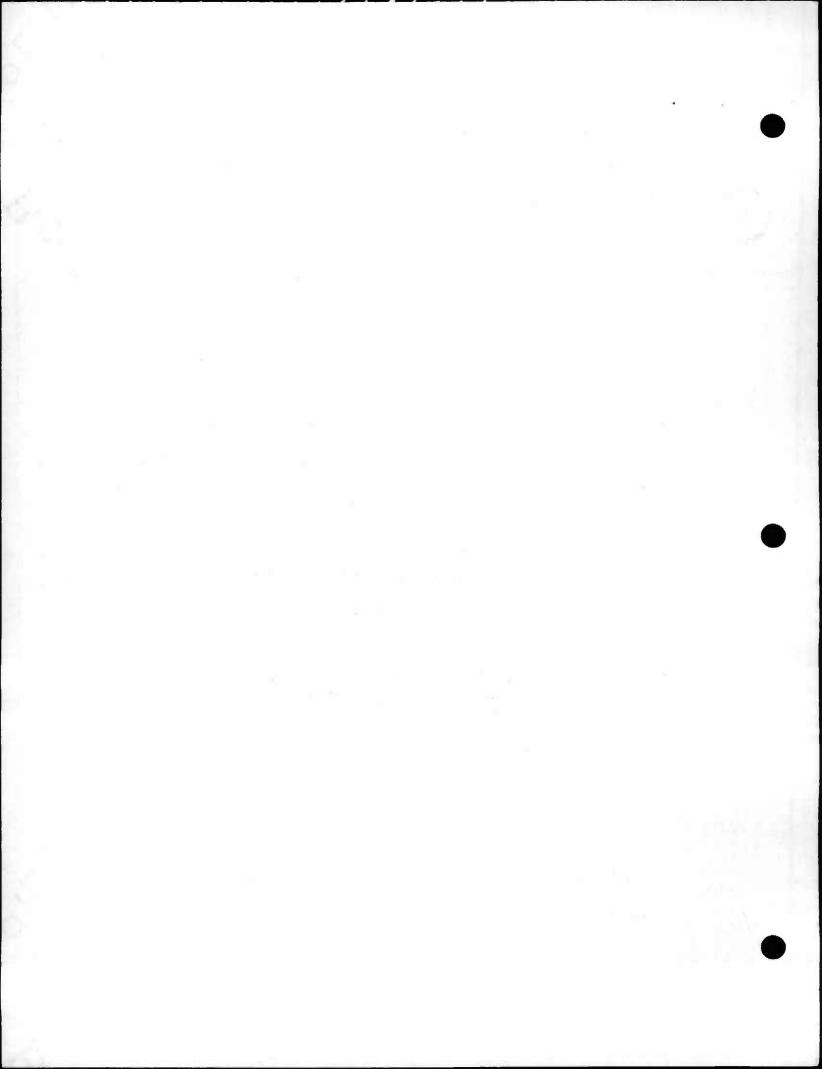
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1 - STATE REGISTRA
1. DECEDENT'S N
4. SOCIAL SECUR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
l)	1. DECEDENT'S NAME (First, Middle, Last) ADELE PAULINE BEATTY 2. DATE OF DEATH MONTH DAY 19 287 17 25
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 1 M 2 K 85 9. AGE (In yrs. lest birthday) 1 M NOTHS DAYS HOURS MIN. 1 M NOTH DAYS MIN. 1 M NOT
FUNERAL DIRECTOR	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT
EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
E I	Maryland Montgomery Chevy Chase 1 □ YES 2 ☑ NO
W.	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
ভ	8100 Connecticut Ave. 20815 United States
BY FU	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 14. RACE — American Indian, Black, White, atc. Specify: 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 16. RACE — American Indian, Black, White, atc. Specify: 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 18. RACE — American Indian, Black, White, atc. Specify: 19. WAS DECEDENT EVER IN U.S. ARMED If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 10. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 10. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 10. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 10. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 10. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 10. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 10. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 10. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 10. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. Specify: 10. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White,
8	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16s. KIMD OF BUSINESS (INDUSTRY)
	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)
COMPLETED	Homemaker Own Home
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Page Free Malidie Page Free Malidi
8	198. INFORMANT'S NAME (Type/Print) 198. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code)
2	Marjorie Beatty Blanco 1457 Jordan Ave. Crofton Md. 21114
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State
	1 Burlel 2XXCremation 3 Removel from State 4 Donation 5 Other (Specify) Metropolitan Crematory Alexandria Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Robert E. Evans Fue Beall-Evans Funeral Home, P. A. 16000 Annapolis Rd. Bowie Md. 20715
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdlec or reepiretory erreet, ehock, or heart failure. List only one cause on each line.
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. HYPOTENSION AND SHOCK 4 HRS
CERTIFICATION	Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): CAPDIO POLYMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
EH	resulting in death) LAST
EDICAL C	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. RESP/RATORY PAILURE REQUIRING MECHANICAL VENTILATION AGNINGSNIC MYELDIN METADIASIA 246. WAS AN AUTOPSY PROFINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY. 1 YES 2 TO NO.
AN: M	VENTILATION, AGNOGENIC MYELOID METAPLASIA WITH MYELOF BROSS 25. WAS CASE REFERRED TO MEDICAL
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:
HYS	1 VS 2 NO 1 Nonpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
ВУР	1 Natural 5 Pending (Month, Day, Year) INJURY WORK?
유	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29g-3(GNATURE AND TITLE OF CERTIFIER
TO BE	Sour 7/au Mb D36252 >4/7/93
)	STEVEN TO KARIYA, MD. 11501 GEORGIA AVE #575, WHEATON 4 D2090
	31. DATE FINANTIANIA DOY DOY DOY DOY DOY DOY DOY DOY DOY DOY



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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JOHN E. BROWN, LT 31. DATE FILED (MOVID), Day, Was 1 APR 1 5 1993

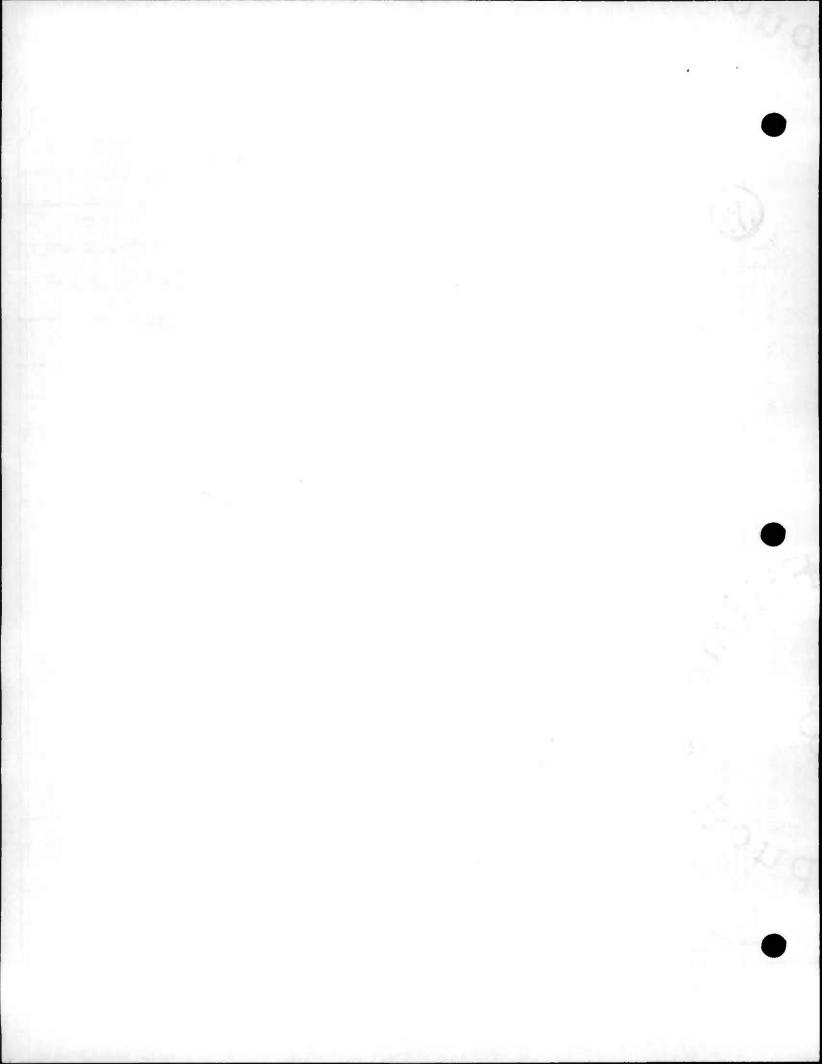
MC. USNR
32. HEGISTHAN'S SIGNATURE
Juha Davidson-Randalle

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up telled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR		STATE OF N			TMENT OF			MENTAL HYGIE			
	1. DECEDENT'S NAME (First, I	Middle. Last)	-	-	-11111	IOAIL C.	DEA	111	2. DATE OF DEATH	0		- THE OF BEATH
8	3		ERLY JEAN	י פראואדריי	m				MONTH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER	To America	APR 1	2 199		12:40 M
					8"	MONTHS DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNP Country)	PLACE (State or Foreign
	299-32-236		1 M 2 F	56	YRS.		-		JUL 16	1936		OHIO
_	9a. FACILITY NAME (If not inst	titution, give s	street and number)			9b. CITY, TOWN	OR LOCATIO	ON OF DE	ATH	9c. COL	NTY OF DE	ATH
Ö	NATION	AL NA	VAL MEDIC	CAL CENT	ER	BI	ETHES	DA			MONTG	OMERY
FUNERAL DIRECTOR	RESIDENCE OF DECI	10b. COUNT			T 40. 017	Y, TOWN OR LOCA						
Ĕ	100-00-00-0				10C. CIT						1	10d. INSIDE CITY LIMITS?
9	MARYLAND	PRI	NCE GEORG	E'S		FORT V			N			1 X YES 2 NO
Z.	10e. STREET AND NUMBER					110	H. ZIP CODI	E		10g. CIT	IZEN OF WI	HAT COUNTRY?
Ė	12814 PREST	WICK 1	DRIVE				20	744		UN	ITED	STATES
5	11. MARITAL STATUS			T EVER IN U.S. AR		13. WAS DE	CENDENT C	F HISPAN	IIC ORIGIN? (Specify		14. RACE -	- American Indian.
	1 Never Married 2 XA		IF YES, GIVE W	AR OR DATES	Ю		S 2X NO		n, Puerto Rican, etc.)		Specify	White, etc.
BY	3 Widowed 4 Divorce	ced	l								1,100	BLACK
COMPLETED	15. DECE (Specify only	DENT'S EDU	CATION completed)			USUAL OCCUPAT			16b. KIND OF E	USINESS/IN	DUSTRY	
4	Elementary/Secondary (0-1		College (1-4 or 5	Ma	Do NOT u	se retired.)	OU WORK	ne .	D ==			
	12 RETAIL MANAGER Bolling AFB											
5	17. FATNER'S NAME (First, Mid	idle, Last)					_	NER'S NA	ME (First, Middle, Meid	en Sumame)		-
	CHARLES CREWS CARRIE A. JONES											
	19a. INFORMANT'S NAME (Typ.			194	MAIL INC	ADDRESS /Street	and Number				n Code	· · · · · ·
2	test and testing to the testing testin testing testing testing testing testing testing testing testing											
	CYRUS BENNETT 12814 PRESTWICK DRIVE, FORT WASHINGTON, MD 20744											
	20b. PLACE AND DATE OF DISPOSITION 1.4 Donation 5 Differ (Specify) 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION/Name of DATE 20c. LOCATION — City or Town, State Consultation 5 Differ (Specify) Wilmington, Ohio											
- 1	21. SIGNATURE OF POMERAL	SERVICE LIC	CENSEE	/		22. NAME /				1 11		
- 1	Mact	- 11	ela II	>					s Funeral			007/5
\dashv	23 PART Enter the dis	mases on	complication the	t coursed the de	oth Do	0100	Oxon	нтт	Rd. Oxo	l HIII	., Md.	
Ų	shock, or her	art failure.	List only one csu	se on each line		iot enter the m	ode or dy	ing, suc	n as cardiac or res	spiratory a	rest,	Approximate Interval Between
1	IMMEDIATE CAUSE (Fine	pl .	//									Onset and Death
	disesse or condition resulting in death)	*	. M	ETASTAT	IC CO	DLON CAN	CER					
				(OR AS A CONSEC								
	UNIVERSAL DE SECTIONAL		b.									!
	Sequentially list condition if sny, lesding to immediate		DUE TO	(OR AS A CONSEC	DUENCE O	F):						
	cause. Enter UNDERLYIN	IG										ļ
	CAUSE (Disease or injury that initiated events	y)	DUE TO	(OR AS A CONSEC	DUENCE O	F):						-
	resulting in death) LAST		4									
			u,									+
	PART II. Other significan	t condition	s contributing to	death but not r	esulting	In the underlying	ng cause ç	given in		AN AUTOPSY		WERE AUTOPSY FINDINGS
										ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 YES	ZX_J NO	١ (OF DEATH?
									— I		1	1 YES 2 NO
	25 WAS CASS DEFENDED	MEDIOC										
	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			26. F	LACE OF D	EATH (Ch	eck only one)			
	1 TYES 2 TYNO		1 X Inpatient 2 □	ER/Outpetient 3	□ DOA		ne 5 🗆 Re	sidence	6 ☐ Other (Specify)			
	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. T/M		JURY AT ORK?		28d. DEŞCRIBE NOV	V INJURY OC	CURED	
1	1 Netural 5 P	ending restigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-, rous	IN		YES 2] NO				
	3 Sutette	could not be	28e. PLACE O	F INJURY — At ho	me, ferm,	street, factory, offi	ce		26f. LOCATION (Street		r or Runel An	ute Number.
		etermined	building,	etc. (Specify)	,			ŀ	City or Town, Sta			***
1	29a. CERTIFIER										-	
	(Check only								to the cause(e) and n			
	2 MEDIC	EXAMINE	R: On the basie of e	xamination end/or i	rwestigatio	n, In my opinion,	death occur	red at the	time, date and place,	end due to t	he cause(e)	and manner ee stated.
	29b. SIGNATURE AND TITLE (OF CERTIFIE	R				29c. LICE	ENSE NUN	MBER	29d. DA	E SIGNED /	Month, Day, Year)
	al	5. R	- 0							D	1 1 0	1 a
2	30. NAME AND ADDRESS OF	PERSON WIL	O COMPLETED CAUS	SE OF DEATH AT-	4 27 /* -	(Defeat)		42718		1 4	11311	3
		· FESON MH	- COMPLETED CAUS	DE UP DEATH (ITE	a Z() (Type	PRINCI	37 4 m T C	NAT 4 T	MATAT ME		CENTE	

NATIONAL NAVAL MEDICAL CENTER

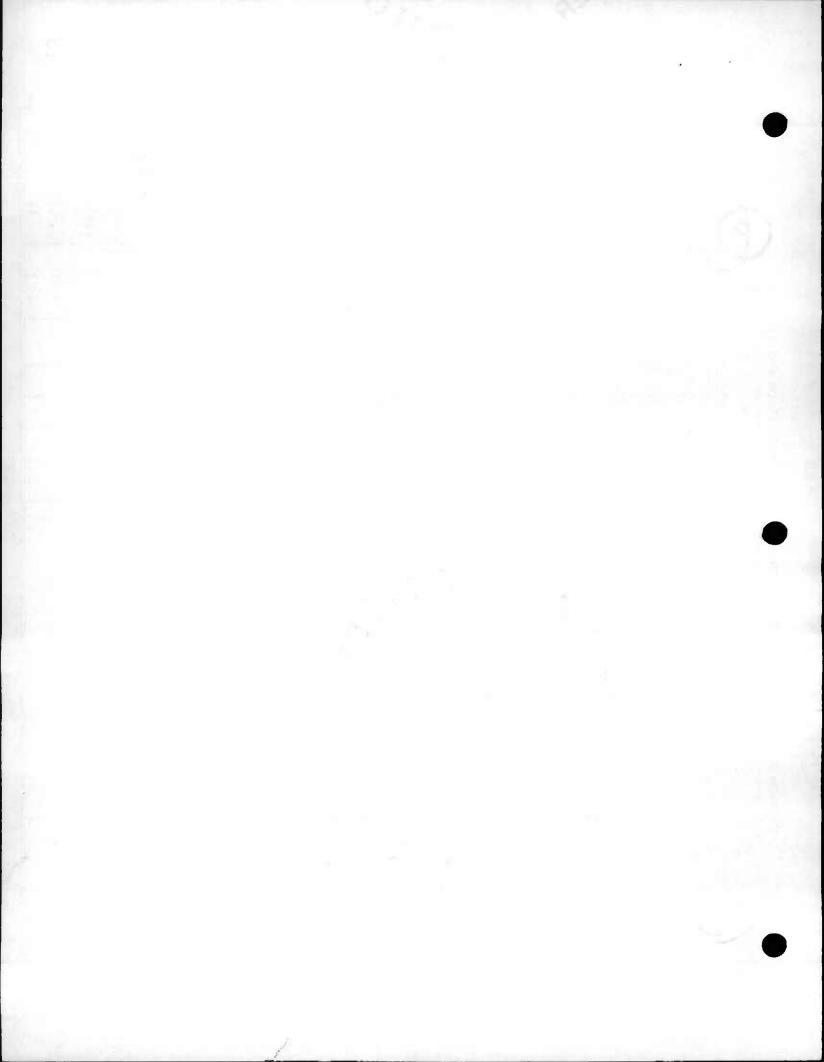
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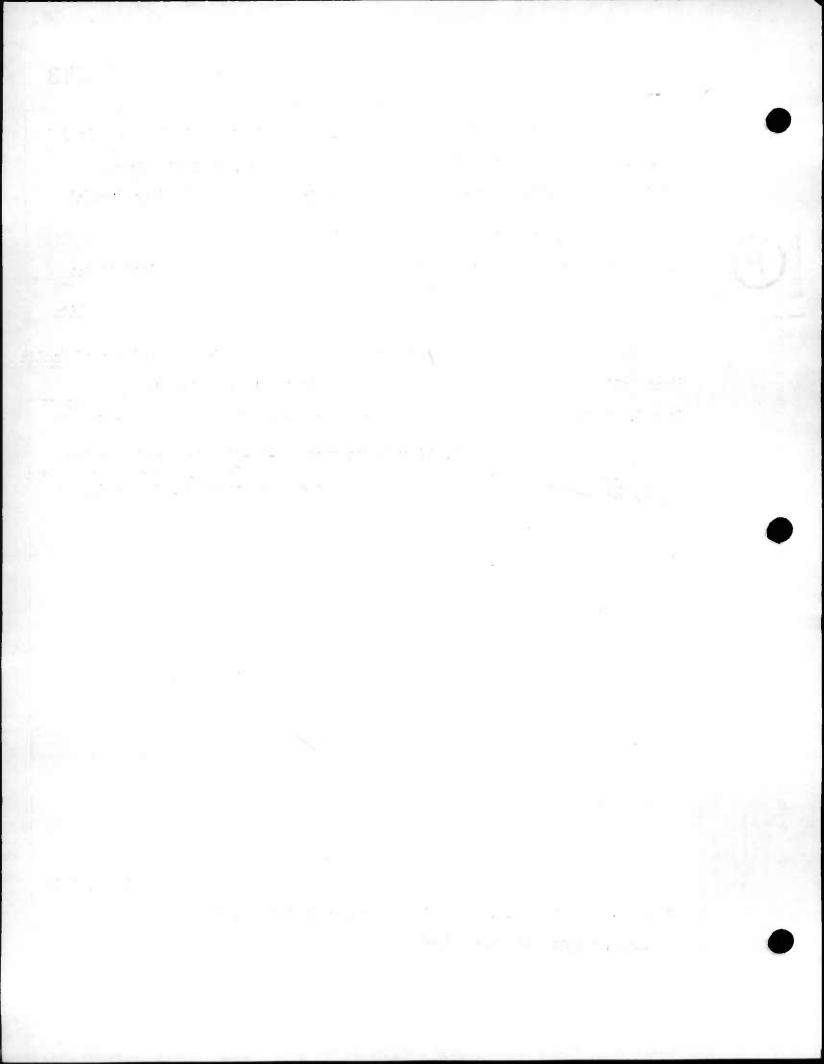
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burjat-fining interpretation. Or removal. To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MINPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALI	TH AND MEI	NTAL HYGIENE REG. NO.		
- 6	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH		3. TIME OF DEATH
	CHERYL	D. BELL				WONTH DAY 4"	93	3:00 P M
					IDER 24 HRS. 7. 1	DATE OF BIRTH	8. BIRTI- Count	IPLACE (State or Foreign
17	212 01 0204	□ M 2 🔀 F 2	6 YRS.	THE DAYS HOUF	15 MIN. 8	Mogth Day Span	Chev	erly,Md.
œ	9a. FACILITY NAME (If not institution, give street			CITY, TOWN OR LOC	CATION OF OEATH	9c. C	OUNTY OF D	EATH
5	PRINCE GEORGE'S HO	SPITAL CENT	TER C	HEVERLY	MD		PG	
REC	10a. STATE 10b. COUNTY			WN OR LOCATION		-		10d. INSIDE CITY LIMITS?
ā	Md.	P.G.	La	nham			-	1 🖾 YES 2 🗌 NO
BY FUNERAL DIRECTOR	10s. STREET AND NUMBER			101, ZIP C		10g. C	CITIZEN OF V	VHAT COUNTRY?
뿧	5633 Hiland A	Ve.	II S ABMED		706	RIGIN? (Specify Yes or No-		.A.
F	1 Never Married 2 Merried	FORCES? 1 YES	3/1 NO	If yes, specify C	uban, Mexican, Pu	rrigin? (Specify Yes or No- ierto Rican, etc.)	14. RACI Blaci	— American Indian, k, White, atc.
	3 Widowed 4 Divorced	The state of the s		1 1 169 2 11	но эрвену.		Spec	™ Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	tON npleted)	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATION done during most of we ired.)	orking	16b. KIND OF BUSINESS/	INDUSTRY	
E E	Elementery/Secondary (0-12) (College (1-4 or 5+)	Stock C			PRIVATE	TNO	. > 5
₩C	17. FATHER'S NAME (First, Middle, Last)		Decount C		OTHER'S NAME (First, Middle, Maiden Surname		CISTICY
Ö	Paul E. Bell			10. 10		ene Chitta	•	
BE (19s. INFORMANT'S NAME (Type/Print)		196. MAILINO ADD	ORESS (Street and Nun		Number, City or Town, State,		
2	Magelene E. Bel	1	Same	as # 10	above			
9	20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remove	of from State Cam	PLACE AND DATE OF DI	SPOSITION (Name of	1011	DATE 20c, LOCATION	— City or To	wn, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:		etery, crematory or other to RIMONY M				er,M	d.
	- 1	1 Pra		H.S.Wa	shinat	ton & Sons	,Inc	
	0,			4925	Burroug	ghs Ave., N	1.E.	
SATION	23. PART I. Enter the diseases, or come shock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	June cause on a	consequence on	utry	refer	llis	arrest,	Approximate interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	akuu	CONSEQUENCE OF)	mid	ylvi	esgodi	M	
PHYSICIAN: MEDICAL	instru	and	mu	e underlying caus	og given in Pari	1. YES 2 CMD	246	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2		IOSPITAL	01	26. PLACE 0	F DEATH (Check o	nly one)		
1YS	1 VES 2 11	26a. DATE OF INJURY	etient 3 🗆 DOA 4 🗆	Nursing Home 5				
=	1 Hitturel 5 Pending	(Month, Day, Year)	26b. TIME OF INJURY	M 1 YES		1. DEŞCRIBE HOW INJURY	OCCURED	
BY	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJURY	— At home, farm, stree			. LOCATION (Street and Num	ber or Bural I	Soute Number
빌	4 Homicide B Could not be	building, etc. (Speci	(y)			City or Town, State)		,
COMPLETED	2 MEDICAL EXAMINER: 0	N: To the best of my knowled	edge, death occurred at and/or investigation, in	the time, data and pl my opinion, death or	ace, and due to th	ne cause(e) end manner as	stated.) and manner ee stated.
H	26. DIGNATURE AND TITLE OF CENTIFIER	MAJV	MM	22	LICENSE NUMBER	G 29d. C	ATE NG!	Mott Off. 100
2	30. NAME AND ADDRESS OF PERSON WHO C Lewis H. Dennis	M.D. 620	oth (ITEM 27) (Type, Prin	belt Rd	,colle	ege Park,M	ld.	
	APR1 2 1993	32. REGISTRAR'S SIGNA La Davidson-Ra	nture ndall			- · · · · · · · · · · · · · · · · · · ·		



FRANCES IRENE CRYAN 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (IN yrs. lost birthday) 90. CITY, TOWN OR LOCATION OF DEATH 100. STATE 100. STATE 100. STREET AND NUMBER 2104 Chesapeake Harbor East #201 100. CITY, TOWN OR LOCATION Annapolis 101. ZIP CODE 102. CITIZEN OF WHAT 103. CITIZEN OF WHAT 104. MONTH April 12 1993 105. EBITHPLE Country 106. COUNTY OF DEATH 106. CITY, TOWN OR LOCATION Annapolis 107. DATE OF BIRTH 100. COUNTY OF DEATH 106. CITY, TOWN OR LOCATION Annapolis 106. CITY, TOWN OR LOCATION Annapolis 107. DATE OF BIRTH 108. BIRTHPLE Country 109. COUNTY OF DEATH 106. CITY, TOWN OR LOCATION Annapolis 107. DATE OF BIRTH 108. BIRTHPLE Country 109. COUNTY OF DEATH 109. CITIZEN OF WHAT 101. ZIP CODE 109. CITIZEN OF WHAT 109. CITY OF WHA	Undel Jod. Inside City Limits? Ves 2 (X)40
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. list birthdey) 98. FACILITY NAME (If not institution, give street and number) 99. COUNTY OF DEATH 108. STATE 109. COUNTY 108. STATE 109. COUNTY 108. STATE 109. COUNTY 109. STATE 109. COUNTY 109. STREET AND NUMBER 2104 Chesapeake Harbor East #201 Annapolis 106. CITY, TOWN OR LOCATION ANNA ANNA ANNA ANNA ANNA ANNA ANNA AN	TH Undel Od. INSIDE CITY LIMITS? YES 2 XXO
479-24-0426 1 M 2 LX 67 VRS. MONTHS DAYS HOURS MIN. Dec. 04 1925 1000 STATE 100. STATE	TH Undel Od. INSIDE CITY LIMITS? YES 2 XXO
98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 2104 Chesapeake Harbor East #201 Annapolis PESIDENCE OF DECEDENT 108. STATE 109. COUNTY 108. STATE 109. COUNTY 109. CITY, TOWN OR LOCATION OF DEATH 109. CITY, TOWN OR LOCATION OF DEATH 109. CITY, TOWN OR LOCATION OF DEATH 109. CITY, TOWN OR LOCATION OF DEATH 109. CITY OF DEA	Undel Jod. Inside City Limits? Ves 2 (X)40
RESIDENCE OF DECEDENT 108. STATE 109. COUNTY 109. STREET AND NUMBER 2104 Chesapeake Harbor East #201 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1	undel od. Inside city Limits? res 2 XX10
RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION ANNA ATUNDEL 10c. STREET AND NUMBER 2104 Chesapeake Harbor East #201 11. MARITAL STATUS 11. MARY DECEDENT EVER IN U.S. ARMED FORCES? 11. MAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- Black, V Specify: Sp	Dd. INSIDE CITY LIMITS? YES 2 X40
10e. STREET AND NUMBER 2104 Chesapeake Harbor East #201 11. MARITAL STATUS 1	LIMITS?
10e. STREET AND NUMBER 2104 Chesapeake Harbor East #201 11. MARITAL STATUS 1	☐ YES 2 XX10
109. STREET AND NUMBER 2104 Chesapeake Harbor East #201 11. Marital Status 1 Never Married 2XX Married 2 Never Married 2XX Married 3 Wildowed 4 Divorced 109. CITIZEN OF WHA 101. ZIP CODE 109. CITIZEN OF WHA 101. ZIP CODE 110. ZIP CODE 1	701
3 □ Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES IF YES, GIVE WAR OR DATES IF YES, GIVE WAR OR DATES Specify:	
3 □ Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES IF YES, GIVE WAR OR DATES IF YES, GIVE WAR OR DATES Specify:	tates
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2X NO Specify: Specify: Specify: 1 YES 2X NO Specify: Spe	American Indian.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Secretary National Institut 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Filip 7 Filip 7 Publication	
(Specify only highest grade completed) Secretary	White
Secretary National Institut 12 Secretary National Institut 17. FATHER'S NAME (First, Middle, Last) Elmer Hall F1110 T = Dub aub institut	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maidle, Surmame) Elmer Hall Filio 7 - Duboubing	e of Heal
Elmer Hall Filio 7 Dubanting	0 0 0000
Looke Jane kubenking	
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2104 Chesaneabe Harbar Fast #201 Annana.	21403
2 8 9	eis, MD
20a. METHOD OF DISPOSITION 1 Burlel 2 M. Cremetton 3 Removal from State 4 Donellon 5 Other (Specify) T. Lincoln Crematory 04-13-93 Brentwood, Mc 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John M. Taylor Formation and Address of Facility	Slate
20a. METHOD OF DISPOSITION 1 Burlel 2 X X remetion 3 Removed from State complete, cremetory or other place) 4 Donellon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22b. PLACE AND DATE OF DISPOSITION (Name of complete) complete, cremetory or other place) 4 Donellon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22b. PLACE AND DATE OF DISPOSITION (Name of complete) complete place) 4 Donellon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22c. LOCATION — City or Town, cremetory of other place) 4 Donellon 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Service LICENSEE 22c. LOCATION — City or Town, cremetory of other place) 4 Donellon 5 Other (Specify) 5 Don	aruland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John M. Taylor Fu 147 Duke of Gloucester St. Annange	inoral Hon
147 Duke of Gloucester St. Annapol	lis. MD
22 PART Folar the diseases or complications that caused the death De not part the many	Approximate
De po de la lamborate contest de la contracta	Interval Batwear Onaat and Daath
「 」	Olisat and Daati
disease or condition a. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):	
Sequentially list conditions, If any, laading to immediate cause. Enter UNDERLYING	
CAUSE (Disease or Injury	
that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):	
5 5 0 m	
9 9 3	THE AUTOPSY FINDINGS
# A S → C S II	AILABLE PRIOR TO IMPLETION OF CAUSE
	DEATH?
TO DO TO	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	
25. PLACE OF DEATH (Check only one) EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 28. DATE OF INJURY 29. D	
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Oay, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED	
286. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 2 Accident Investigation 2 Pending Investigation 3 Pending Investigation 3 Pending Investigation 3 Pending Investigation 3 Pending Investigation 3 Pending Investigation 3 Pending Investigation 3 Pending Investigation 3 Pending Investigation 3 Pending Investigation 3 Pending Investigation 3 Pending Investigation 3 Pending Investigation 3 Pending Investigation 3 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 4 Pending Investigation 5 Pending Investigation 5 Pending Investigation 5 Pending Investigation 6 Pending Investigation 7 Pending Investigation 8 Pending Investigation 8 Pending Investigation 8 Pending Investigation 9 Pending	
So the control of the	» Number,
B Could not be determined building, etc. (Specify)	
▼ ₩ p e iii	
Z H S E W 200 CEPTIFIED	d manner as stated.
2 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	
298. CERTIFIER 1 CERTIFIER 2 29c. LICENSE NUMBER 2 29d. DATE SIGNED 445	off Day March
THE STATE AND STATE AND STATE OF CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Check only one) 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Check only one) 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND STATE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (McC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (MCC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNED (MCC.) 29b. SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNATURE AND STATE OF CERTIFIER 29d. DATE SIGNATURE AND STAT	
THE STATE AND STATE AND STATE OF CERTIFIER 29b. SIGNATURE AND STATE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (McC	12, 1993
(Check only one) 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND XITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mc 29d. DAT	
THE TREE PRINCIPLE OF CERTIFIER Check only one) 2	



8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

BLACK

Approximate

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Interval Between

Onset end Death

93

NONE

3. TIME OF DEATH

4-45P M

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

at

1 - FOR STATE REGISTRAR

Jeath. Page 6 may be retained by the hospital or attending physician trunceral director, page 5 should be detached for use as the burial-traffsit notified a pe must examiner n 24 hours after death. F
ly filled in by the funeral
ation, or removal. medical completely filled rial, cremation, a the event, t and corr o bunial, traumatic attending physician a ental Hygiene prior to prior to other 0 has been signed by the attend Dept. of Health and Mental H 1 23 shows any injury, or HOSPITAL DR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. ITANT: If Item 28 is marked, or Item 23 s

CERTIFICATION

MEDICAL

PHYSICIAN:

B

COMPLETED

BE

2

TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 HOMENANT: IT IN

requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH HONIN-NILLTE COLLIER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH JUNE 19,1917 SOUTH CAROLINA 238-18-9433 1 🔯 M 2 🗌 F YRS 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LIBERTY MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION CHARLES MARBURY MARYLAND 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
UNITED STATES SWEDEN POINT ROAD 20658 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puarto Rican, etc.)
1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Married 3 🔀 Widowed 4 🗌 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple College (1-4 or 5+) UNKNOWN Elementary/Secondary (0-12) PRIVATE HOME IMPROVEMENTS UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN UNKNOWN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. BOX 1010 WALDORF, MARYLAND JOHN KELLER 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State MT. HOPE BAPTIST CHURCH CEM. 4/20/93 IRONSIDES, MD. 6 ☐ Donatton 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY THORNTON'S FUNERAL HOME, POMONKEY, MARYLANI 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such es cerdiec or reapiratory arrest, shock, or heart feilure. List pnly one cause on each line **IMMEDIATE CAUSE (Final** disease or condition 4SPIRATION Dreuminia resulting in death) DUE TO (OR AS A CONSEQUENCE OF) SETSIS Sequentially list conditions, DUE TO (OR AS A CONSPOUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24a. WAS AN AUTOPSY

1 TYES 2 THO

Discases

019668

PERFORMED?

29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

9NG

26b. TIME OF INJURY

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

4-12-93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) H al.MD CIBERTY R.M. SHAH MD. L.M. C. 2600 20-

A. m. Shah MD

CHICHIC

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

8 Could not be

1 YES 2 NO

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

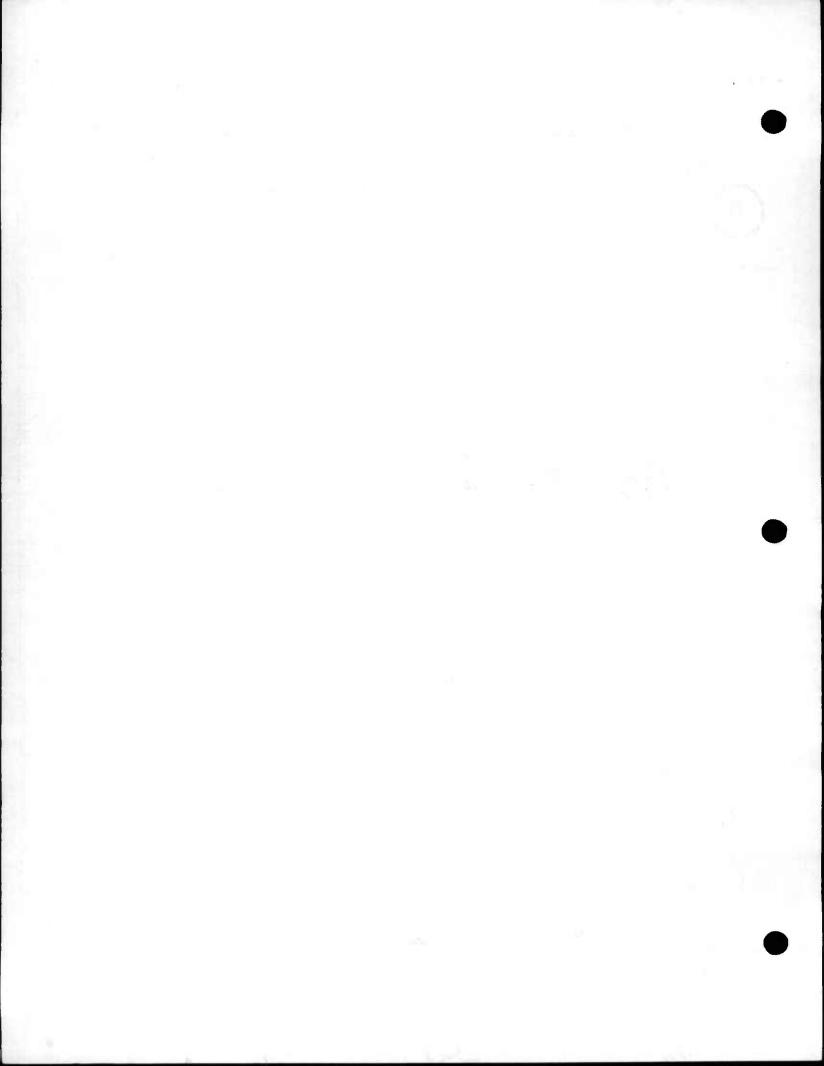
32: REGISTRAR'S SIGNATURE

OBAMIANE

1 Diripstient 2 ER/Outpetient 3 DOA

28a. DATE OF INJURY (Month, Day, Year)

HOSPITAL:



THE COL	ar ar	Sign	orth,
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physicia	ilied in by the funeral director, page 5 should be detached for use as the burial-t. In or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriah-traffic be filled within 72 hours after death with the State Deor. of Health and Mental Molene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	\$					93 12040
	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AN CATE OF DEATH	D MENTAL HYGIEN REG. NO	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH
	Charle C	36	e Leona Co	ook	1 1	8 93 2115 "
				IF UNDER 1 YEAR IF UNDER 24 HI IONTHS DAYS HOURS MI	M. (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) OH
DIRECTOR	90. FACILITY NAME (If not institution, give street Anne Arundel Medic			Annapolis,	F DEATH MD	9c. COUNTY OF DEATH Anne Arundel
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100 CITY	TOWN OR LOCATION		10d. INSIDE CITY
	MD Anne	Arundel		cy's Landing		1 TES 2 K NO
FUNERA	100. STREET AND NUMBER 125 Deale Road			101. ZIP CODE 20779		10g. CITIZEN OF WHAT COUNTRY? USA
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Mo 1 YES 2 NO S	xican, Puerto Rican, etc.)	s or No- 14. RACE — American Indian, Black, White, atc. Specify: White
0	15. DECEDENT'S EDUCA (Specify only highest grade of	(TION	16a. DECEOENT'S U	SUAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTRY
COMPLETED		College (1-4 or 5+)	housewi	rk done during most of working retired.)	h	ome
ŏ	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maiden	Surname)
i w	Ralph Thomas	Fergus	son	Lor	etta	Perrine
TO B	19a. INFORMANT'S NAME (Type/Print)	-		DORESS (Street and Number or R		rn, State, Zip Code)
	Michael P. Cook		same	as # 10 above		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remov 4 Donation 5 Other (Specify)		b. PLACE AND DATE OF metery, crematory or oth DOOTIEIO			CATION - City or Town, State 1esville, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AND ADDRESS O	FFACILITY	
	- William K	Thus	•	Rausch Fune	ral Home, P	.A. Owings, MD
	23. PART I. Enter the diseases, or co	mplications that cause	d the death. Do no			_
	shock, or heart failure. Li IMMEDIATE CAUSE (Final	st only one cause on e	each line.			Interval Between Onset and Death
	disease or condition resulting in death)	(elel	D/a/	MRUVY.	54	16 weeks
		DUE TO (OR AS	A CONSEQUENCE OF):	-	1	1.4
N	Sequentially list conditions, b.	(eve)		IN FARCT	700	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF):			
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):			
F	resulting in death) LAST					
l B	DART II Oshar ela III-ra a a seletti					
NA.	PART II. Other significant conditions	contributing to death t	but not resulting in	the underlying cause giver	in Part I. 24a. WAS AN PERFOI	RMED? AMAILABLE PRIOR TO
MEDICA					1 🗍 YES 2	COMPLETION OF CAUSE OF DEATH?
						1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Chack anti-ana)	
Sic	EXAMINER?	HOSPITAL		THER:		
PHYSICIAN:	27. MANNER OF BEATH	28s. OATE OF INJURY	28b. TIME		28d. DESCRIBE HOW	NJURY OCCURED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IULNI	WORK? M 1 TES 2 NO		
	3 Suicide a Could not be	28e. PLACE OF INJURY building, atc. (Spe	Y — Al home, term, str	eet, factory, office	281. LOCATION (Street City or Town, State)	and Number or Rural Route Number,
ED	4 1 Houseast definition					
LETED	DAY CENTIFIED		. 10	64 58-37Am 57		
MPLETED	298. CERTIFIER (Check only			at the time, data and place, and		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICI. (Check only one) 2 MEDICAL EXAMINER:			In my opinion, death occured at	the time, data and place, ar	nd due to the cause(a) and manner as stated.
BE COMPLETED	298. CERTIFIER (Check only				the time, data and place, ar	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

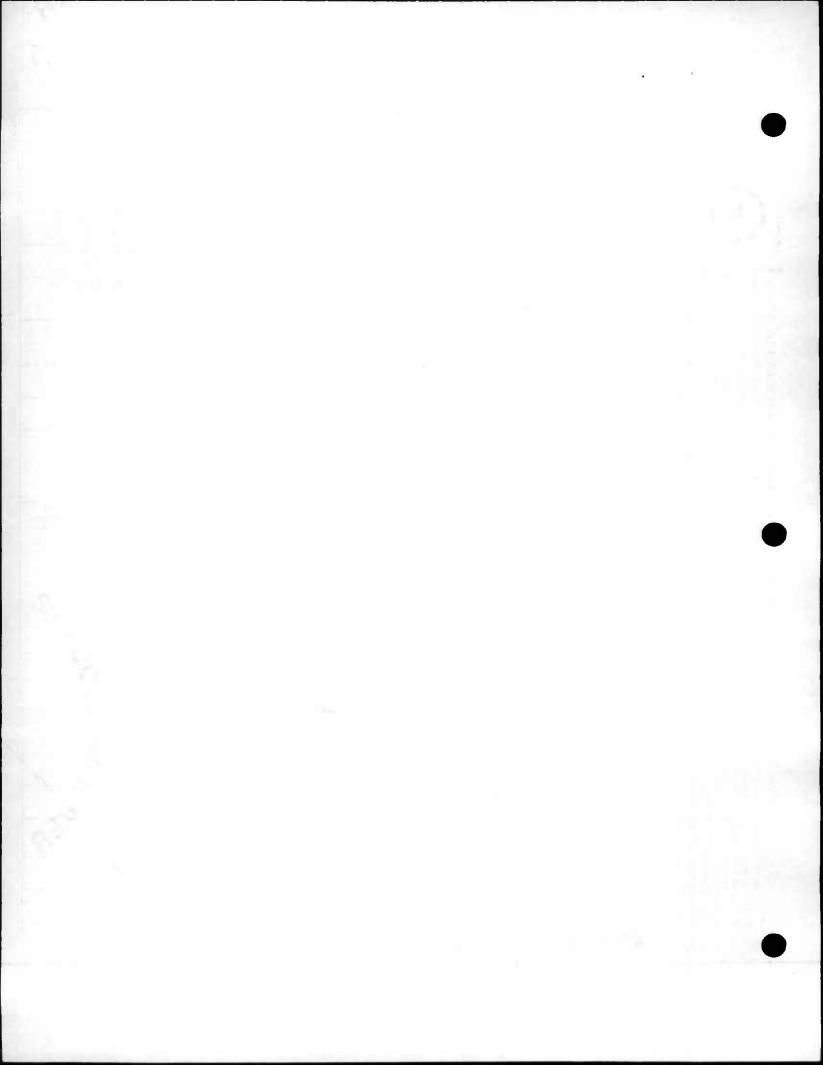
32. REGISTRAR'S SIGNATURE

Julia Davidson Randall

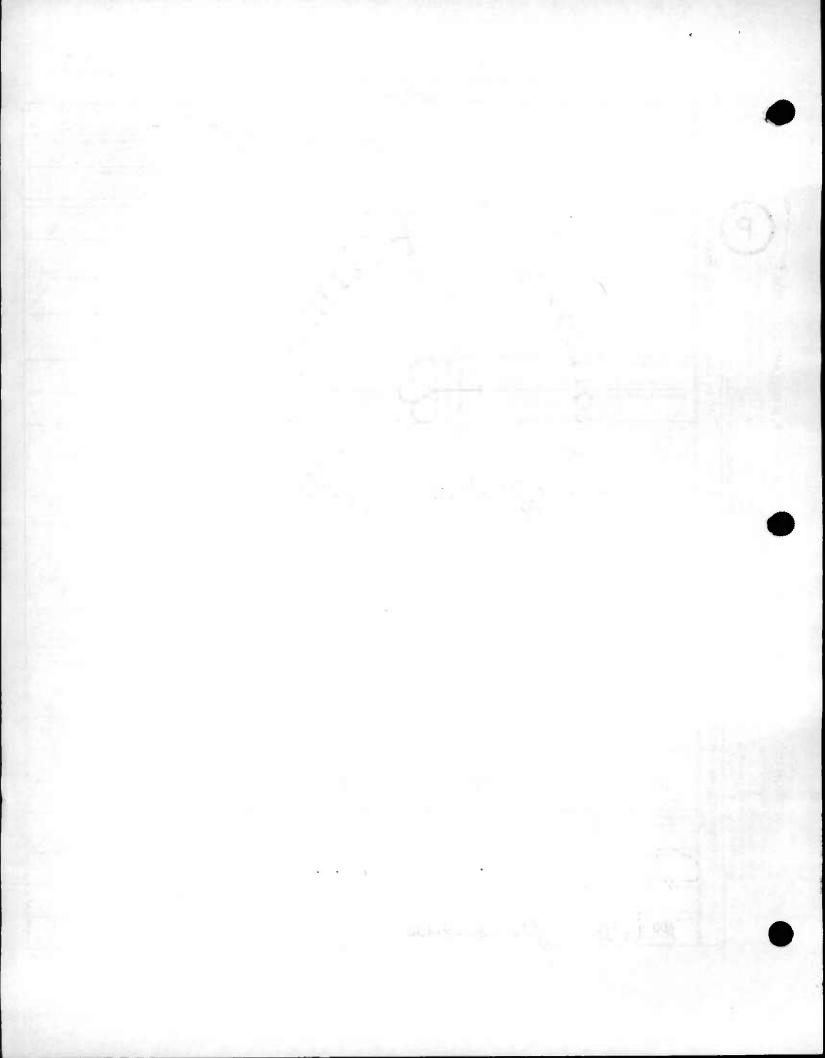
31. DATE FILED (Month, Day, Year)

APR 2.0 1993

DHMH-16 Rev 1/89



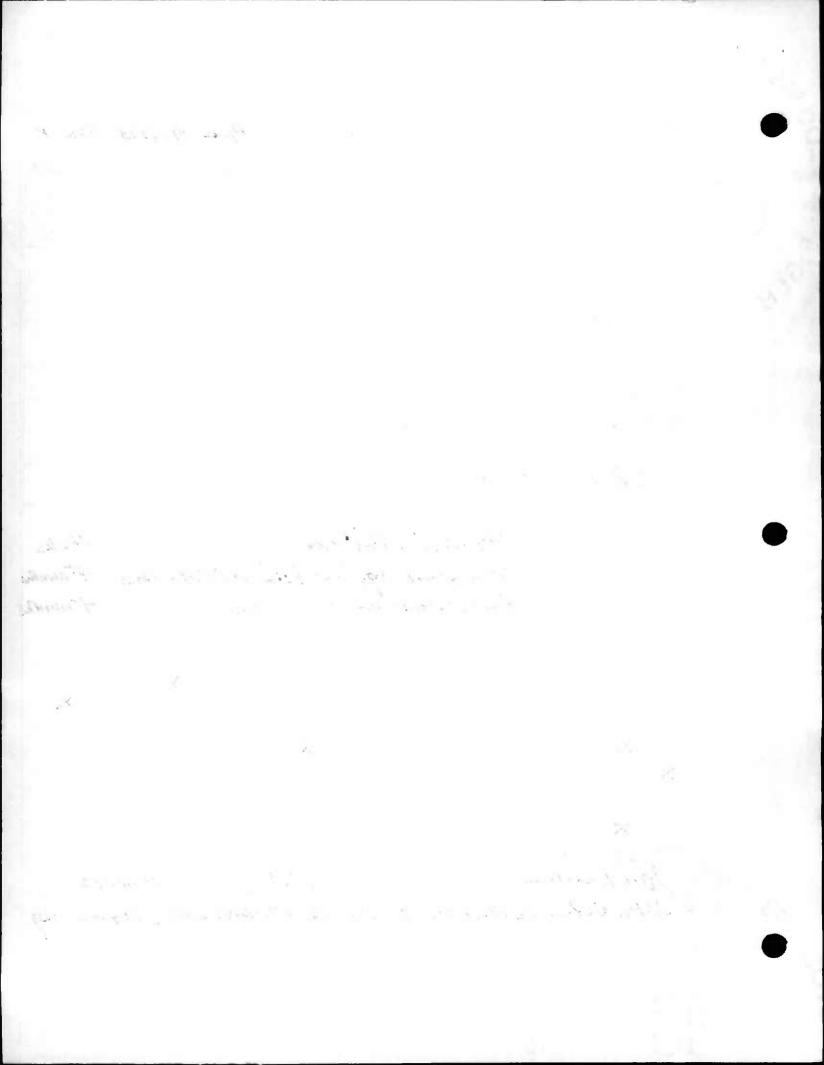
	1. DECEDENT'S NAME (First, Mile	ddle, Last)			TIE OI	DEATH	2. D	REG. NO. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEAT			. TIME OF DEATH		
				Covi				4	1 4- 1	26-9	93/	101222	
	4. SOCIAL SECURITY NUMBER 212-22-2758		SEX	6. AGE (In yrs.	401	THE DAYS	HOURS I	MINI. (A	ATE OF BIRTH forth, Day, Year) 0-29-1		8. BIRTHPL Country)	LACE (State or Foreign	
	9a. FACILITY NAME (If not institu		47	/ -		CITY, TOWN	OR LOCATION		0-29-1	1917 N.C.			
OR	817 Hubbar	d St.				Cam	bridg	e		Dorchester			
DIRECTOR	10a. STATE 10	b. COUNTY			10c. CITY, TO	WN OR LOCA	TION				1	Od. INSIDE CITY	
ā	MD.	D	or 		Camb	ridge	≥,				1	LIMITS? YES 2 NO	
HAL	10e. STREET AND NUMBER	3 01				- 2	r. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?	
FUN	817 Hubbar		. WAS DECEDEN		ARMED		21613 CENDENT OF 1	HISPANIC OF	HGIN? (Specify Ye	or No-	14. RACE -	- American Indian.	
BY F											Specify:	White, etc.	
ED B			I AA								BL	К.	
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S LSUIAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINE									SINESS/INDU	JSINT		
COMPLET	0-12 Factory Work												
_	17. FATHER'S NAME (First, Middle								rst, Middle, Maiden				
8	Sidney Hornes Hattie Lee Stanback 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	Hattie Lee Thomas (Neice) P.O.# 368 Woodstown, N.J. 08098												
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place) DATE 20c. LOCATION — City or To											ı, State	
	4 Donation 5 Other (Sp. 21. SIGNATURE OF FUNERAL SI	ectfy)		Nort	hside	Cem.	ND 1000500	4-	-22Roc	kingh	nam,	N.C.	
	22. NAME AND ADDRESS OF FACILITY Lewis H. Boardley F/F 812 Hubbard St. Cambridge, MD. 21613												
_	23 PART I Enter the dies	Hij	ROT	del	1	812 H	Jubba.	rd 51	Camb	ridae	CM c	21612	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.										- 1110		
event, the medical	ahock, or heer	t failure. List	only one cau	ise on each i	death. Do not e line.	nter the mo	ode of dying	, such es	cardlec or reap	iratory arre	est,	Approximate interval Between	
	iMMEDIATE CAUSE (Final disease or condition	t failure. List	only one cau	t caused the use on each in a caused the last in a	death. Do not e line.	diomy	ode of dying	such es	cardiec or reap	out	Lu.	Approximate interval Between	
	immediate cause (Final	t fallure. List	only one cau	ise on each i	ye/Car	nter the mo	ode of dying	such es	ardiec or reap	out	hy	Approximate interval Between	
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BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician	filled in by the funeral director, page 5 should be detached for use as the burial-traffing, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PIPL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traffish on 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

		1 - STATE REGISTRAR	SIAIE UF N				OF DEA		REG. N					
	4	PATRICI	A	MAE		COL	DLE	/ *	Apul	19,1		TIME OF DEATH		
	- 12	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday) YRS.	MONTHS 0	YEAR IF UNDE	MIN.	Month, Day, Year)		Country)	ACE (State or Foreign		
pinonia	* 199.	235-68-1065 Se. FACILITY NAME (If not institution, give s	X	50		9b. CITY, T	OWN OR LOCAT		AUG. 18.		WEST	VIRGINIA		
ei.	DIRECTOR	RT. 3. BOX 26				LEON	ARDTOW	N		ST	. MARY	'S		
P	EC.	10a. STATE 10b. COUNT	Υ		t0c. CIT	Y, TOWN OR	LOCATION				10	DI. INSIDE CITY		
C. C.	ā		MARY'S		LE	EONARD	TOWN				t	LIMITS?		
sit perm	ERA	10a. STREET AND NUMBER					101. ZIP COI				TIZEN OF WHA			
physician burial-transit	FUNE	RT. 3, BOX 26	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WA	206 S DECENDENT		ORIGIN? (Specify		TED ST			
attending physise as the buri	В	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W		<u>М</u> ио	lf y	es, specify Cub	en, Mexican, I	Puerto Rican, etc.)		Specify: WHIT	American Indian, Vhits, atc.		
5 2	ETED	15. DECEDENT'S EDU (Specify only highest grade	completed)		(Give kind of life, Do NOT u	work done dur	JPATION ing most of work	ing	16b. KIND OF	BUSINESS/IN	DUSTRY			
the hospital detached for once.	APLE	Elementary/Secondary (0-12)	College (1-4 or 5 +		HOUSEV									
retained by the hospits 5 should be detached notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NAME	(First, Middle, Maid	len Sumame)				
ould be	B	CLAUDE VERNON BLA 19a. INFORMANT'S NAME (Type/Print)	ND		*** *********				SUSAN H					
	2	RONALD W. COOLEY					26, L		the Number, City or 1		ip Code) ND 206	50		
6 may be retained by ctor, page 5 should be nust be notified at		20a. METHOD OF DISPOSITION	own from State		CE AND PATE	OF DISPOSITI		LOWARI			- City or Town			
0 0 =		1 M Buriel 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) The sum of the place												
death. Page 6 may be funeral director, page examiner must be		Sehillet 1	BU				ME AND ADDR		my IERAL HOI	ME				
00 = 00	-	EDWARD N. F.	RINSFIEL		MOOO5	59	N. WA	SHINGT	ON STRE	ET LI	EONARD	TOWN MD		
P P P E		shock, or heart fellure. IMMEDIATE CAUSE (Finel	List only one ceu	ise Dn each	line.							Approximate Interval Between Onset and Death		
		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury) LEPATIC FAILURE Due to (or as a consequence of): LICULS SALLAD REGIONAL & AUSTRAL MEMORY												
8 9 - 9			DUE TO	(OR AS A CON	SEQUENCE O	F):				24	,	11+		
and and	CATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO	(OR AS A CON	SEQUENCE O	Pagae	nsae ;	BUST	מאל נטאס	4AST	0845	4 mmh		
physician physician ne prior to her traum	ICA	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated energy DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
death certificate attending physicental Hygiene pri	RTIFI	that initiated events resulting in death) LAST	DOE TO	(OH AS A CON	SEQUENCE O	F):								
	씽▮	PART II. Other significant condition	a contribution to	dooth but no		to the condi	4.4			_				
that the deal ed by the att th and Menta any injury,	DICAL	William Condition	- continuoting to	death but no	or reauting	in the unde	riying cause	given in Pa	PERF	ORMED?	AM	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE		
	MED								_ 1 □ YES	2 NO	OF	DEATH?		
SICIAN: The law requires certificate has been sign on the State Dept. of Heaf f. or Item 23 shows	AN:											3		
PHYSICIAN: The law this certificate has b with the State Dept.	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:	28. PLACE OF I							
certifi th the d, or	£	27. MANNER OF DEATH	1 Inpetient 2 I	INJURY	28b. TIM	E OF 28	c. INJURY AT	_	Other (Specify) 8d. DESCRIBE NOV	V INJURY OC	CLIBED			
NG PHYS fer this c eath with marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Di	ay, 16ar)	INJ	M	WORK?							
CTOR: A after of 28 is	ETED I	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — AI etc. (Specify)	home, farm,	street, fectory	office	21	Bt. LOCATION (Street City or Town, Sta	et and Numbe te)	or or Rural Rout	e Number,		
4 7 2 = 1	APL.		CIAN: To the beat of											
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h IMPORTANT: If P	COMPL	2 MEDICAL BROWNE		xamination and	or investigation	n, in my opin	ion, death occu	red at the tim	e, date and place,	and dus to t	he cause(s) sr	nd menner as stated.		
POR JEE	뀖	296. SIGNATURE AND TITLE OF CENTIFIES					29c. LIC	ENSE NUMBE	R	29d. DAT	TE SIGNED (M	onth, Day, Year)		
2 6 3 ₹	٤	10. JAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM 27) (Type,	Print)	D	502	/	1-2	HIN	93 mel 2069		
	ŀ	JOHN W. ROA	che. ML	. FAC.	s, PI	Sop	186,	mee	HANIOSI	ille !	Mayo	and 20659		
		31. DATE FILED (Month, Day, Year)	32. REGISTRA	avidson-l	E Panda P2		1111							
	Ш	כמי כ כ אשא	1 0 · V	0 x 22 cl Amount	Marian							' '		



		1 - FOR STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR ERTIFI	TMENT CATE	OF H	EALTH DEAT	AND ME		YGIENE EG. NO.	93	18	2548
	THE PARTY OF THE P	1. DECEDENT'S NAME (First, MI) A. SOCIAL SECURITY NUMBER	DA S. CO	6. AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. 7.	DATE OF O	DAY IRTH	7.3	TIME OF OEATH O:42P ACE (State or Foreign	
Should	J.H.	190-32-472 99. FACILITY NAME (IN not institute CALVERT MANOF		89 1E	YRS.	9b. CITY,	TOWN O		ON OF OEATH	8-21	-03	V. CH Y OF DEAT	ESTER, PA	
	DIRECTOR	RESIDENCE OF DECEI	OB. COUNTY CECIL	-		TOWN OF							Id. INSIDE CITY LIMITS? YES 2 V NO	
La Company	FUNERAL	100. STREET AND NUMBER 1881 TELE	GRAPH RD.	RD.						1911		US US	N OF WHA	T COUNTRY?
21215-0020 In attending physiciary for use as the burial-transit p	ВҰ	1I. MARITAL STATUS 1 Never Merried 2 Me 3 XWidowed 4 Divorced	erried FORCES? IF YES, GIVE	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO If YES, GIVE WAR OR OATES 13. WAS DECENDENT If Yes, specify Cubin 1 ☐ YES 2 ☑ NO					n, Mexican, Pi			or No — 1	4. RACE — Black, W Specify:	American Indian, Inite, etc.
	COMPLETED	15. DECEOE (Specify only hig Elementary/Secondary (0-12)	DENT'S EQUICATION lighest grade completed) College (1-4 or 5 + + + + + + + + + + + + + + + + + +	(Give kind of work done during most of working life. Do NOT use retired.)							STRY			
RYLAND ed by the hospit uld be detached ed at once.	BE CO	17. FATHER'S NAME (First, Middle	HERMAN									MEREDA		
1 8 8 L	10	BARBARA	C. High	20h BLACE AND DATE OF DISDOSTION (More of						Pural flourie Number, city or Town, State, Zin Code). #202, NAPLES, FL 33963				
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION 1	3 A Removal from State pecify)	20b. PLACE		RIS 8	& Co			20-93	W.	CHEST	ER	PA
0 = 0		21. SIGNATURE OF FUNERAL SERVICE LICENSEE # 12.3 22. NAME AND ADDRESS OF FACILITY KUZO & GOFUS FUNERAL HOME, INC. 250 W. STATE ST., KENNETT SQUARE, 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory streat,												PA 19348
24 hours aft filled in by tion, or remo		23. PART I. Enter the diser shock, or heer IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CH	use on each line			he mod	de of dyl	ng, such sa	cerdiec e	or reapin	ntory srree	nt,	Approximate Interval Between Onset and Deat
P.O. BOX 68 th certificate be executed and of the physician and of the hygiene prior to buriate or other traumatic.	CERTIFICATION	Sequentially list condition: if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		tati li O (OR AS A CONSEC LIV CATCH O (OR AS A CONSEC			be c	olm	,		1.3			
RECOR requires that the signed by the signed by the signed by the signed by the signed by the signed by the signed by	MEDICAL	PART II. Other significant (conditions contributing to	deeth but not r	eculting in	the und	leriying	ceuse g	Iven in Pert		WAS AN A PERFORM YES 2 [IEO?	AM CO OF	THE AUTOPSY FINDINGS ANILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 17 NO
	SICIAN:	25. WAS CASE REFERRED TO MI EXAMINER? 1 YES 2 W NO	HOSPITAL:	ER/Outpatient 3		OTHER:			EATH (Check of		city)			
OF PHYSIC This cel with th	BY PHYSI	27. MANNER OF DEATH J Matural 5 Pen 2 Accident	28e. DATE Of (Month, i	F INJURY Day, Year)	28b. TIME INJU	OF 2	8c. INJU	IRY AT	280			JURY OCCU	RED	
DIVISION DR ATTENDING F DIRECTOR: After hours after death item 28 is mar	8	3 Suicide 8 Could not be 4 Homicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, lerm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural in City or Town, State)								Rural Rout	e Number,			
DIV OSPITAL DR A JNERAL DIREC thin 72 hours INT: If item	COMPLE		YING PHYSICIAN: To the best of											d menner ee stated.
TO THE HOSPITAL CO TO THE FUNERAL D DE fied within 72 ho IMPORTANT: If IN	TO BE C	296. SIGNATURE AND TITLE OF	len MD						B62/					onth, Day, Year)
		JOSEPH F. KLE 31. DATE FILEO (Month, Day, Year,	EIN, MD 8 F	ROSPECT AR'S SIGNATURE			GRO	VE,	PA 193	390				

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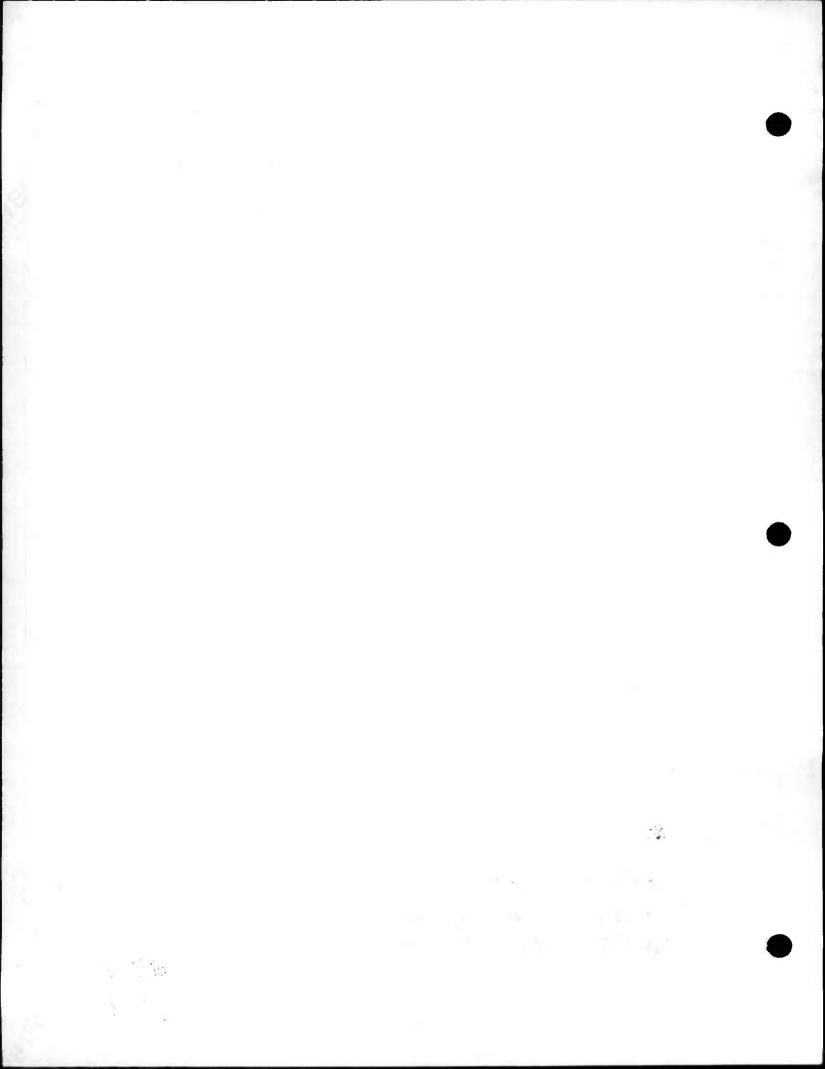
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STREET VAN

		FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL	L HYGIEN	E S	3	12549			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		EAR 3.	TIME OF DEATH			
		PATRICK 4. SOCIAL SECURITY NUMBER	OWEN		GHLIN		0.4	4	12 9	3 5	5:25 PM			
		154-40-1732	5. SEX 6. AGE (1	In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Month	OF BIRTH		Country)	CE (State or Foreign			
3 should		9e. FACILITY NAME (If not institution, give s	21	43 YRS.	9b CITY TOWN	OR LOCATION OF E		0-19-			Jersey			
fi.	8	UNION HOSPITAL			ELKT		PEAIR		9c. COUNT		1			
	стоя	RESIDENCE OF DECEDENT 100, STATE 100, COUNTY												
(PD	Æ.		enshaw		TY, TOWN OR LOCA					I. INSIDE CITY LIMITS?				
	E	10e. STREET AND NUMBER	elisilaw		Luverne	Of, ZIP CODE			I son CITIZE		YES 2 NO			
Vic.	E.	402 Jeffcoa	et Ct.			3604	Q				COUNTRY?			
aldian saltra	"3"	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF HISP	ANIC ORIGIN	? (Specify Yee		RACE -	American Indian,			
5-002 anding per	BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	FORCES? 1 YES 2 NO II yee, specify Cuben, Mexicar IF YES, GIVE WAR OR DATES I YES 2 NO Specify						Black, Wi Specify:	nlie, etc.			
		15. DECEDENT'S EDU	CATION	16. DECEDENT'S	USUAL OCCUPAT	TON .								
T 8 2	COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during m	nost of working	166.	KIND OF BUS	SINESS/INDUS	TRY				
D Spital	AP.	12	College (I-4 til 5 +)	Truc	k Drive	er		Tran	sport	atio	n			
the hospital detached fo	Į į	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, M	tiddle, Meiden	Sumeme)					
	BE (John Coughlir	1				na Be							
MAR: retained 5 should notified	2	19e. INFORMANT'S NAME (Type/Print)				end Number or Rura				ode)				
E, F	·	Shirley Boo				oat Ct.					049			
FOR may ector, p		1 Buriel 2 Cremetion 3 Remi	oval from State came	PLACE AND DATE	ther placel		DATE 20c. LOCATION — City or Town, State S 4/21/93 Lakeland, FL							
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE La	<u>keland</u>	Memor 1	Lal Gan	S 4/							
BALTIMORE, after death, Page 6 may be by the funeral director, page moval.		· Edual M	Kown		Gee	Funera	l Hor	ne		n, M	St. ID 21921			
in the		23. PART I. Enter the diseases, or o shock, or heart failure.	complications that caused Liet only one cause on as	the daeth. Do	not entar the m	oda of dying, au-	ch ea card	lac or respi	ratory arres	t,	Approximete Interval Between			
24 r fille tion,		IMMEDIATE CAUSE (Finel disease or condition	not in	1.	, ,	^	, .				Onset and Daath			
ted within 24 completely fille ial, cremation, event, the		disease or condition resulting in death) a. Arteriosclerone cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF):												
pa 5 - 6	z													
OX 68 te be execut siclan and o orior to burie traumatic	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):					1				
ficate be exphysician and prior to	S	CAUSE (Disease or Injury	c											
certificate ding physi lygiene pri	RTIFIC	that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):									
DS, P.O. the death certifier attending the attending Mental Hygie	CE	d												
	AL	PART II. Other algolficant condition	a contributing to death bu	ut not reaulting	in the underlyir	ng cause given in	Part I.	24a. WAS AN	AUTOPSY	21.00	RE AUTOPSY FINDINGS			
RECOR requires that een signed b of Health ar	MEDIC.							1 X YES 2	NO NO	CON	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?			
REC w requires been sign it, of Heal	Σ										YES 2 NO			
e law has be Dept.	Ä	25. WAS CASE REFERRED TO MEDICAL								<u></u>				
그 두 후 후 등	SICIAN:	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C								
SICIAN Certific the	PHYS	1 XES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☒ ER/Output 26e. DATE OF INJURY	otlent 3 □ DOA □ 26b, TIM		me 5 - Residence	7		NJURY OCCUP					
VISION OF VI- ATTENDING PHYSICIAN: CITOR: After this certifical s after death with the Stg 128 is marked, or it		1 Netural 5 Pending	(Month, Day, Yeer)	IN	IURY W	ORK? YES 2 NO	200. DE\$	CHIBE HOW IF	NJURY OCCUP	IED				
ON NDING Is Affer r death	D BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Speci	— At home, farm,			261. LOCA	TION (Street a	and Number or	Rural Route	Number,			
DIVISION DR ATTENDING F DIRECTOR: After hours after death item 28 is mar	COMPLETED	4 Homicide determined	building, etc. (Spec)	(עי			City o	r Town, State)						
DIV L DR A L DIREC 2 hours 1 item	P.E.	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurr	ed at the time, date	e end place, end du	e to the caus	se(s) end men	ner ee stated.					
SPITA INERA Ithin 73	Ö	2 MEDICAL EXAMINE	R: On the basis of examination	end/or investigation	on, in my opinion,	death occured at the	ilme, date	and place, end	d due to the c	euse(e) end	menner es steted.			
TO THE HOSPITAL TO THE FUNERAL I DE filed within 72 h	BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER		29d. DATE S	IGNED (Mon	th, Day, Year)			
55 55 55 55 55 55 55 55 55 55 55 55 55	0	Monald & W.	rightMD			0.C.	М.Е.		▶ 04	1/13/	/1993			
	-	DONALD G WRIGH				et, Bal	timo	re, M	aryla	and	21201			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA											
		APR 19'93	Freia Davidson	gandelle										

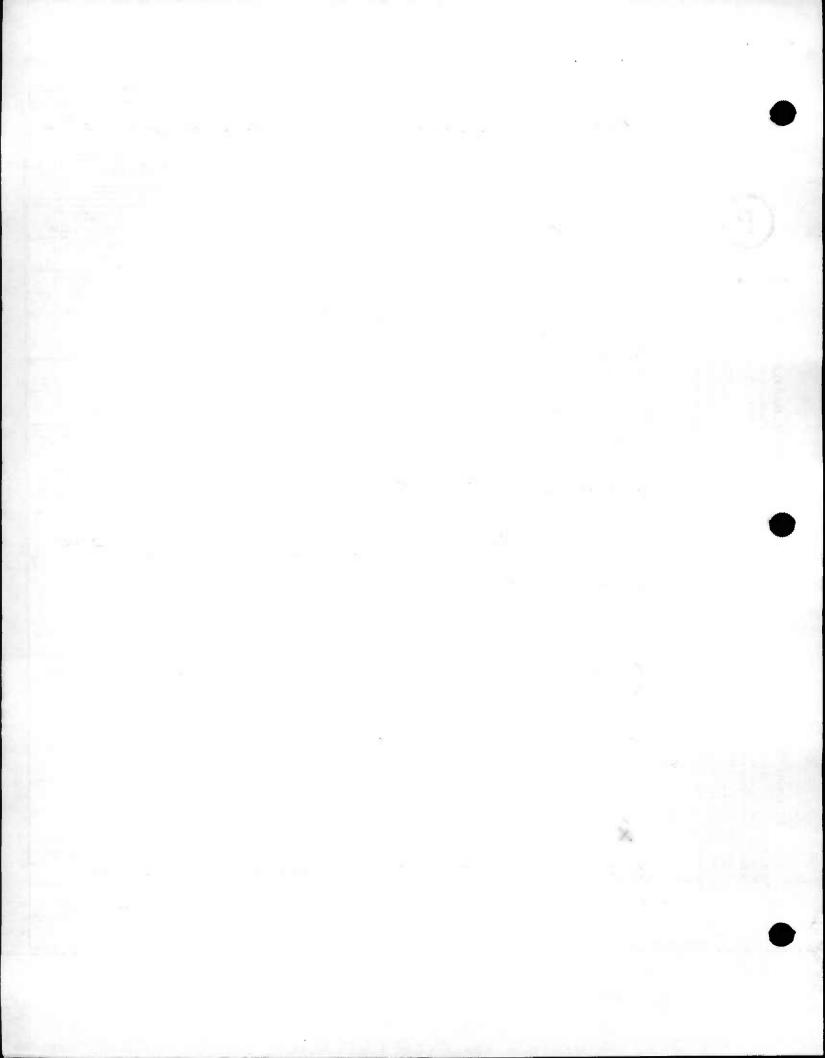
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FOR

	1 - STATE REGISTRAR	SIAIE UF N	MAHYLAND / CE	DEPAR					MENTA	REG. NO.	_	93	12550		
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF DEATH		
	EMILY		CHERRI						AVE			93	5 50 A M		
	The second secon	SEX	6. AGE (in yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH		Country	PLACE (State or Foreign		
	213-74-2560 19s. FACILITY NAME (If not institution, give stree	□ M 2½ F	9	1 YRS.						pt. 11					
Œ	Harrison House Nu		Tome		96. CITY		R LOCATI					INTY OF DE			
5	RESIDENCE OF DECEDENT	itsing i	TOILIE	Snow Hill, Md.						Wo	orces	ter			
RE	10e. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY				
ō		<u>ester</u>		Sno	OW H	11,						1 YES 2 NO			
RAI	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?		
N	R.F.D.	WAS DECEDEN	T EVER IN ILE AD	450	La		2186	63			U	S.A.			
BY FUNERAL DIRECTOR	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	TEVER IN U.S. AR YES 24 N WAR OR DATES	MED.	1	f yes, sp	endent of cube 2 NO	n, Mexica	n. Puerto	N? (Specify Yee Rican, etc.)	or No—	14. RACE Black, Specify	- Amarican Indian, White, etc. White		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th grade 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) HOMEMARY 16b. KIND OF BUSINESS/INDUSTRY															
9		College (1-4 or 5 i	1Hm	Do NOT us	se retired.)		or or working								
₽	8th grade		Ho	memal	ker					Own H					
100 INFORMANT'S NAME (Time(Print)															
임	Eldred Cherrix									onardt:			20650		
	20s. METHOD OF DISPOSITION	in the state of	20b. PLACE A	ND DATE	OF OISPOS	ITION /Na	me of	72 11	DAT	E 20c. LO		City or Tow			
	1 Suriel 2 Cremation 3 Remova 4 Donation 5 State (Specify)		- Chr	isti	in of the	emet	ery		4/	93 Si	now I	Hill,	1, Md. 21863		
	21. BIOMATURE OF FUNERAL SERVICE LICEN	SEE /	Une	2	A.		nis I			HOme,			klin St.		
	23. BART I. Enter the diseases, or con	plications the	t caused the de	ath. Do n	Dt enter						DITO	V HIL	1, D.21863		
	shock, or heart fellure. Lis IMMEDIATE CAUSE (Finel	fonly one cau	se on each line.				,.			and or roop.	atory on	, out,	Interval Between Onset end Doeth		
		ME	72 STOT		E 5 16	400	44.0	w//		1100					
	resulting it death)	DUE TO	(OR AS A CONSEC	DUENCE OF	F):	ETIO	LOGY	UI	NDE	TERM	INE	>	J YR5		
N	Sequentially list conditions,														
AT	If eny, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE OF	ት) :										
FIC	CAUSE (Disease or injury that initieted events	OUE TO	(OR AS A CONSEO	UENCE OF	٦:										
CERTIFICATION	resulting in death) LAST														
2	PART II. Other significent conditions of	ontributing to	death but not a	anultina i	a the un	el e els els s							1		
DICAL	100	BACTUR		,		oariying	ceuse g	jiven in i	Part I.	24a. WAS AN		1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE		
MED	RECENT C		E 9	1-1	<u> </u>				- 1	1 TYES 2	NO NO		OF DEATH?		
2	- NEWY C								-				YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
SIC		OSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Re	sidence	8 🗆 Othe	r (Specify)					
PH	27. MANNER OF OEATH	28e. DATE OF (Month, De		20b. TIMI		28c. INJU	JRY AT			CRIBE HOW IN	JURY OC	CURED			
1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO															
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE Of building,	F INJURY — At honetc. (Specify)	ne, farm, s	treet, facto	ory, office			261. LOC City	ATION (Street e. or Town, State)	nd Number	or Rural Ro	ute Number,		
PP.	299. CERTIFIER (Check only one)	: To the best of	my knowledge, dea	nth occurre	d at the ti	me, date	end place,	end due	to the cau	use(e) end men	ner ee stat	ed.			
8	one) 2 MEDICAL EXAMINER: C	on the basis of ex	amination end/or in	rvestigatio	n, in my o	pinion, de	eth occun	ed at the f	time, date	end place, end	due to th	e ceuse(e)	end manner es stated.		
8	29b. SIGNATURE AND TITLE OF CERTIFIER	7/1	11	_ 1			29c. LICE				29d. DAT	E SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	Hoffiel	TILL, A	9.1.			_0	062	141		<u> </u>	4-15-	- 93		
	DOROTHY (,	HN Zist C	ZTH	2	Print)	51	low	57.		SNOW 1	HILL.	ND	. 2173		
3	31. DATE FILED (Month, Day, Year)	32/REGISTRAI	R'S SIGNATURE												
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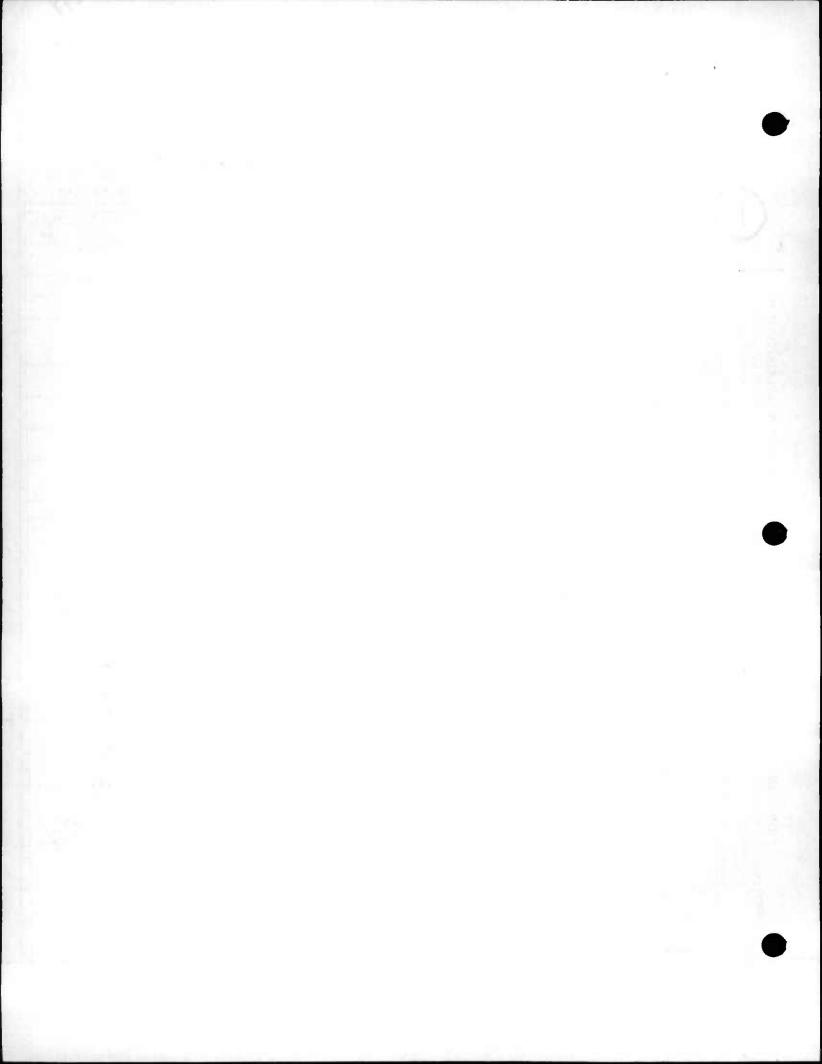
												93	1	2551
		1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR					MENTA	HYGIEN REG. NO	_		
	- 8	1. DECEDENT'S NAME (First, Middle, Last)					4			2. DATE OF DEATH AND AT YEAR 3. TIME OF DEATH				. TIME OF DEATH
	- 1	KUTH		CLARK						SPR	6	199	3 1	10:37 M
		4. SOCIAL SECURITY NUMBER	5. SEX	AGE (In yrs. las	- 11	IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH		8. BIRTHPI Country)	LACE (State or Foreign
1	- 1	578-40-4124	1 M 2 PF	61	YRS.	11				-	. 24,	1931		H., DC
	œ	9s. FACILITY NAME (If not institution, give str	William III de.	AT	9b. CITY, TOWN OR LOCATION OF DE								TY OF DEA	
N	CTO	PRINCE GEORGE'S HOSPITAL CHEVERLY								ORGE'S				
')	DIREC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											1	od, INSIDE CITY LIMITS?
		MARYLAND PRINCE GEORGE'S LANDOVER									1	YES 2 NO		
	ERAL	10e. STREET AND NUMBER			101	. ZIP COD	E			10g. CITIZ	EN OF WH	AT COUNTRY?		
-	7	7205 EAST FORES							785				USA	
	E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	OF HISPAN	NIC ORIGIN	? (Specify Yes	or No-	14. RACE - Black,	- American Indian, White, etc.
- 1	B	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 X NO	Specify	y:			Specify:	BLACK
		15. OECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL	OCCUPATIO	ON	-	16b	KIND OF BUS	SINESS/INDU		2227011
	L	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	Edo	ive kind of Do NOT u	work done se retired.)	during mo	st of worki	ng					
es	COMPL	9th			PRA	CTIC	CAL N	URSE			PVT.			
000	8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAJ									Sumame)			
d at	H	ROBERT DAVIS AMAN							NDA CONNOR					
otto	٥	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural F												
De n	. 1	JOHN D. CLARK, JR. 7205 EAST FOREST RD. LANDOVER. MD 20785 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE) 20c. LOCATION — City of Town, State												
examiner must be notified at once.		1 XBuriel 2 Cremation 3 Remo	val from State	cemetery_cre	AND DATE	of olspo ther place MEM	ORIA	me of		4-1				n, State RYLAND
nine		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE Q	0.71			NAME AN	ID ADDRE	SS OF FA	CILITY	FINER/	I. HON	nr.	
		Juawana	l Du	MOS	J.B. JENKINS FUNERAL HOME 7474 LANDOVER RD. LANDOVER, MD 20785								20785	
medical		shock, or heart failure. List only one cause on each line.										Approximate Interval Between Onset and Death		
흝		iMMEDIATE CAUSE (Final disease or condition	1 hrs	2 sten	1111	2 1	este	Sex	ark	end		121	1.5	Onset and Death
other traumatic event,		resulting in death)	OUE TO	(OR AS A CONSE	DUENCE O	F):			0-4		1	TOLL	cee	
all a	Z	Samuellath, that are distant					less	en	lan	v a	uses	-a-c		
Eng	RTIFICATION	Sequentially list conditions, if any, lasding to immediate	DUE TO	(OR AS A CONSE	QUENCE O	F):								
er tr	2	CAUSE (Disease or Injury	OUE TO	(OR AS A CONSE	OHENCE O	n.								
		that initiated events resulting in death) LAST	502 10	(OR AS A CONSE	JUENCE U	ej:								İ
ry, or	E													+
any Injur	AL.	PART II. Other significant conditions	contributing to	death but not i	reaulting	in the u	ndarlying	cause :	given in	Part I.	24a. WAS AN PERFOR			PERE AUTOPSY FINDINGS
	DICAL		urun	cc 11	cel	di	us_				1 YES 2	□ No		OMPLETION OF CAUSE OF DEATH?
shows	¥												1	TYES 2 NO
23	AN:	25. WAS CASE REESTRED TO MEDICAL												
Heal	SICI	EXAMINEM?	HOSPITAL:	1		OTHE	R:			eck only on			_	
6	PHYS	27. MANNER OF DEATH	1 Inpatient 2 5	INJURY	28b. TIM		raing Hom 28c. INJ		esidence	6 Othe	(Specify)	MILION OCC	(BED	
marked		1 Natural 5 Pending	(Month, D	ley, Ybar)		M	WO	RK? 'ES 2 [NO	Zou. DE.	CHIDE HOW I	NOON OCC	JACO	
is is	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY At ho	me, ferm,	street, fac					ATION (Street e	and Number o	r Runsi Rou	rte Number,
28	ETE	4 Homicide datermined	Donaing,	etc. (Specify)						City	or Town, State)			
Item		29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, de	ath occum	ed at the	time, date	end place	, end due	to the cau	se(e) end mer	nor as state	d.	
=	COMPL	one) 2 MEDICAL EXAMINER												ind menner ea stated.
IMPORTANT: 11	ш	296 SIGNATURE AND TITLE OF CERTIFIER						29c. LIC	ENSE NUM	WBER		29d. DATE	SIGNED (A	fonth, Day, Year)
IMPC	0 8	whenday	elle 1	W)				015	28	79		1ag	en	27.1993
	$\in \mathbb{I}$	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	DE OF DEATH ATE	M 270 /5	Delect				/				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
ALTONGO VALLE, MD 10701 TRAFTON

32. REGISTRAN'S SIGNATURE Pandall

31. DATE FILED (Month, Day, Year)

APR 1 2 1993



The certificate h

MPORTANT

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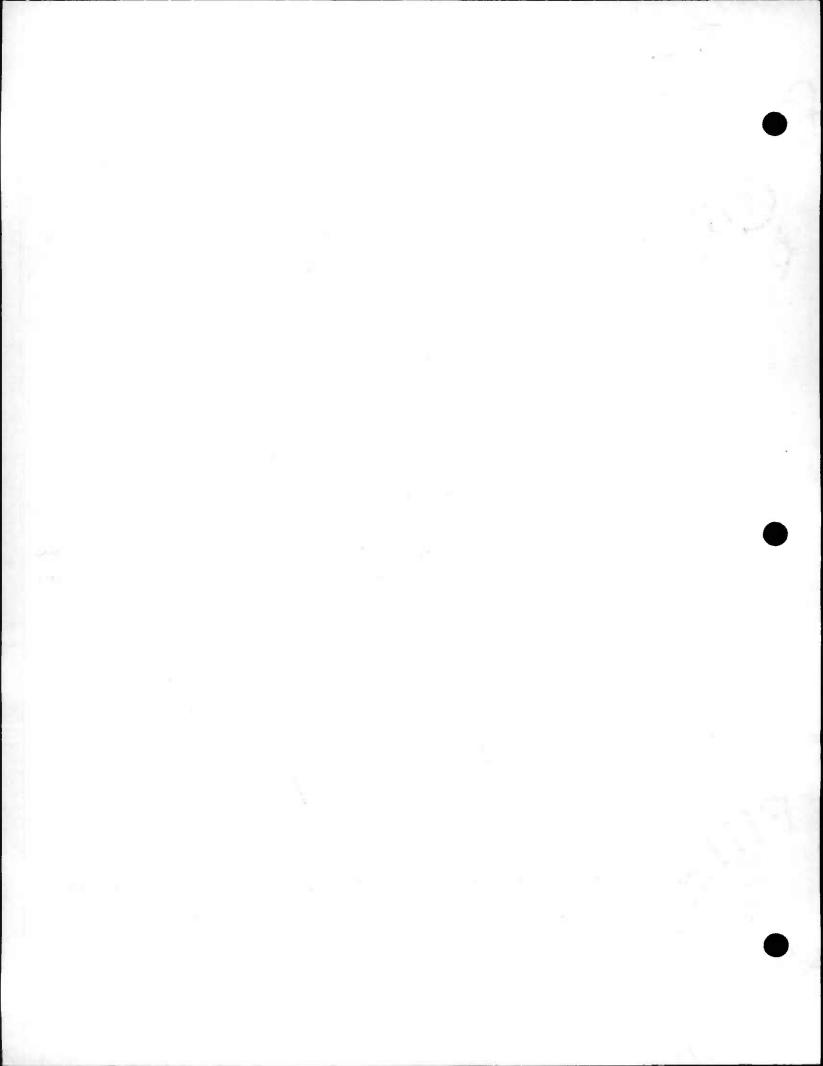
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93 12552 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CRAWFORD LOUISE 11, 1993 April 12:40 P 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER T YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 578-36-3678 1 M 2 X F 65 Dec. 31, 1927 Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 7205 East Kilmer Street Hyattsville Prince George's RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Hyattsville 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 7205 East Kilmer Street 20785 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 YES 2 NO Specify: 3 🔀 Widowed 4 🗌 Divorced White 16a. OECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 10 Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Harold L. Howard Effie Mae Shirley H notified 19s. tNFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Barbara J. Miller 171 Lejeune Street, Oceanside, California 92054 pe 20a. METHOD OF DISPOSITION
1 ☒ Buriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must cemeley, cremetory of other place) Cedar Hill Cemetery 4 Donation 5 Other (Specify) 4/15/93 Suitland, Maryland 22. NAME AND ADDRESS OF FACILITY
Francis Gasch's Sons Funeral Home, P.A. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 120 4739 Baltimore Ave., Hyattsville, MD 20781 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, auch as cardiec or reapiratory arrest, Approximate ahock, or heart feilure. List only one ceuse on each line. Interval Batween **IMMEDIATE CAUSE (Final** Onset and Death disease or condition respenditou resulting in death) war DUE TO (OR AS A CONSEQUENCE OF): ance 20MS MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING other 1 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 Injury, PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED WAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OFATH (Check only one) EXAMINER? IE HOSPITAL OR ATTENDING PHYSICIAN: The FUNERAL DIRECTOR: After this certificate ed wirthin 72 hours after death with the State ORTANT: If Hem 28 is marked, or Iten HOSPITAL: OTHER: HOSPITAL:
1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ence 8 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28h TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 5 Pending 1 YES 2 NO BY Accident Investigation 28e. PLACE OF INJURY - At home, term, street, fectory, office 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide

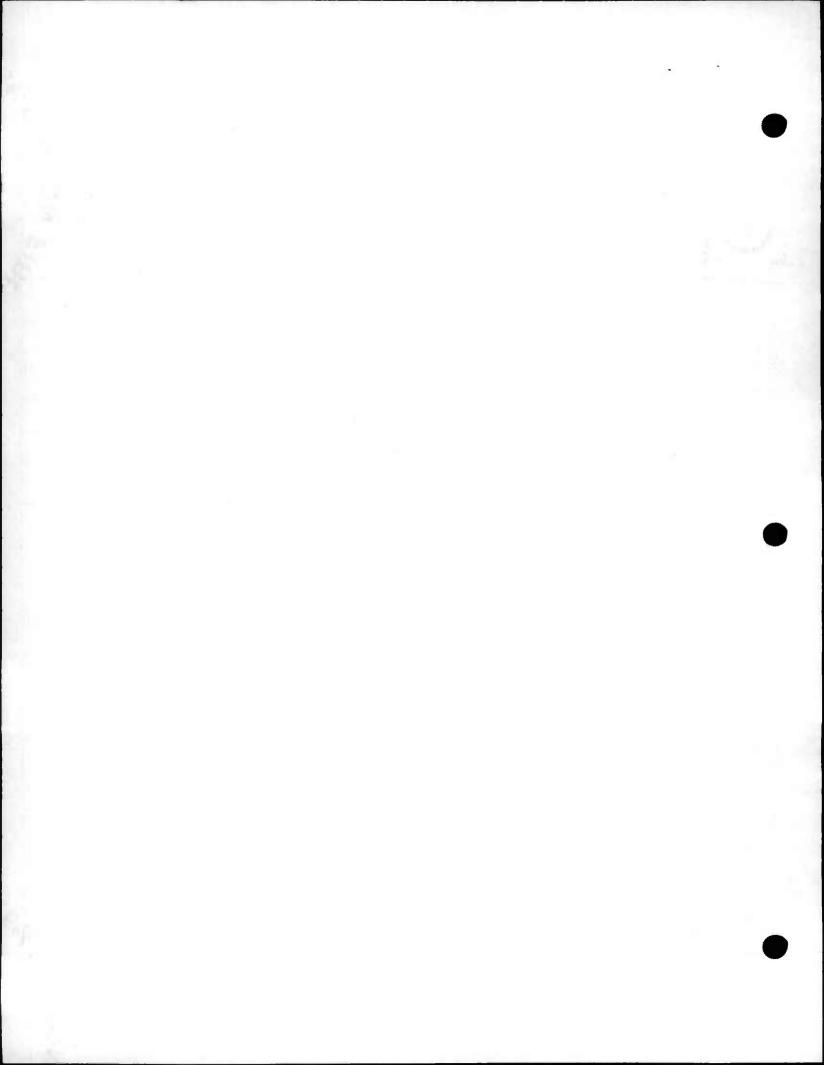
29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. E MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) marin O. Weltzu 7525 greenwar 1753413 4-12-93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Martin Weltz, M.D. 7525 Greenway Center Drive, Greenbelt, Maryland

TAPRI 2 1993 32. REGISTRAR'S SIGNATURE 20770



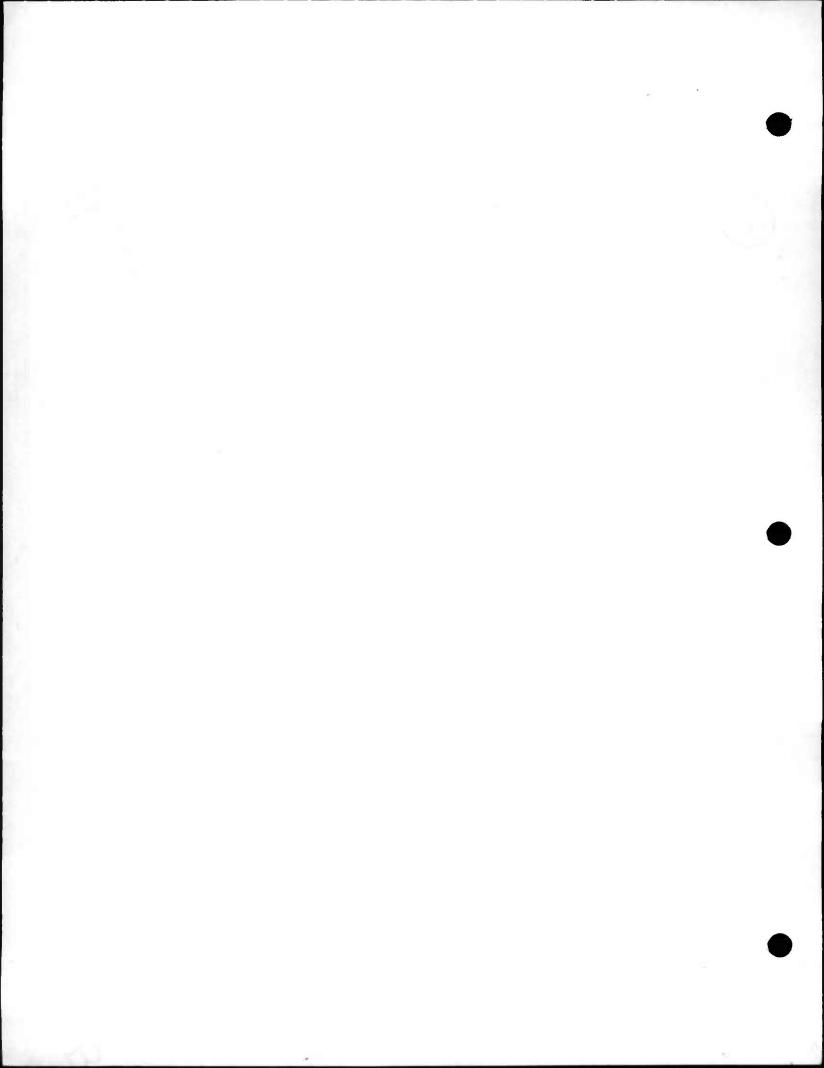
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TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	VAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	eath
ON.	R.	er d
ATT	6	aff
DR	뿚	OULS
AL	7	5
-	3	-

_		1 - STATE REGISTRAR		STATE OF I		D / DEPAR CERTIF					MENTAL HY	GIENE	E			
	,	1. DECEDENT'S NAME (First, Mic		Felisa							2. DATE OF DEA MONTH April 7	атн ',1 ⁰	93	YEAR	3. TIME OF DEATH 12:45P M	
		4. SOCIAL SECURITY NUMBER 213-84-9403		5. SEX 1 ☐ M 2 ∑ F	6. AGE (In yrs	s. lest birthday) YRS,	MONTHS	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIR (Month, Day,) June 11	TH (bar)	21.5	Count	HPLACE (State or Foreign	
		9a. FACILITY NAME (If not institu	ition, give st	- 21			9b. CITY,	TOWN C	R LOCATI	ON OF DE		, 1:		NTY OF C	ippine Is.	
	8	Prince George	e's H	ospital	spital Center Cheverly						Prince George's					
V	RECTOR		DENT D. COUNTY				Y, TOWN O	R LOCAT	ION				10d. INSIDE CITY			
1.	ē		Princ	e George	e's	La	anhan	1							1 X YES 2 NO	
4		6899 Lyle St						101	2070						WHAT COUNTRY?	
_ 6	FUNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. 4BMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE — American Control of the Control							E — American Indian, k, White, etc.							
	à	1 Never Married 2 Married The Never Married 2 Married Wildowed 4 Divorced The Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) The Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) The Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)							Spec	Filipino						
		15. DECEDE (Specify only hig	ghest grade	completed)		(Give kind of a	work done o	CUPATIO	ON st of worldr	rg .	16b. KIND (OF BUS	INESS/INI			
CG.	COMPLETED	12 In FATHER'S NAME (First, Middle		College (1-4 or 5	•)	Homema						N/A				
at o	BE CO		mposa	ino						osal:	me (First, Middle, R ia Ros	sale				
offfied	<u>ක</u> ව	19a. INFORMANT'S NAME (Type/							nd Number	or Rural i	Route Number, City					
90		Romeo C. Cas)	205.01.0	11908				Bow	ie, Mary				own, Stata	
E MUS		1 💢 Burial 2 🗆 Cremation 4 🗆 Donation 5 🗆 Other (Spi	ecify)		cometery Res	crematory or o	ther place)	Ceme	etery	7 4,	/12/93 (
examiner must be notified at once.	1	21. SIGNATURE OF FUNERAL SE	D	Xal.	11		Ge	orge		Kala	as Funer L Rd. Ox				1. 20745	
the medical		IMMEDIATE CAUSE (Final	t fellure. L	list only dne ceu	ise Dn eech	line.	Dt enter	the mo	de of dyl	ng, suc	h aa cardiac or	respir	atory ar	rest,	Approximate	
event,		disease or condition resulting in death)		He mor	OR AS A CON	NSEQUENCE OF	the Tr	12el	vis +, +	Go He.	stroj.	910	Sti.	eun	10779.	
other traumatic	ATION	Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING	e, f	A CU	OR AS A CON	SaTh ASEQUENCE OF	× ~ ~	1>			a-cti	رم و	1 -			
or other	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST				NSEQUENCE OF	7):	-1 / -			0. 47					
		PART II. Other algolficant of	conditions	contributing to	deeth but n	ot resulting l	n the un	derlying	cause (given in	Part I. 24a. W	AS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS	
a i	DICAL										P	ERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Shows	WED										-				1 TYES 2 NO	
Item 23	PHYSICIAN: M	25. WAS CASE REFERRED TO ME EXAMINER?	EDICAL	HOSPITAL:					ACE OF D	EATH (Ch	eck only one)					
0	is L	1 VES 2 NO		1 Inpetient 2				ing Home	_	sidence	6 Other (Specia	-				
narked	84 6	1 Natural 5 Pen	ding	(Month, D		26b. TIM	URY M		DHY AT RK? 'ES 2	ND.	26d. DEŞCRIBE	HOW IN	JURY OC	CURED		
81 87		3 Suicide 8 Cou	ild not be irmined	28e. PLACE O building,	F INJURY — A etc. (Specify)	I home, farm, s	treet, facto	ory, office			261. LOCATION (City or Town,		nd Number	r or Rurel i	Route Number,	
MPORTANT: If item 28 is marked,	COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYI 2 MEDICAL	ING PHYSIC	IAN: To the best of t: On the basis of a	my knowledge	, death occurre	ed et lhe li n, in my o	me, data pinion, de	and place.	and due	to the cause(s) ar	nd manr	ner sa sta I due lo II	led. ne cause(s	s) and manner as stated.	
S S	H H	296. SIGNATURE AND TITLE OF	CENTIFIER	- a-4	2				29c. LICE			Т			(Month, Day, Year)	
E	2	30. NAME AND ADDRESS OF PE	RSON WHO	COMPLETED CAUS	SE OF OEATH	(ITEM 27) (Type	Print)		1)	3/	001		A	oril	8, 1993	
)		Stuart Turkey	witz,	M.D. 75	00 Gre	eenway		er S	Suite	430	Greent	elt	, Mc	1.		
		31. DATE FILED (Month, Day, Year) APR 1 3 1	993	32. REGISTRA	R'S SIGNATUR	Pandall										
_		7.7.1.01	300	0								_			DHMH-16 Rev 1/89	



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Ž.	AL.	tt per	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020 }	II THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tan per one of the burial transfer the burial Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR								3. TIME OF DEATH				
	PATRICK	N CARTNEY				04 04					4 • 20 AM		
					IF UNDER 1 YEAR IF UNDER 24 HRS.		24 HRS.	7. DATE OF BIRTH (Month, Day, Year)				PLACE (State or Foreign	
	00 / 07 _	1 🖳 M 2 🗆 F	21	YRS.	MORTINS DAYS	HOURS	MIN.	June 1		971		nington D.C.	
10	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN	OR LOCATIO	ON OF DEA	TH		9c. COU	NTY OF D	EATH	
2	GOVERNER BRIDGE ROAD BOWIE PRINCE GEORGES												
EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY												
8	Maryland Prince	¹ s	Bowie								LIMITS?		
燈	10e. STREET AND NUMBER		10f. ZIP CODE				10g. CITIZEN OF WHA						
BY FUNERATEDIRECTOR	5700 Crain Highway						20715			Uni	ted S	States	
5	11. MARITAL STATUS	EVER IN U.S. AR		13. WAS DI	13. WAS DECENDENT OF HISPANIC			ecify Yes		14. RACE	- American Indian.		
3	1 Never Married 2 Married 3 Widowed 4 Divorced	AR OR DATES			It yes, specify Cuban, Mexican, Puarto 1 YES 2 NO Specify:						, White, atc.		
	15. DECEDENT'S EDUCATION			16a. DECEDENT'S USUAL OCCUPATION								White	
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			(Give kind of work done during most of working life. Do NOT use retired.)				166. KIND OF BUSINESS/INDUS			DUSTRY		
7	12			Selector						o i 1 1	Food		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						Retail Food MME (First, Middle, Maiden Surmane)						
BE C	William McKenna Cartney Jr. Loretto Elizabeth Lower												
10 B	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street	_							
F	Loretto E. Cartne	ey		5700) Crain	Highw	ay B	owie M	lary	land	2071	.5	
	20a. METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremation 3 🗆 Remove	NDDATE	DATE OF DISPOSITION (Name of				DATE 20c LOCATION - City or Town State						
	Lakemont Memorial Gardens 4/1/93 Davidsonvil								ville Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A.												
	Kowa C. Comp. Tres. 16000 Annapolis Rd. Bowie Md. 20715												
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line.												
	MANUFOLATE CALLOE (F)												
ļ	disease or condition resulting in dasth) s. Multiplu Gunshot Wounds												
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequentially list conditions, DIE TO (OR AS A CONSCIUENCE OF)												
CERTIFICATION	if sny, lasding to immediata cause. Enter UNDERLYING												
E I	CAUSE (Disease or Injury that Initiated events DUE TO (DR AS A CONSEQUENCE OF):												
	resulting in death) LAST												
ᅙ	PART ii. Other significant conditions	contribution to a	leath but not a	a subble a d	n the conducted								
DICAL	ondia ogmicant conditions	contributing to t	aam but not re	sulting i	n tha undariyi	ig cause gi	iven in Pa		WAS AN PERFOR	AUTOPSY MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	1 XYES 2 NO									COMPLETION OF CAUSE DF DEATH?			
Σ	1 XYES 2 ND											1 YES 2 ND	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL												
Sici	EXAMINER? HOSPITAL: OTHER: OTHER:												
Ë	27. MANNER OF DEATH	28a. DATE OF II	NJURY	28b. TIMI	4 Nursing Home 5 Residence 8 AE OF 28c. INJURY AT			8 Xother (Specify) PUBLIC ROADWAY 28d. DESCRIBE HOW INJURY OCCURED					
BY P	1 Neturel 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 8 Could not be 25s. PLACE OF INJURY — Publisher at a County of the C			INJ		WORK?		SUBJECT SHOT				i	
200				Y — At home, farm, street, factory, of						LOCATION (Street and Number or Rural Route Number,			
	4 THomicide distarmined building, atc. (Specify) PUBLIC ROADWAY (ISOLATED)							GOVERNER BRIDGE ROAD					
<u> </u>	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(a) and manner as stated.												
COMPLETED	one) 2. MEDICAL EXAMINER: Do the basis of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
	296. SIGNATURE OND TITLE OF CERTIFIER					29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Day, Year)			
) BE	Dennis D. Chut m					O.C.M.E.				► 04/04/1993			
2	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)	J.,					04/04/1993		
		111 Penn Street, Baltimore, Maryland 21201											
31. DATE FILED (RTD RM 10075 1993) 32. RECHISTRATIS SANATURE Rendale										/		an J. an V J.	
10	1000	1	- to do lawy									- 1	



3. TIME OF DEATN

10d, INSIDE CITY

WHAT COUNTRY?

14. RACE — American Indian, Black. Whits. stc.

N.W. O.C. 20010

Approximate

24s. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 - YES 2 - NO

Onset and Death

1 YES 2 | NO

6. BIRTHPLACE (State or Foreign

9c. COUNTY OF DEATH

10a, CITIZEN OF

6-

(>-

-Mandall

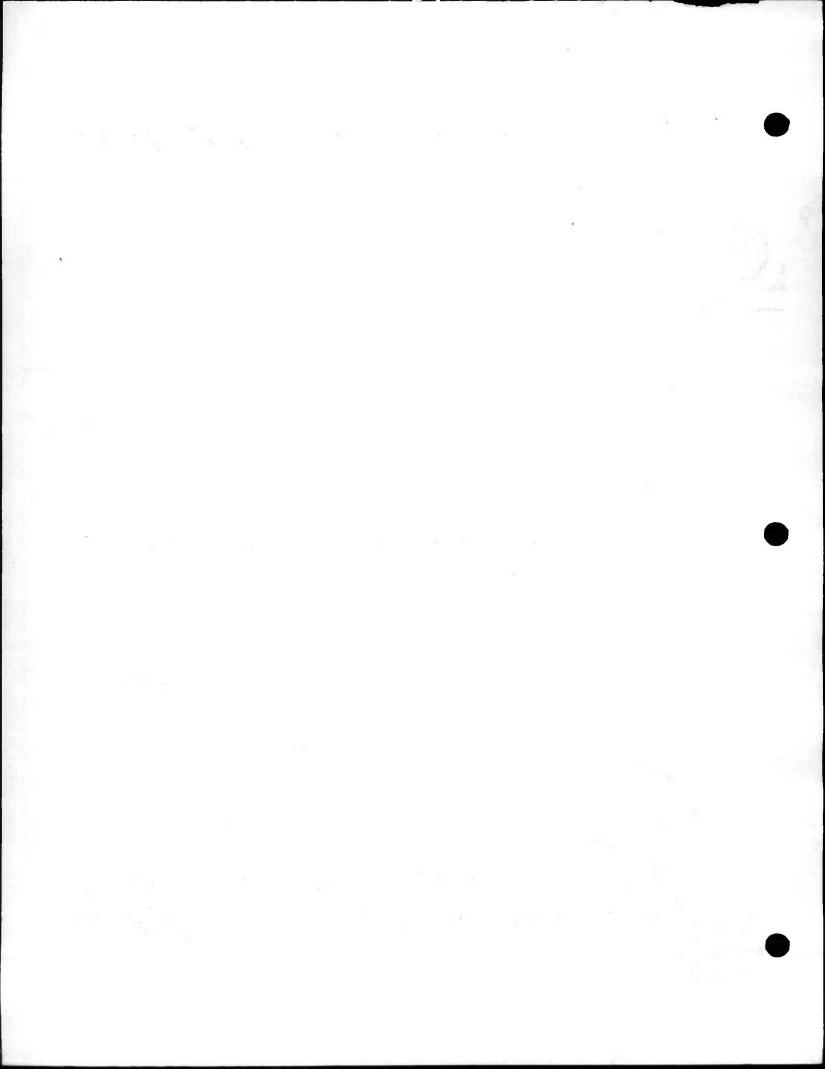
Julia Davidsor

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

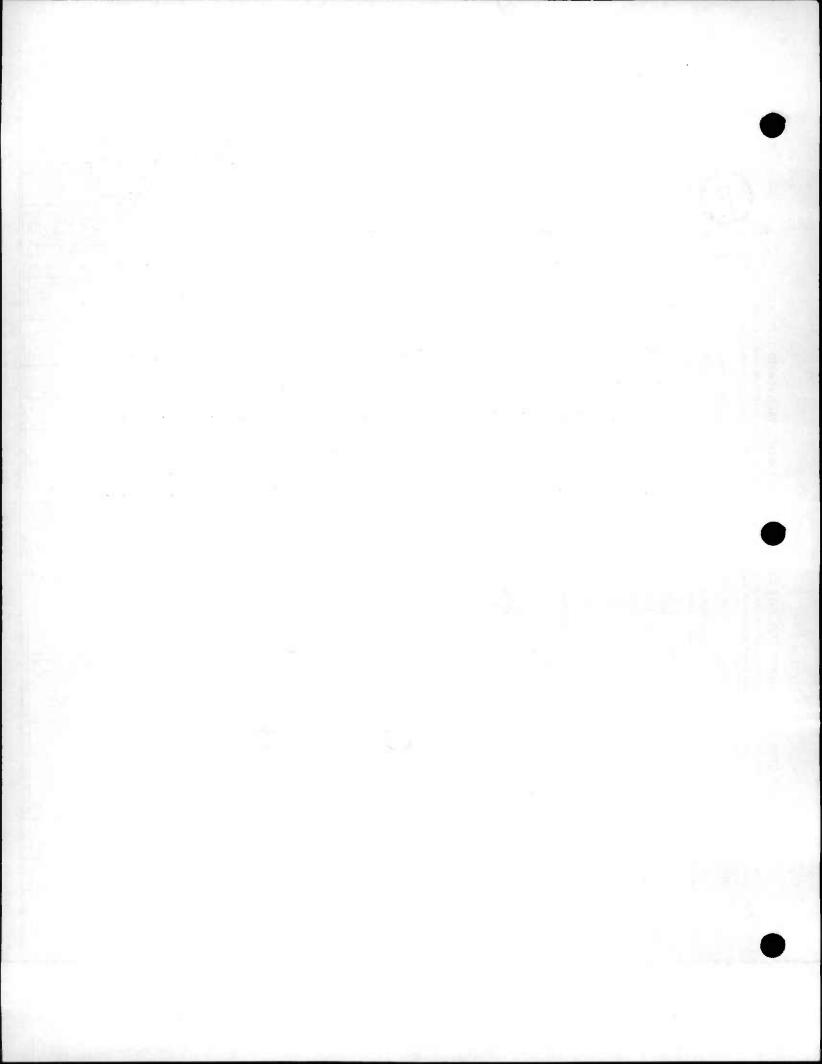
FOR STATE REGISTRAR

31. DATE FILED (Month, Day, Year)

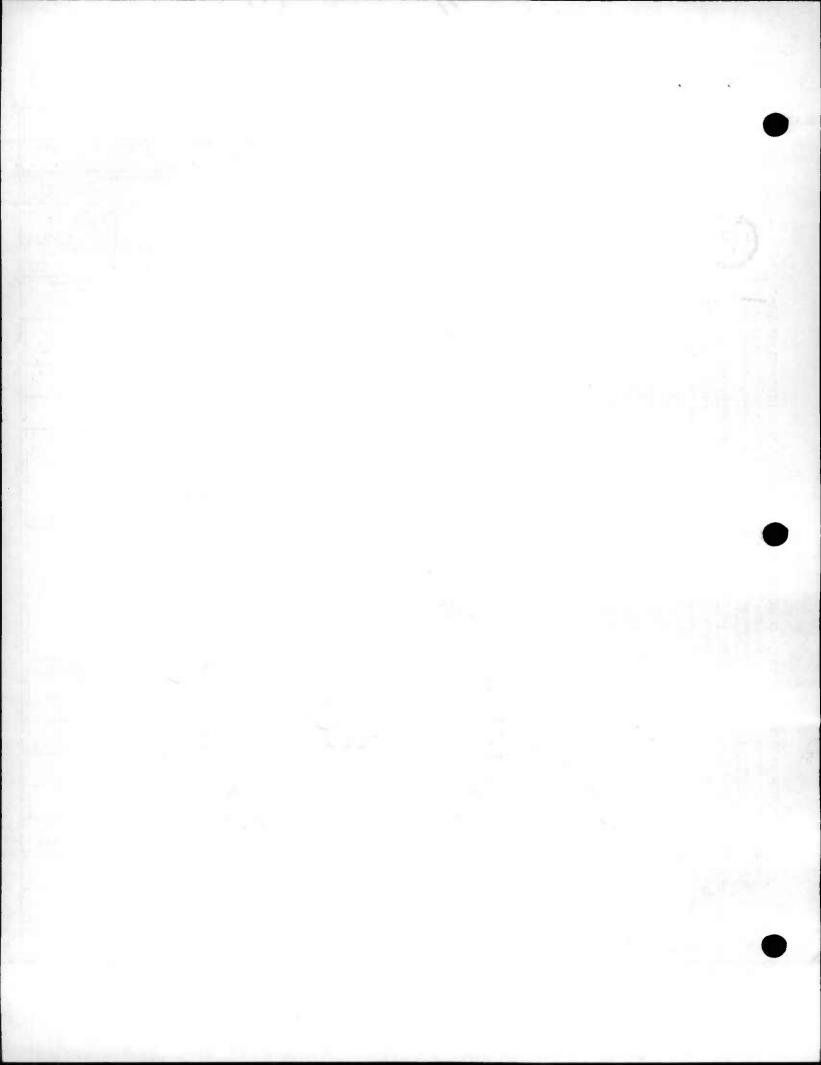
DHMH-	16	Rev	1/89



		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	lary Elizabe	CEDTI	ELCATE O		REG. 2. DATE OF DEAT MONTH	NO.	year 3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER / 140-20-7109	5. SEX 6. AGE	(In yrs. lest birthde	y) IF UNDER 1 YEA		7. DATE OF BIRTI (Month, Day, Yo.	1	8. BIRTHPLACE (State or Foreign Country)
(P	800	St. Isch Hospi		GG YRS	9b. CITY, TOW	N OR LOCATION OF D	March 2	9c. COUNT	New Jersey TY OF DEATH timore
Ur. E		Maryland Bal	timore	10c. C	CITY, TOWN OR LO				10d. INSIDE CITY
E .	FAL	10s. STREET AND NUMBER			Towso	10f. ZIP CODE			1 🖄 YES 2 ☐ NO EN OF WHAT COUNTRY?
Z15-0020 attending physician. se as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	herwood Cour 12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	13. WAS (11 yes,	21204 DECENDENT OF HISPA apocify Cuban, Mexico (ES 2700 Specific	an, Puerto Rican, etc	y Yea or No- 1	4. RACE — American Indian, Black, White, atc.
by the hospital or attending be detached for use as the at once.	ETED E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind	I'S USUAL OCCUPI of work done during I' use retired.)	ATION most of working	16b. KIND OI	BUSINESS/INDU	Black
he hospital detached for once.	COMPLE	12 th grade 17. FATHER'S NAME (First, Middle, Lest)	College (1-4 or 5+)		Manager	18 MOTUED'S NA	Women	Dept. S	itore
retained by the should be of notified at o	B	(unknown) 19a. INFORMANT'S NAME (Type/Print)	F	orter	MC ADDRESS (Standards)	Margu	erite		Nichols
40 as	2	Dorian L. Clinton		1400	East Be	ech Road,	Sterling	g, Virgi	inia 20164
2 9 9 E		1 Germation 3 Remaided Burlai 2 Commatter 3 Remaided Burlai 2 Commatter 3 Remaided Burlain Bur	oval from State cen		remator		C	linton,	Maryland
4 8 2 . 8		Regirald	E. Callie	N 01	7 383	1 Georgia	Avenue,	V.W.; Was	heral Home sh.D.C. 20011
to be executed within 24 hours sician and completely filled In 1 bring to burial, cremation, or retramment event, the med	RTIFICATION	23. PART I. Enter the diseases, or o shock, or heert failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE/TO (OR AS A	RRhy 7 a consequence	thmila on: Card	node of dying, such			Approximate Interval Between Onset and Death Immedia-f
and the tar	MEDICAL CEI	PART II. Other significant condition	s contributing to death b	out not resultin	g in the underly	ring ceuse given in	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 M
N: The law r ficate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)		
PHYSICIAN this certifi with the	BY PHYS	1 YES 2 SONO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	28b. T	4 Nursing H	injury at work? YES 2 NO	6 Other (Specify) 28d. DESCRIBE H		RED
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	E	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	f — A1 home, farn cify)	n, streef, fectory, o	ffica	281. LOCATION (St City or Town, S		r Rural Route Number,
	COMPLE	2 MEDICAL EXAMINE	4						i. cause(a) and manner as stated.
TO THE HOSP TO THE FUNE THE filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. MAME AND ADDRESS OF PERSON WHO	Idams 1	M	2/4	D32	783	29d. DATE !	SIGNED (Month, Day, Year)
(2)		31. DATE FILED (Month, Day, Year)	111	7401	Oslen To	DRIVE T	towson,	MD 21	204
		APR1 5 1993	Julia Davidson	-Randall					DHMH-18 Rev 1/89



		FOR STATE REGISTRAR		STATE OF I	MARYLA			TMEN					REG. NO	_		12557
	1	1. DECEDENT'S NAME (First, Mic ARD I) 4. SOCIAL SECURITY NUMBER	NE			CAUD						04	08		93	3. TIME OF DEATH 2:10 A M
192		577–74–1835		S. SEX	6. AGE (In		YRS.	IF UNDER	DAYS	HOURS	MIN.	Apri.	L Dest Servi	1956	Wash	PLACE (State or Foreign lington, D.(
2, 3 should	стоя	98. FACILITY NAME (If not instituted in the inst	'S HOS		CENTE	R		1.00	HEVE		ION OF DE	EATH			NCE	GEORGE S
6	MEC	RESIDENCE OF DECED 10a. STATE 10a	b. COUNTY					y, town o			.C.					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
AT.	Æ	100. STREET AND NUMBER 5003 F Stree	et, S.	Ε.					- -	ZIP COL	Æ	—— 019				HAT COUNTRY?
21215-0020	BÝ FUNE	11. MARITAL STATUS 1 Never Merried 2 Mer 3 Widowed 4 Divorced	rried	2. WAS DECEDER FORCES?			IED)		f yes, sp	ectfy Cub	OF HISPAN	IIC ORIGIN	? (Specify Yes lican, etc.)		14. RACE	- American Indian, White, etc.
	COMPLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12)		College (1-4 or 5		(Give	e kind of v Do NOT us	USUAL O work done te retired.)	during mo	ohl st of work	ing	16b.	KIND OF BU	SINESS/IND		
MARYLAND retained by the hospit 5 should be detached notified at once	III I	17. FATHER'S NAME (First, Middle William H.		e, Jr.									liddle, Meiden	Surname)		
	유	Mrs. Rachel 1	r. Qau	dle(Mot		5	003	F St	reet	:, S			er, city or Tow .ngton			0019
ALTIMORE, I death. Page 6 may be tuneral director, page t.		20a. METHOD OF DISPOSITION 1X Burial 2 Cremetion 4 Donation 5 Other (Spe	3 Removi	4	20b. i	PLACE AN	L'E	Olino	Cenne	eter		4/13	/93	CATION — C Brent	-	, Maryland
		21. SIGNATURE OF FUNERAL SE	ERVICE LICEN	Ry	Of	7		22.	Köri 4339	ins Hu	Fund fund nt Pl	eral Lace,	Home, N.E.	Inc. Wash	. D.	C. 20019
760, od within 24 hours ompletely filled in 1, cremation, or re		23. PART I. Enter the disea shock, or heerd immediate CAUSE (Final disease or condition resulting in death)	nses, or cort fallure. Lis	Pag	o (OR AS A	ch line.	4	4	the mod	de of dy	ing, suc	h as card	lac or resp	retory erro	est,	Approximata Interval Between Onset and Death
P.O. BOX th certificate be ending physician I Hygiene prior to or other traus	1 15 1	Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	te	ske	O (OR AS A C	-										
AL RECORD law requires that th as been signed by ti bept, of Health and i 23 shows any in	: MEDICAL	PART II. Other significent of	2res	contributing to	death bu	it not re	euiting I	in the ur		7?	P		PERFOR	HMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
F VITA SICIAN: The certificate h the State I		EXAMPLENT 1 TYPES 2 NO 27. MANNER OF DEATH	7	OSPITAL:		tient 3 [-		t: sing Hom	• s 🗆 n	SV.	6 Other	(Specify)			
	BY PH	1 Natural 5 Pan 2 Accident Image			Day, Mear)			URY M	1 🗆 1	RK7 ES 2] NO	26d. DES	CRIBLE HOW I	NJURY OCC	UNED	
	ш	3 Suicide 6 Cou	nd sot be	26e. PLACE C building.	of INJURY - , etc. (Specif	— Al hom	e, ferm, r	street, fact	ory, affici				VEION (Street of or Xiawn, State)		or Plumet Plo	ude Mumber,
IVISION ** ATTENDING ** AECTOR: After ** Area of the control ** A street of the co	<u> </u>	/														
L OR L DIRE	PLE			IN: To the best of a												anyl manner pas stated.
7 40 5	PLE	(Check only	EXAMINER:							eath occu		time, data		d due to the	cause(x)	and manner as stated.
DIVISI DIVENSIAL OR ATTEN TO THE FUNERAL DIRECTOR TO THE FUNERAL DIRECTOR TO THE FUNERAL DIRECTOR TO THE FUNERAL DIRECTOR TO THE THEM 28	PLE	(Check sinfy 2 MEDICAL	CERTIFIER		xamination	and/or In	vestigatio	n, In my o		29e. LIC	red at the	time, data		d due to the	cause(x)	/_/_



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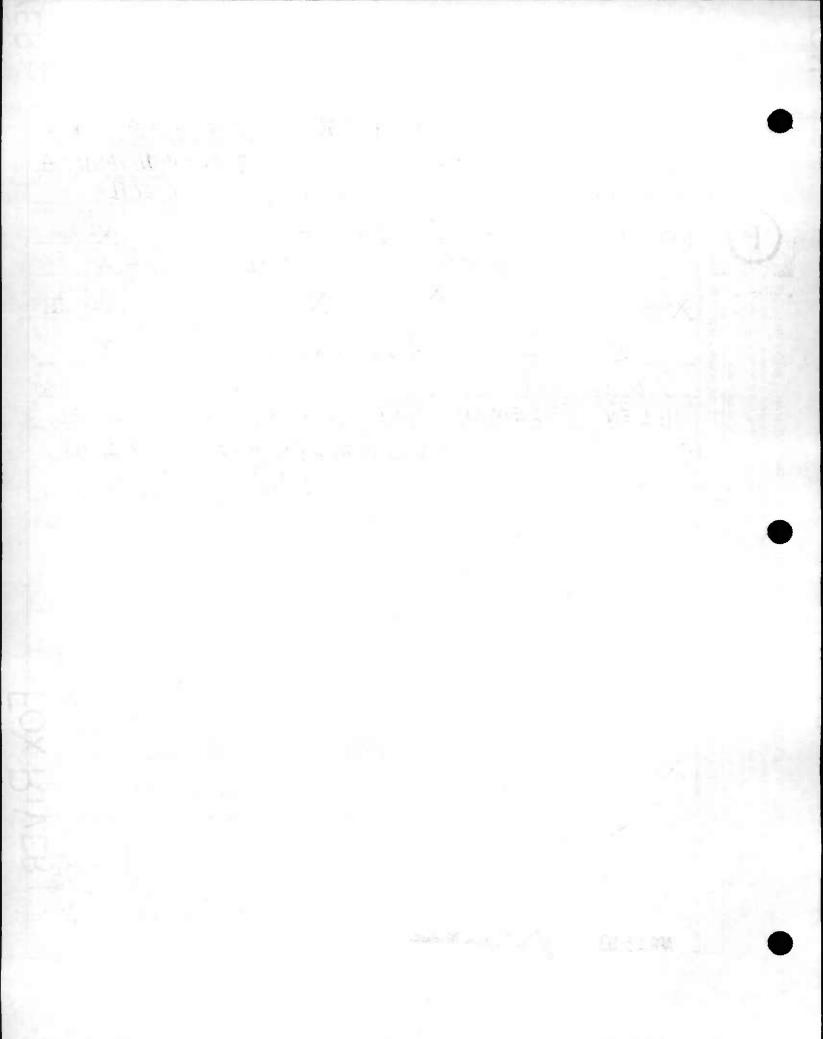
5. SEX

6. AGE (In yrs. last birthday

(d)	DIRE	DELAWARE 106. COUNTY	bur CAST	THE 10c. CITY, TO	DES.	SA				10d. INSIDE LIMITS 1 YES
ソ	RUNEWAL	ODESSA	HEIGHT	5	101.	ZIP CODE	30		10g. CITIZEI	S A
ending physician as the budgal-trans	ВУ	11. MARITAL STATUS 1, Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DECE If yes, spe 1 YES	ENDENT OF HISPAN city Cuban, Mexica 2 NO Specify	n, Puarto I	i? (Specify Yes o Ricen, atc.)	r No- 14	RACE — American Black, White, etc. Specify:
r atten use as	TED	15, DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos	N It of working	16b.	KIND OF BUSI	NESS/INDUS	TRY
by the hospital or atte be detached for use at once.	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOM	EMA	KER	1	1045	EW	IFE
d by the hord be detach	BE CO	17. FATHER'S NAME (First, Middle, Last) PLCE	red			16. MOTHER'S NA	ME (First,)	yiddle, Maiden Si 2007	imeme)	/
ay be retained to page 5 should to be notified	70	198. INFORMANT'S NAME (Type/Print) HELEN	OLEMAN	19b. MAILING AO	DRESS (Street ar	ADOW	Poute Numb	ber, City or Town,	State, Zip Co	SSA D
ector, page must be		28s. METHOD OF DISPOSITION 1 Burtal 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State 20	A PLACE AND DATEON	DISPOSITION	W PK	4-16	200/00	MA C	Serto D
death. Page tuneral dire I. examiner		21. SIGNATURE OF FUHERAL SERVICE LI	ENBER		22. HAME AN	ADMINESS OF THE	elel	win	-11	2/
the fundamental the fundamenta	Н	TIOUDAL CAR	Relieved	of the death. Do not	21	2 NIDE	and 2	4,714	ags	closen;
ed within 24 hours after ompletely filled in by the is, cremation, or remove event, the medical		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Popular to con as	a consequence or	Faul))	mag or respira	nory arres	t, Appro Interv Onset
th certificate be execute ending physician and co I Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF):	a					
requires that the death been signed by the atter of Health and Mental shows any Injury, c	MEDICAL	PART II. Other significant condition	s contributing to death	but not resulting in 1	he underlying	cause given in	Part I.	24a. WAS AN A PERFORM 1 YES 2		24b. WERE AUTOI AMALABLE P COMPLETION OF DEATH?
SICIAN: The law requestrificate has been the State Dept. of I, or Item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only or	ne)		
ICIAN: The ertificate hithe State [or item	rsic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 I ER/Out		THER:	5 🗆 Residence	8 🗆 Othe	or (Specify)		
NG PHYSIC fter this ce eath with th	ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME O	WO		28d. DES	SCRIBE HOW IN	JURY OCCU	RED
L DR ATTENDING P DIRECTOR: After th hours after death Item 28 is mark	TED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, streecify)	et, factory, office	1	28f. LOC City	ATION (Street an or Town, State)	d Number or	Rural Route Number,
RAL DIRE 72 hours 11 item	COMPLE	000)	ICIAN: To the best of my know							
TO THE HOSPITAL TO THE FUNERAL De filed within 72 th IMPORTANT: If I	TO BE CO	29b. SHANAZONE AND TO'LE OF CENTIFIE	The	٠		CZOOL		01		TIAT
		Dr. BETH 1	FISHER	- Will	Vetor	enna	lice	Octo	Mis	Detoics
N		APR 1 5 °93	32. REGISTRAR'S SIG	Pandale.						

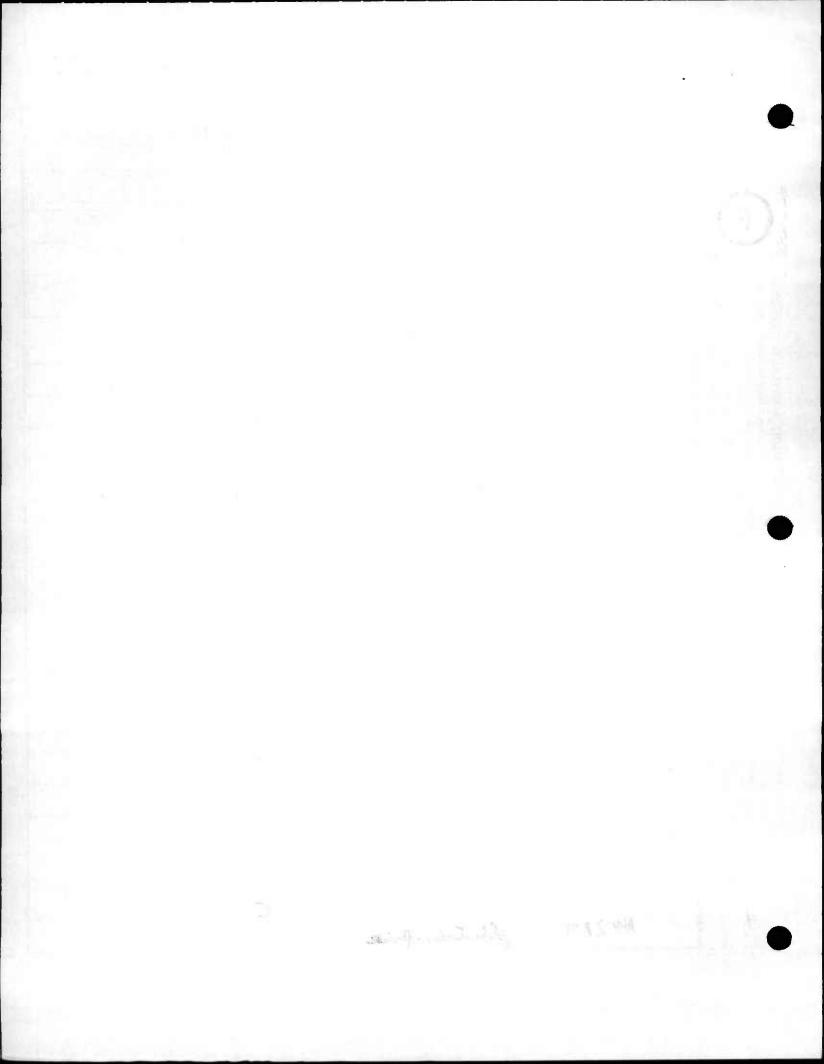
2. DATE OF DEATH 3. TIME OF DEATH 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 9b. CITY, TOWN OR LOCATION OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 1,5 F BUSINESS/INDUSTR USEWI AS AN AUTOPSY ERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? res 2 No 1 - YES 2 NO HOW INJURY OCCURED

DHMH-16 Rev 1/89

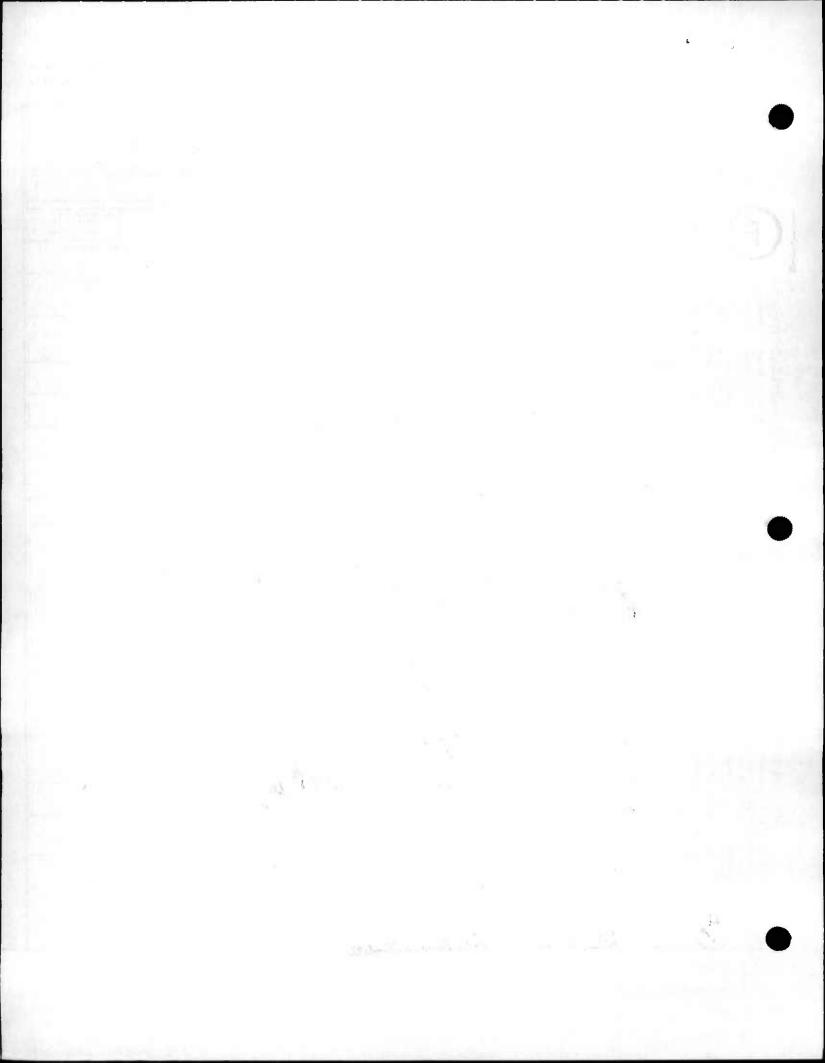


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1 - STATE REGISTRAR	STATE OF MARY	LAND / CI	DEPAR ERTIF	ICATE	OF HEA	LTH AND Eath	MEN	TAL HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, La	Mingred		emlir					ATE OF DEATH	793	YEAR 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		E (In yrs. les		IF UNDER	YEAR IF	UNDER 24 HRS.	7. D/	ATE OF BIRTH	13	6. BIRTNPL	ACE (State or Foreign
	- 2	213-01-3111	1 M 2 F S	37	YRS.	MONTHS	DAYS HO	UPIS MIN.	I CM	lorith, Day, Year)	504	Mary	
		9a. FACILITY NAME (If not institution, gh	ve street and number)			9b. CITY,	TOWN OR LO	CATION OF E	DEATH	EX. 7 - 1 .		TY OF DEAT	
	OH	William Hill H	tealth Case Fo	acilit	V	CAN	bride	e n		Dorchester			
1	5	RESIDENCE OF DECEDENT			/	111			167				
1	DIRECTOR	1000	Dorchester		10c. CIT		brids					10	d. INSIDE CITY LIMITS?
	4	10e. STREET AND NUMBER			l	- Cum	101, ZIP						YES 2 NO
46		Calling A. C.	525 Glenbu	rn A	ve.		101. 21	2161	3		10g. CITIZ	U.S.	T COUNTRY?
	3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. AR	MED	13. V	AS DECEND			IGIN? (Specify Yea	or No I		American Indian,
	BY F	1 Never Married 2 Married	FORCES? 1 YE		10	11	yes, specify	Cuban, Maxic	en, Puer	rto Rican, etc.)		Black, W	hite, atc.
		X Widowed 4 Divorced				1		1 1237	.,.			Spoury.	white
		15. DECEDENT'S E (Specify only highest gri		(G	ive kind of a	USUAL OC	CUPATION uring most of	working		16b. KIND OF BUS	INESS/IND	USTRY	
	ן ל	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT us	ires:				16		1	1
once.	5	17. FATHER'S NAME (First, Middle, Last)		IIa	11 (ires						loye	<u>a</u>
# S	2	Anton	Bauerso	x			18.	MOTHER'S N	Ma Ma	st, Middle, Maiden S		unk.)
1 ed		19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street and N	umber or Rumi	_	lumber, City or Town	`		
를 다	-	Catherine M.	Willing							Madis			1648
pe pe	ŀ	20a. METHOD OF DISPOSITION 1 Burlel ZCKCremation 3 Re	1	Ob. PLACE			TION (Name of					City or Town,	
Ē		4 Donation 5 Other (Specify)		Sali		her place)	remat	ory	4/1			ry M	
Ē	1	21. SIGNATURE OF FUNERAL SERVICE						DRESS OF F	ACILITY				
еха	į	> Kruth	R Thomas	A.		1 7	00 T			Thomas			
lea		23. PART I. Enter the diseases, o	or complications that cause	ed the de	ath. Do n	ot enter 1	he mode o	CUSE f dving, su	O E	ardiac or respir	ridg	e Md	21613
or other traumatic event, the medical examiner must be notified at once.		ahock, or haart fallur iMMEDIATE CAUSE (Final	re. Liat only one cause on	each line.								,	Interval Between Onset and Death
#	disease or condition resulting in death)												Onset and Death
Ven	j	resoluting in Geattry	DUE TO (OR AS	A CONSEC	UENCE OF	7:							
읥	:	Sequentially list conditions,	- L CHO										
E E		If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEC	UENCE OF):							
in in	2	CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEC	HENCE OF								
ry, or other traumatic		that initiated events resulting in death) LAST		H 0011020	OLNOL OF	<i>r</i>							
	- 11		d										
any Injury,		PART II. Other algnificant conditi	ona contributing to death	but not re	aulting I	n the und	erlying cau	se given in	Part I.	24a, WAS AN A PERFORI			RE AUTOPSY FINDINGS
		-063								1 TES 21		co	MPLETION OF CAUSE DEATH?
shows		ASCVO										1] YES 2 NO
23 A		OF MAC CASE DESCRIPTION TO MEDICAL										NA	
SICIAN.		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	7905W.Sr		OTHER:	28. PLACE	OF DEATH (C	heck only	one)			
0 >	<u> </u>	1 YES 2 NO	1 Inpatient 2 ER/Ou 28s. DATE OF INJURY		28b. TIM			Residence					
₫ D		1 Natural 5 Pending	(Month, Day, Year)		INJI		WORK?	2 NO	28d. D	ESCRIBE HOW IN	JURY OCCI	URED	
S T C	- 1	2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE OF INJUR	tY — At hon	ne, tarm, s	reet, fector		2/25.110	281 1	OCATION (Street ar	nd Number o	or Brief Boud	Mumbas
8 L		4 Homicide detarmined	building, etc. (Sp	ecify)					G	ity or Town, State)	id realition c	A HUI AI HOUSE	Namour,
Item 2		29a. CERTIFIER 1 CERTIFYING PNY	YSICIAN: To the best of my kno	wiedoe des	th occurs	of at the at-	a date and	dans and d	(V)	<u>~1</u>			
≃I 5		(Check only one) 2 MEDICAL EXAMI	NER: On the beals of examineti	ion and/or ir	westigation	, in my opi	nion, death o	occured at the	time, de	cause(s) and mann ata and place, and	due to the	G. Causele) en	manner as stated
IMPORTANT:	- 10	296. SIGNATURE AND TITLE OF CERTIF						LICENSE NU		Prevel and			
MPOG A	1	Wan OD	add a				29C.	L/ L/ -	- A	90	AND, DATE	SIGNED (Mo	O >
^골 2		30. NAME AND ADDRESS OF PERSON W	NNO COMPLETED CAUSE OF D	EATN (ITEM	27) (Type,	Print)		773	2)	10	4	117	175
		1/20 - TO	runolds	.50	3	R	<	7	Ba		. Jala	· N	1 / 21/13
		31. DATE FILED (MAR) POY TO	32. REGISTEMAR'S SIG	NATURE	<u></u>	2/1	-n~		19		Lege	7/	0 216/3
			3 Julia D	avidson	- gano	Less							



	REGISTRAR		C	ERTIF	ICATI	E OF	DEA	TH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
- 8	Elmer Ray Daub								04-14-9	2 DAY	YEAR	2115 hrs w
1 2	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	not historians	IF UNDER	VEAD	- mines				Tarana	
	The second second	1 X M 2 F	_		MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH	2	Coun	HPLACE (State or Foreign try)
	119 14 2154		67	YRS.					10 22 2	5	Per	ina.
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN	OR LOCATE	ON OF DE	ATH	9c. CO	UNTY OF	DEATH
H	Elkton's Union Ho	ospital			E	1ktc	nn			C	ecil	
IKI	RESIDENCE OF DECEDENT	J-P-T-GAL				22400	/11				-C11	
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	TION					10d. INSIDE CITY
15	Maryland Ced	ni 1		For	Lorri	110						LIMITS?
1	10e. STREET AND NUMBER	-11		Lar	<u>levi</u>							
A							f. ZIP CODI			10g. CI	TIZEN OF	WHAT COUNTRY?
垣	979 Pond Neck Roa	ad				2	21919			U.S	S.A.	
5	11. MARITAL STATUS	12. WAS DECEOENT FORCES? 1	EVER IN U.S. A	RMED	13.	WAS DEC	CENDENT C	F HISPAN	IC ORIGIN? (Specify	Yea or No-	14. RAC	E — American Indian, ck, Whita, atc.
	1 Never Married 2 Married	IF YES, GIVE W	A YES 2 L	NO			2 NO		, Puerto Rican, etc.			
à	3 🖺 Widowed 4 🗌 Divorced						2 77 110	Specify			Spec	ite
	15. DECEOENT'S EDUC	ATION	16a. D	ECEDENT'S	USUAL O	CCLIPATIO	ON		16b, KIND OF	DI ICINECC (IA		irre
COMPLETED	(Specify only highest grade of			Give kind of v	vork done	during mo	ost of working	ng	TOD. KIND OF	603INE33/II	IDUŞIKI	
اياا	Elementary/Secondary (0-12)	College (1-4 or 5+)		ne Ma	,				Mogan			
₹			ptoi	ne ria	5011				Mason	ary		
181	17. FATHER'S NAME (First, Middle, Last)								AE (First, Middle, Mai	den Sumame)		
BE	Elmer Ray Daub						01a	Dov	e			
	19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILINO	ADDRESS	S (Street s	and Number	or Burni B	oute Number, City or	Tours Ctata 7	lin Code)	
유	Donna Dolores Hof	ffer		979 P	and i	Neck	Pos	d F	arlevill	Mon	~x71 o∞	d 21010
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	23. PART I. Enter the disesses, or co	omplications that	ceyeed the d	eeth. Do n	ot enter	the mo	de of dvi	ing, such	es cardiec or re	eniratory s	rrest	Approximete
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EDICAL	PART II. Other significant conditions	contributing to t	eath but not	rasuiting i	n tha un	ideriying	g cause g	given in F	Part i. 24a, WAS	AN AUTOPSY ORMED?	241	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
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B	2 Accident Investigation	20- 01-05-05	INTERIOR AND					J 100				
8	3 Suicide 6 Could not be 4 Homicide determined	building, a	INJURY — At he ic. (Specify)	ome, tarm, s	treet, fact	ory, offic	•		28f. LOCATION (Str. City or Town, St	et and Numb	er or Rural	Floute Number,
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ובו	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of n	w knowledge d	eath occurre	d at the ti	lma deta	and place	and due t		187 EU 185 F		
ı Σ []	One) 2 MEDICAL EVAMINED		mination and/or	Investigatio	n, in my o	pinion, d	eath occur	ed at the t	ime, data and placa	and dua to	the cause(s) and mannar ea stated.
ŏ.	2 MEDICAL EXAMINER	. On the bear of ex						AICE AUTON	DED			
E COMPLET	2 MEDICAL EXAMINER. 29b. SIGNATURE AND TITLE OF CERTIFIER	, //					29c. LICE	HOE HOME	DEN /	29d. DA	TE SIGNE	(Month, Day, Year)
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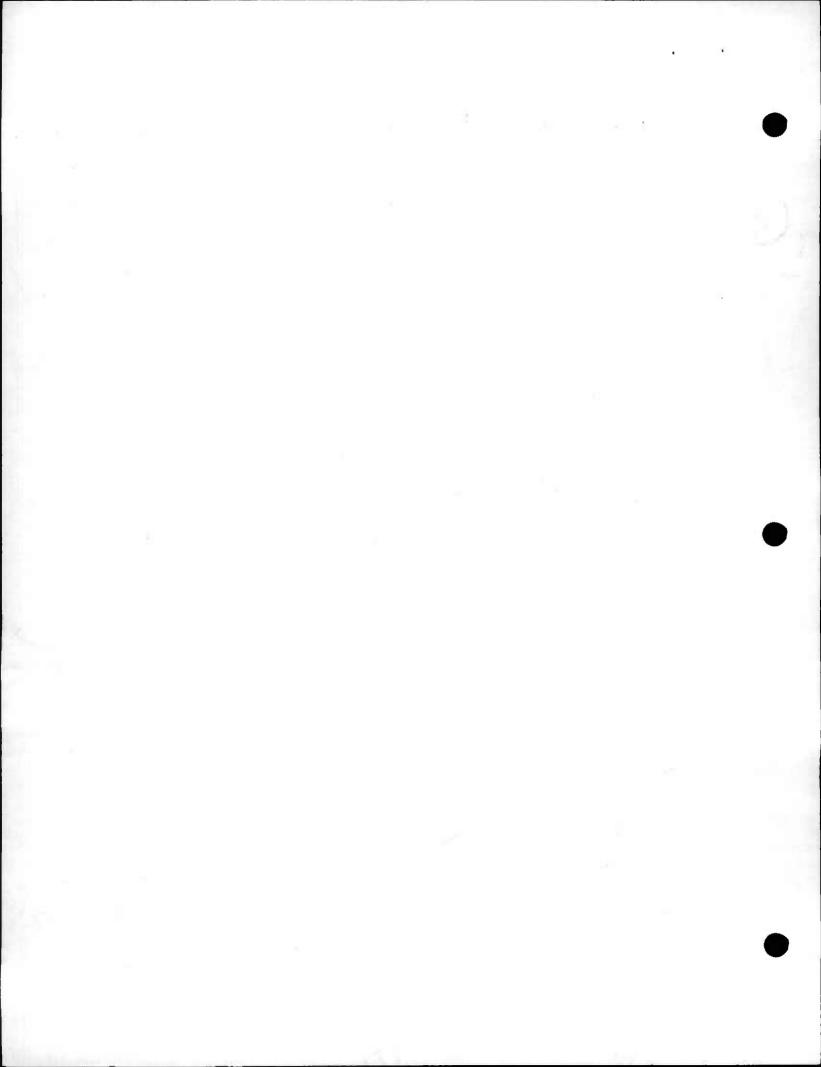
TO BE COMPLETED BY FUNERAL DIRECTOR

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2 Accident 3 Suicide 4 Homicide 5 Could not be determined 286. PLACE OF INJURY — At home, ferm, street, factory, office 286. PLACE OF INJURY — At home, ferm, street, factory, office 286. PLACE OF INJURY — At home, ferm, street, factory, office 286. PLACE OF INJURY — At home, ferm, street, factory, office 286. PLACE OF INJURY — At home, ferm, street, factory, office 286. PLACE OF INJURY — At home, ferm, street, factory, office 286. PLACE OF INJURY — At home, ferm, street, factory, office 286. PLACE OF INJURY — At home, ferm, street, factory, office 286. PLACE OF INJURY — At home, ferm, street, factory, office 287. LOCATION (Street and Number or Rural Route Number, City or Town, State) 288. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and				26b. TIME INJU	RY	WORK?	28d. DESCRIBE HOW II	NJURY OC	CURED	
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29e. SECHATURE CHO TOWN, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 29e. SECHATURE CHO TOWN FERD 29e. LICENSE NUMBER 29e. LICENSE NUM	ľ	Accident Investigation	28e. PLACE OF INJURY	— At home, ferm, str			284 LOCATION (Street	ad Alicenter		
(Check only 10 Check only 10 C	1	Could not be	building, etc. (Spec	city)	reet, factory,	onice	City or Town, State)	na Number	or Hural Ro	oute Number,
290. SIGNATURE and The position of the besite of axamination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) and menner ee stated. 290. SIGNATURE and The property of the position of the ceuse(e) and menner ee stated. 290. SIGNATURE and The property of the pro	l	(Check only								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IJEM 27) (Typo, Print) STRONG A - OM STON MD SSH7 Cherry Lane Laurel MD 20707 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S, SIGNATURE D. 1.00	ļ	2 MEDICAL EXAMINER:	On the besie of examination	n end/or investigation.	, in my opinio	on, death occured at the	time, date and place, en	d dva to th	e ceuse(e)	and menner ee stated.
GREGORY A - COM NTON MD 3317 Cherry Lans Laurel MD 20707 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S, SIGNATURE 70. 1.00		NOV Ca	mpm	0		D249	WBER Y2	29d, DAT	SIGNED (Month, Dey, Year) 3 — 93
31. Date FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 70. 1.00		30. NAME AND ADDRESS OF PERSON WHO	OM ATON	ATH (IJEM 27) (Type, E	3317	Cherry L	ane Lau	rel	Mi	20707
		31. DATE FILED (Month, Day, Year) APR 1 6 1993	32. REGISTRAR'S SIGN	dson-Randal	2					(-/

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainst be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

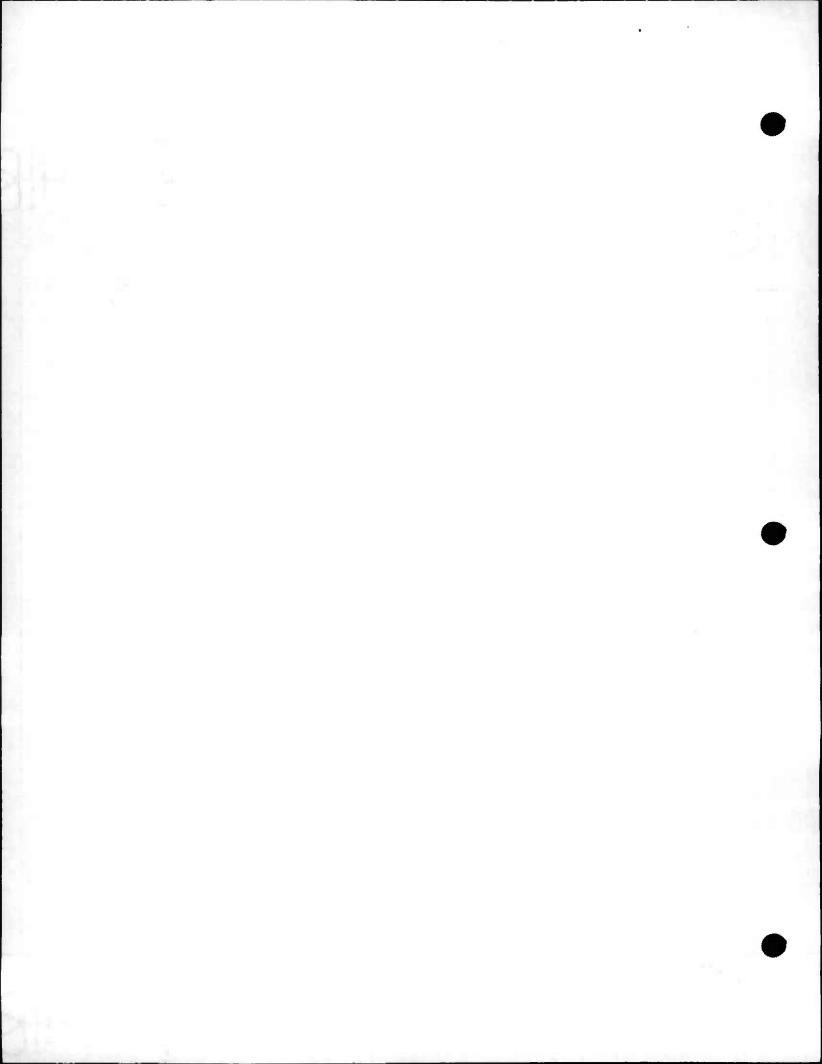
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First,	Middle, Last)	Hugh P.	Dixon	1					2. DATE OF MONTH	04	10 1	YEAR 477	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	YEAR DAYS	# UNDER	24 HRS.	7. DATE OF	BIRTH	1	8. BIRTHP Country)	LACE (State or Foreign
pino		90. FACILITY NAME (If not in		1 🖾 📜 2 🗌 F	66	YRS.	9b, CITY.		OR LOCATIO			2 19	_	Was	hington D.C
- N	стоя	12417 Shelt	er La				14,7	Bow							eorge's
1	E	RESIDENCE OF DEC	10b. COUNTY			10c. CF	Y, TOWN O	LOCAT	TION						10d. INSIDE CITY
(P	E	Maryland 100. STREET AND NUMBER	Prin	ce George	es	В	owie	Luc	f, ZIP CODE						LIMITS?
	ERA	12417 She1	ter La	ane				101	2071						States
g physician e bural-tra	BY EUN	11. MARITAL STATUS 1 Never Married 2XX 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2 NO	l II	yes, sp	CENDENT O	n, Mexicar	IC ORIGIN? (n, Puerto Rici	Specify Yes en, etc.)	or No—	Black, Specify:	
attending place as the by		15. DECI	EDENT'S EDU	CATION	Yes	a. DECEDENT'S	USUAL OC	CUPATIO	ON		No.		INESS/IND		White
the hospital or attending detached for use as the once.	COMPLETED	Elementary/Secondary (0-	highest grade -12)	College (1-4 or 5		(Give kind of Itte. Do NOT u	work done d	iring mo	ost of workin	g					1
the hospi detached	OMP	12 17. FATHER'S NAME (First, Mi	iddle, Last)			Sales	perso	n	18 MOTH	IEO'S NAI	ME (First, Mick	Retai	_		
2 E E	ш	William Di	xon								nont V		,	ohn	
retained 5 should notitied	TO B	Fay E. Edwa	rds			19b. MAILING 1261	ADDRESS 3 Kem	Street e	and Number	or Rural R	loute Number, Bowi	City or Town	2. State. Zip	Code)	715
Page		20a, METHOD OF DISPOSITI			20b. PL	ACE AND DATE	OF DISPOSI	ION (Na	ame of		DATE		CATION C		
3 gg 2		4 Donation 5 Other	(Specify)		Kemeter	ry, cremetory of cryland					41		Chel	tenha	am, Md.
eath.		* RJ100	+ &	ENSEE (TI)		Pa	В	eal]		ns F	unera				
y the hoval.		23. PART I. Enter the di	seeses, or o	omplications tha	t coused th	e deeth. Do	not enter	6000 he mo	O Ann	apol	is Rd	. Boy	vie M	d. 20	0715 Approximate
filled ion, o		shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	sert tallure.	List only one cau	RCIA	SMA DISEQUENCE CO	TOSI					or reapi	and y and		Interval Between Onset and Death 2 Manths
ficate be executed physician and con ne prior to burial, let traumatic er	RTIFICATION	Sequentially list condition if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injurthat initiated events resulting in death) LAST	diate NG ry	DUE TO	RC/A	MSEQUENCE O	7	Oţ	= <i>f</i>	Di	KREI	15			6 Menths
t the death by the atte and Mental	CAL CE	PART II. Other significes	•	s contributing to	death but	not resulting	in the unc	erlyinç	g cause g	lven in i	Part I. 24	a. WAS AN		A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
requires seen sign of Heal	4: MEDI										_ 1	YES 2	No	(OF DEATH?
V: The law icate has b State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		LACE OF DE	EATH (Che	ck only one)				
icial the	HYS	1 YES 25 NO 27. MANNER OF DEATH		1 Inpatient 2 I		nt 3 DOA	4 🗆 Nursi	ng Hom	URY AT	sidence (8 Other (S		LILIEV OCC	HOED	
DING PHYS After this of death with	ВУ Р		Pending nvestigation	(Month, D	lay, Year)	IN.	M	WO	PRK? YES 2	NO				OTILES	
TTENDI TOR: A after de			Could not be letermined	28e. PLACE O building,	F INJURY — etc. (Specify)	Al home, farm,	streel, facto	y, office	•		26f. LOCATH City or 7	ON (Street a lown, State)	nd Number (or Rural Roo	ute Number,
	COMPLETE			CIAN: To the best of											and manner as stated.
TO THE HOSPI TO THE FUNE THE FINE THE WITHIN	TO BE C	29b. SIGNATURE AND TITLE	m K	2 Duca	her	MD			29c. LICE	NSE NUM	BER 74		29d. DATE	SIGNED (A	Month, Day, Year)
(15)		30. NAME AND ADDRESS OF NORMAN K	BOH	REP, M)	327	31 501	ERIC	RC	ANE	B	OWIE	, n	10	20	715
		31. DATE APRI 5	1993	guna L	B'S SIGNATU AUTOSON	- Pandell						*			



TO BE COMPLETED BY FUNERAL DIR

FOR STATE REGISTRAR	STATE OF MA		DEPAR ERTIFI						HYGIEN REG. NO		3	12563
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			TIME OF DEATH
Marv	Mvrtle_	DA	v					Apri		AY 1993	YEAR	11.55 -
4. SOCIAL SECURITY NUMBER		AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	BIRTH	199	$\overline{}$	ACE (State or Foreign
218-34-4385	1 □ M 2 XXF	62	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, to June	29	1930	Country)	vland
9a. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY	, TOWN C	R LOCAT	ION OF D		,		TY OF DEAT	
Garrett County M	emorial Ho	spital	ER		0	akla	nd				Garre	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		I soo com	/ TOWN /	OR LOCAT	1011						
	arrett		100.011		akla							d. INSIDE CITY LIMITS? YES 2 X NO
10e. STREET AND NUMBER					101	ZIP COL	Œ			10g. CITIZ	EN OF WHA	T COUNTRY?
Star Rt. 2 Box	17-D					2155	0				USA	
11. MARITAL STATUS	12. WAS DECEDENT E							NIC ORIGIN? (or No-	14. RACE -	American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [] IF YES, GIVE WAR		NO				en, Mexica Specia	an, Puerto Ric ly:	en, atc.)		Specify:	nite, etc.
15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N N		16b. K	IND OF BU	SINESS/INDI		itte
(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(G	ive kind of w Do NOT us	ork done			ing	10011		3111200711120	551M1	
4th			Nor	ne					N	one		
17. FATHER'S NAME (First, Middle, Last)						18. MOT	THER'S NA	AME (First, Mid	die, Maiden	Surname)		
Edward			Cov	ven		N	orma		Pans	у	D	ay
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street e	nd Numbe	or Rural	Route Number,				
Norma E. Friend			Star	Rt.	2 b	ox 1	7-D	0akla	and,	Maryl	and 2	1550
20a. METHOD OF DISPOSITION 1 The Burial 2 Cremation 3 Remote A Donation 6 Other (Specify)	oval from State	206. PLACE of cametery, cree Deer	matory or of	her place)				4 / 15	1		Olty or Town,	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Deer	raik				ESS OF FA		De	er Pa	rk,	Maryland
+ Franklin 7	V. Custo			St	tewa	rt F	uner	al Hor		0 -1 -1	1	MD 01550
23. PART i. Enter the diseases, or o	omplications that c	aused the de	ath. Do n	ot enter	the mo	de of dy	ing. suc	h as cerdia	corresp	Uakı	and,	MD 21550
snock, or neert failure.	List only one cause	on each line).			/			• от тобр	and the same	,	interval Between
IMMEDIATE CAUSE (Finel disease or condition		~ dia	_	NV	VPS	+						Onest and Deatl
resulting in death)	DUE-TO (OF	AS A CONSE	OUENCE OF	771	1/) (,		/			
_		V000	-411	0	4	n	1	Fai	1,10	0		
Sequentisity list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSE	DUENCE OF):	110	W		Pai	100			
cause. Enter UNDERLYING		0										j
CAUSE (Disease or Injury that initiated events	DUE TO (OF	AS A CONSE	DUENCE OF):								
resulting in death) LAST	d.											
PADT II Other blanklingst and distan		1.2.										
PART II. Other algoriticant condition	A e	Ath but not r	esuiting i	n the un	nderlying	cause	given in	Pert i. 24	In. WAS AN PERFOR			RE AUTOPSY FINDINGS MLABLE PRIOR TO
Magazes	Mell	(10)						1	YES 2	₩ NO		MPLETION OF CAUSE DEATH?
											1 [YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF (DEATH (Ch	neck only one)				
1 TES 2 NO	1 ☐ Inpatient 2 XEF	3/Outpatient 3	□ DOA	OTHER		5 🗆 R	esidence	6 Other (S	(pecify)			
27. MANNER OF OEATH	28e. DATE OF INJ (Month, Day,		26b. TIME	OF	28c. INJ	URY AT		28d. DESCR	IBE HOW I	NJURY OCC	UREO	
1 X Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			M		ES 2 [□ NO					
3 Suicide 8 Could not be	28e. PLACE OF IN building, etc.	JURY — At ho	me, term, a	treat, fact	ory, office			28f. LOCATI	ON (Street	and Number	or Rural Route	Number,
4 Homicide determined		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						City or	Town, State)			
29a. CERTIFIER (Check anly 1 X CERTIFYING PHYSIC	CIAN: To the party my	knowledge, de	ath occurre	d at the t	lme, date	end place	, and due	to the cause	(e) end mar	ner as state	d.	
	R: On the beele of exam											d manner ee stated.
296. SIGNATURE AND TITUE OF CERTIFIER			Α.				ENSE NUI					onth, Day, Year)
1	/ 1-	M					2397				/13/1	

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N.

Fourth Street

Goralski

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours effer death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Dr.

31. DATE FILED (MORIDO APR

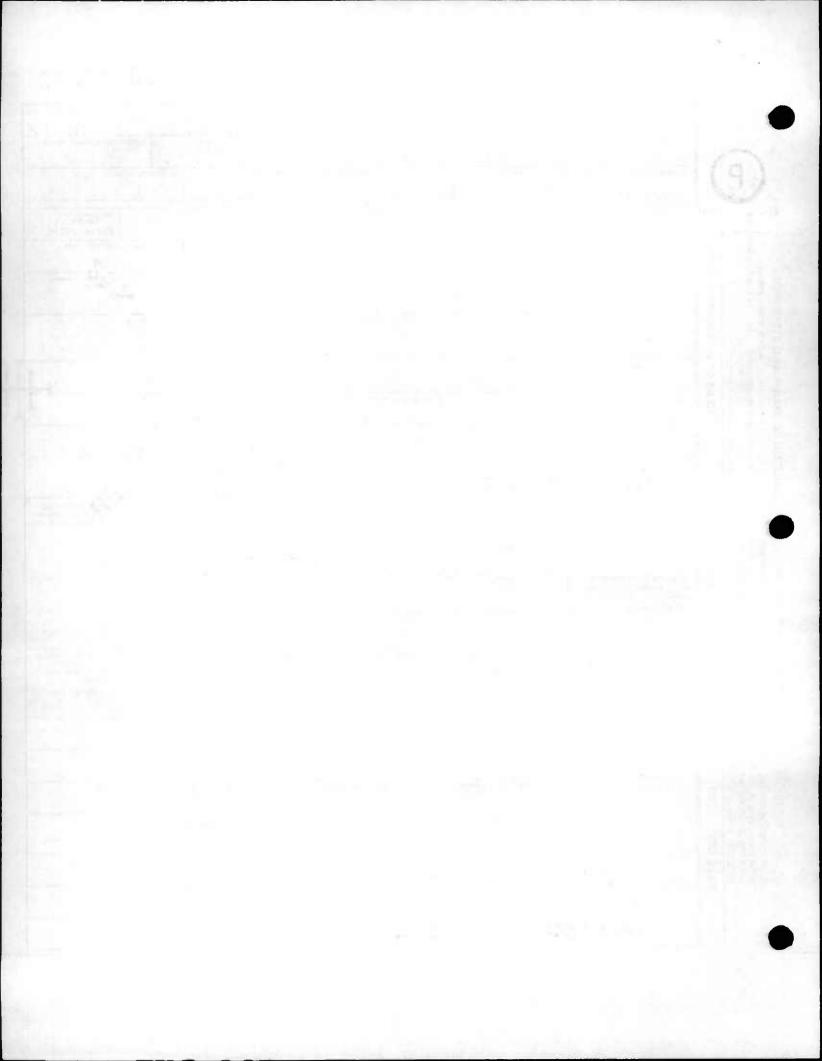
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

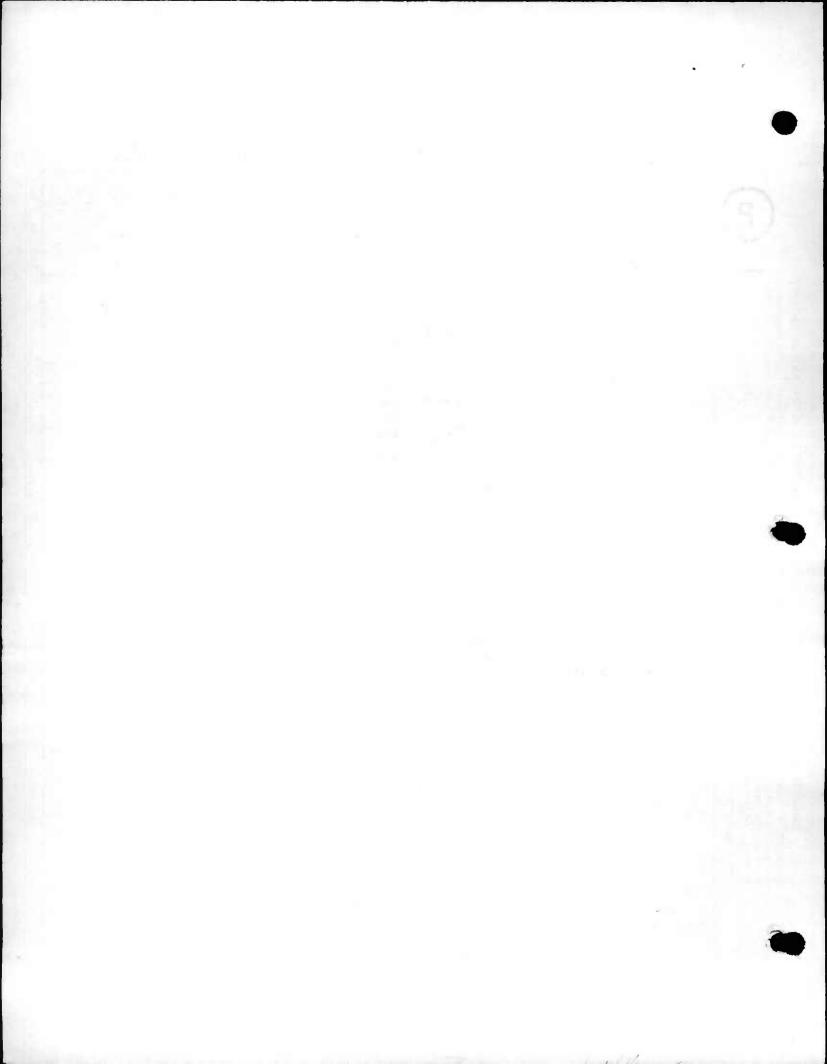
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Oakland, Maryland 21550



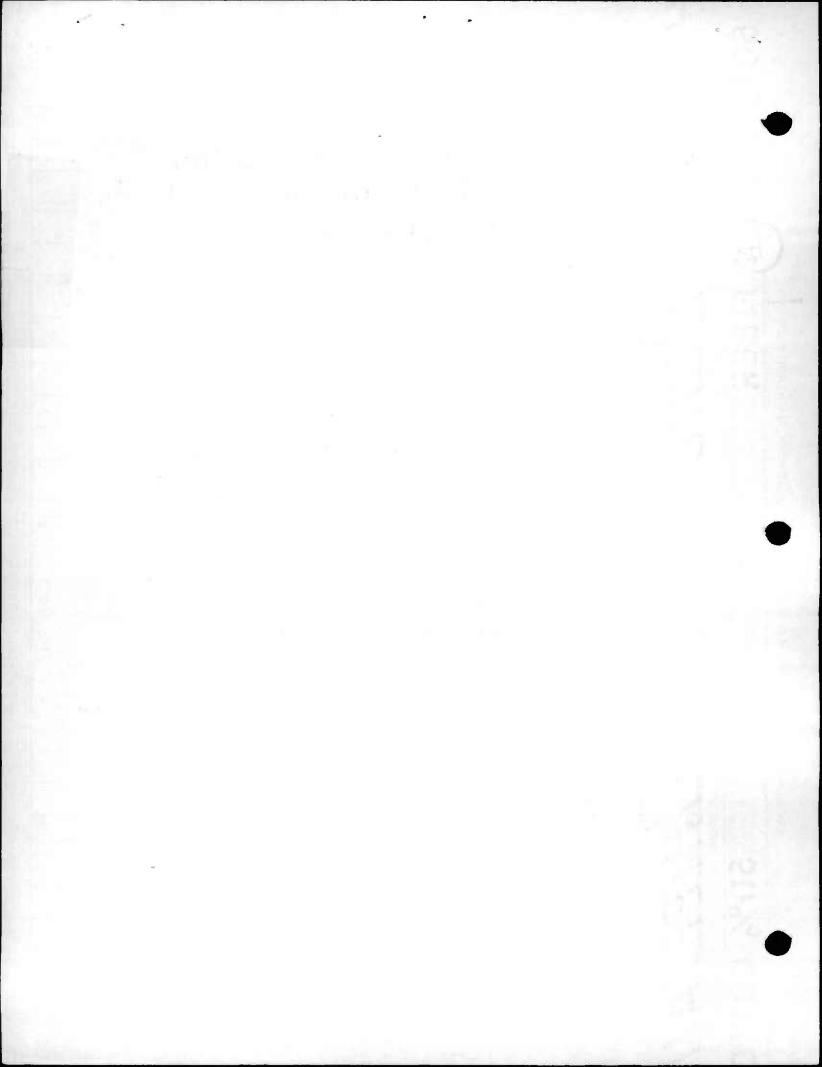
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TEN	OR:	8
Ž	AT AT	PECT IS a	H 2
	90	Por De	ite
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, urs after death. Page 6 may be retained by the hospital or attending physicials	ITO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	一年 五	中方	FI
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	1 - FOR STATE REGISTRAR	OF MARYLAND / DEP CERT	PARTMENT OF H		ENTAL HYGIENE REG. NO.			
		DIMPFL			2. DATE OF DEATH DAY APRIL 8	1993	3. TIME OF DEATH 7:35 PM	
	4. SOCIAL SECURITY NUMBER 5. SEX 5. 78-34-3337 9a. FACILITY NAME (If not institution, give street and num		S. MONTHS DAYS	HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) 05/10/192	7 8. BIRTI Count VIY	HPLACE (State or Foreign ry) ginia	
Y.	Magnolia Gardens Nur		Lanh			Prince George's		
PRECI	Maryland Prince Geo		Greenbelt				10d. INSIDE CITY LIMITS? 1XX YES 2 \(\triangle \) NO	
FUNERAL	209 Lakeside Drive #1	04	10	20770		10g. CITIZEN OF		
B	1 Never Married 2 V Merried FORCE	ECEDENT EVER IN U.S. ARMED S? 1 YES 2 NO GIVE WAR OR DATES	If yes, ap	ENDENT OF HISPANIC ecify Cuben, Mexicon, 2 NO Specify:	C ORIGIN? (Specify Yas of Puerto Ricen, etc.)	or No— 14. RAC Blac Spec	E — American todian, k, White, etc. ify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1	(Give kind life. Do NO	IT'S USUAL OCCUPATI of of work done during me of use retired.) Tey Assis	st of working	Book B			
	17. FATHER'S NAME (First, Middle, Last) Suttle Shifflett				E (First, Middle, Maiden S			
TO BE	19e. INFORMANT'S NAME (Type/Print)			and Number or Rural Ro	oute Number, City or Town,			
	Ferdinand L. Dimpfl 200. METHOD OF DISPOSITION	20b. PLACE OF DIS	Lakeside		14, Greenb	oelt, MD		
	1 X Burial 2 Cremation 3 Removal from S 4 Donation 5 Other (Specify)	tate other place)	n Cemete	ry 4/1	3/93 Roc		Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Clearles F.	Bell	Fra 473	9 Baltimo	ch's Sons re Avenue	, Hyatt	Home, P.A. sville, MD	
-	23. PARTT. Enter the disesses, or complication shock, Dr heart fellure. Liet only of IMMEDIATE CAUSE (Final disesse or condition resulting in deeth)	one that being the deeth. End cause on each line. Play 17 DUE TO (OR AS A CONSEQUENC CUTUBLE					Approximate Interval Between Onset end Deeth	
CERTIFICATION	If sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE	E OF):					
PHYSICIAN: MEDICAL	PART II. Other significent conditions contribu	0 1.0 .	relevor			MED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputs	AL:	OTHER:	LACE OF DEATH (Chec				
ВУ РНУ	27. MANNER OF DEATH 280. C		TIME OF 28c. IN.	Ne 8 Residence 8	28d. DESCRIBE HOW IN	JURY OCCURED		
	3 Suicide 28e. P	PLACE OF INJURY — At home, far pullding, etc. (Specify)	rm, street, factory, offic	•	281. LOCATION (Street er City or Town, State)	nd Number or Rural	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the bit	best of my knowledge, death occasis of examination end/or investig					s) end menner as stated.	
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER WILLIAM AND THE STATE OF CERTIFIER AND THE ST	ute ou	>	29c. LICENSE NUME	572	29d. DATE SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLET OF AUTO TO THE PERSON WHO COMPLET 31. DATE EN ED (Abouts Decomple)			way	green	belt,	np 20170	
	APKI 2 1993" 3000	SHOTA POR CHARLES					* \	



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	TILOIOTIDAT				MIL OI	DEATH	MEG. N	J.			
	1. DECEDER FLOW (First, Middle, Least) Paul Andrew Ford, Sr. 2. DATE OF DEATH MONTH DAY YEAR 9-1.										
	4. SOCIAL SECURITY AND THE PROPERTY AND	5. SEX	6. AGE (In vrs. la		F UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF BIRTH	0. B	IRTHPLACE (State or Foreign		
	-577-18-9653	100201	72	YRS.	DAYS DAYS	HOURS MIN	6/3/	920 Wa	Smington, D.C.		
	Sa. FACILITY NAME (If not institution,	A A S A V	TILL		b. CITY, TOWN	OR LOCATION OF	DEATH (/	9c. COUNTY C	41		
2	RESIDENCE OF DECEDE	MAJAN	my 17	cch	Trans	studie	IMO	146.	cen		
DIRECTOR	10s. STATE 10s. 6	OC -	1	10c CT5Y,	TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	140-CAW	~	1700	25 LV	Of. ZIP CODE		10g. CITIZEN	1 YES 2 NO		
FUNERAL		100. STREET AND NUMBER 20747 100. CITIZEN OF WANT ROUNTRY?									
	11. MARITAL STATUS 1 Never Merried 2 Married	FORCES?	NT EVER IN U.S. A	RMED NO	If yes, s	pecify Cuban, Mex	PANIC ORIGIN? (Specify Y tican, Puerto Rican, etc.)	es or No 14. F	BACE — Amphican Indian, Black, White dic.		
0	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 🗆 YE	S 2 NO Spo	odly:		Specify: While		
<u> </u>	15. DECEDENT' (Specify only highes	t grade completed)		ECEOENT'S US Give kind of wor e. Do NOT use i	k done during n	ION nost of working	16b. KIND OF B	USINESS/INDUSTR	77		
2	Elementary/Secondary (0-12) 12th grade	College (1-4 or 5	+}	Machin			Retire	d	100 E 10		
COMPLE	17. FATHER'S NAME (First, Middle, Li						NAME (First, Middle, Maide	n Surname)			
BE	Norman Fran		- 1.	05 MAII 100 A	ADDEDG (Om.)		ch Rice		50-0-100		
2	Mr. Paul Andrew	Ford, Jr.							d, Oregon 9720		
	20a. METHOD OF DISPOSITION 1 Carried 2 Commention 3					meters ommatory		A			
	4 Donation 5 DOther (Specif) 21. SIGNATURE OF FUNERAL SERV		AL	TILISCO			emetery! Ar		, virginia		
	100	411/3	9				Place, N.E.		D.C. 20019		
	23. PART I. Enter the disease	s, or complications th	at caused the d	leath. Do not					Approximate		
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on sech line.											
- 1	disease or condition		1101	L- Al	111						
	resulting in death)		001	CIO	+	CAI	11.				
		a. Oue to	O (OR AS A CONSI	EOUENCE OF):	Not in	OCAI	banctio	11.00	3		
NOIL		- ? Acut	O (OR AS A CONSI	4000	rdic	el to	fonction	n.66	9		
-ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	J. Acut 9 Car	O (OR AS A CONSI	HO CO EQUENCE OF):	ndic	el En	fonction	M. 6F	3		
HTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	J. Acut 9 Car	te M	HO CO EQUENCE OF):	rdic	al in troops	forction	M. E.	3		
CER	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	S. Acut Que re d. Course d. Course	D (OR AS A CONSI	EQUENCE OF):	rediction of the underlying	thinks of the same	forction of produce in part 1. I 24e, was	M OF	24b. WERE AUTOPSY FINDINGS		
CAL CERI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	S. Acut Que re d. Course d. Course	O (OR AS A CONSI	EQUENCE OF):	rediction of the underlying and a second	al traditional designation of the designation of th	PERF	PRMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE		
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MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO C. DUE TO d. DUE TO d. CONTRIBUTION TO EW CERTIF	O (OR AS A CONSI	EQUENCE OF):	Q à	DJ D	PERFE 1 VES	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO DU	O (OR AS A CONSI	EQUENCE OF):	O P	COMPLACE OF DEATH	PERFE	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent contesting in death) LAST 25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO A	b. According to the property of the property o	O (OR AS A CONSI	EQUENCE OF):	28. I	COMPLACE OF DEATH	PERFE 1 VES	PRMED? 2 NO BE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDI EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig	DUE TO C. DUE TO d.	O (OR AS A CONSI	EQUENCE OF): resulting in 3 DOA 26b. Time: INJUI	28. IDTHER: DINUTSING HOUSE	PLACE OF DEATH ome 5 Residen NJURY AT OORK? YES 2 NO	(Check only one) Ce 6 Other (Specify) 28d. DE\$CRIBE HOV	PRIMED? 2 NO BE ONE INJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent core 25. WAS CASE REFERRED TO MEDIEXAMINER? 1 YES 2 NO A 27. MANNER OF DEATH 1 Netural 5 Pendin	DUE TO C. DUE TO d. DUE TO d. POPITAL: 1 Inpetient 2 28e. PLACE building	O (OR AS A CONSI	EQUENCE OF): resulting in 3 DOA 26b. Time: INJUI	28. IDTHER: DINUTSING HOUSE	PLACE OF DEATH ome 5 Residen NJURY AT OORK? YES 2 NO	(Check only one)	PAMED? 2 NO BE ONE INJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO		
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ED BY PHYSICIAN: MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cores and the sequence of the sequence	DUE TO C. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DUE TO DUE TO A DUE TO DUE T	O (OR AS A CONSI	EQUENCE OF): resulting in a DOA 4 26b. TIME: INJUI	28. In 28	PLACE OF DEATH PLACE OF DEATH	(Check only one) Ce 6 Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Streetly or Dwn. Statute of the cause(a) and m	PRIMED? 2 NO B C NUMBER INJURY OCCURE of and Number or R anner as stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO		
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BE COMPLETED BY PHYSICIAN: MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cores or sequence of the core of the co	DUE TO C. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO	O (OR AS A CONSI	EQUENCE OF): resulting in a DOA 4 26b. TIME: INJUI	28. If Nursing Ho DIF 28c. If Nursing Ho DIF 28c. If Nursing Ho DIF 28c. If Nursing House, factory, off I was a set the time, day in my opinion,	PLACE OF DEATH WITH 5 Residen NJURY AT YORK? YES 2 NO The and place, and death occurred at	(Check only one) (Check only one) Ce 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Streetly or Town, State) due to the cause(a) and me the time, data and place,	PRIMED? 2 NO BE ONE INJURY OCCURE and Number or R anner as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO VY - VA - VA - VA - VA - VA - VA - VA -		
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BE COMPLETED BY PHYSICIAN: MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent construction of Death 25. WAS CASE REFERRED TO MEDICELY AND PART II. Other significent construction of Death 1 VES 2 NO A 27. MANNER OF DEATH 1 Netural 5 Pending typestig of Death (Check only one) 2 MEDICAL E 29a. CERTIFIER CERTIFYING (Check only one) 2 MEDICAL E 29b. SIGNATURE AND ADDRESS OF PERS 30. NAME AND ADDRESS OF PERS 31. DATE FILED (Month, Day, Year)	DUE TO C. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DUE TO DUE TO CAL HOSPITAL: 1 Inpetient 2 28a. DATE O (Month, petion of the basis of the basis of the complete of the co	O (OR AS A CONSI	COUENCE OF): Peaulting in 28b. Time. INJUI Seeth occurred or investigation, EM 277 Type, F	26. IDTHER: ENVISION HOUSE IN MENTER	PLACE OF DEATH WITH 5 Residen NJURY AT YORK? YES 2 NO The and place, and death occurred at	(Check only one) (Check only one) Ce 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Streetly or Town, State) due to the cause(a) and me the time, data and place,	PRIMED? 2 NO BE ONE INJURY OCCURE and Number or R anner as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO VY - VA - VA - VA - VA - VA - VA - VA -		



DHMH-16 Rev 1/89

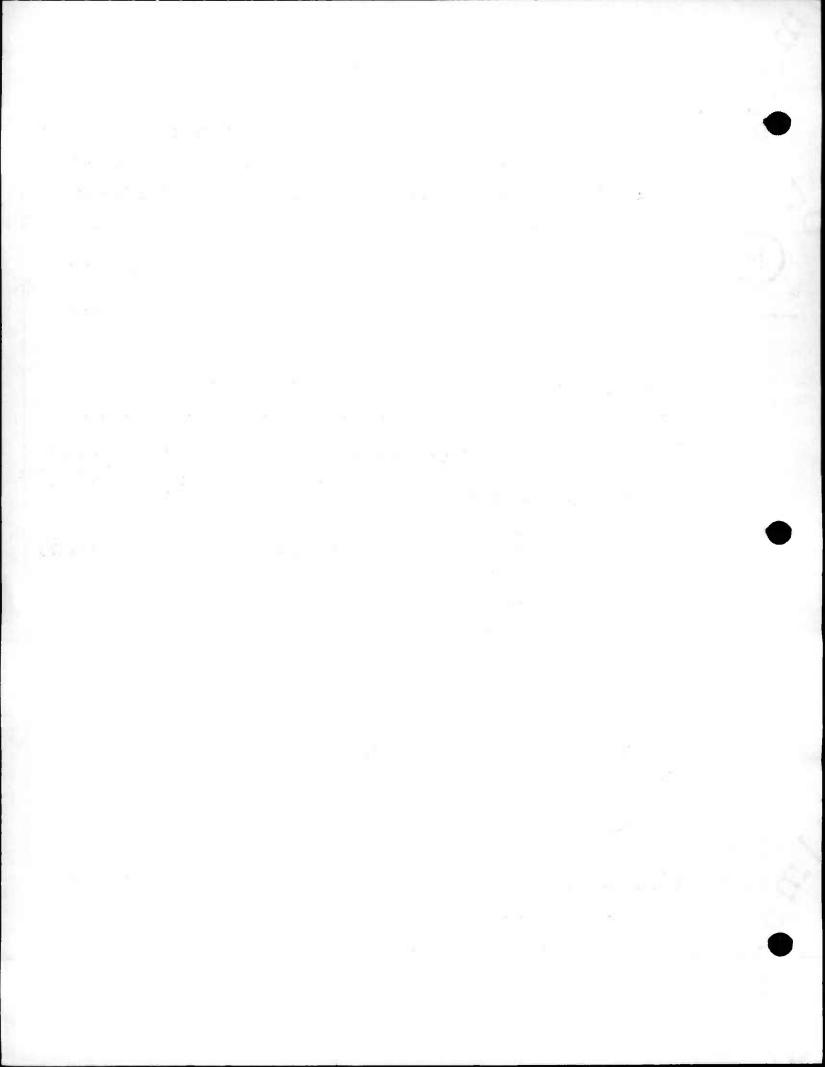
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215 0020

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2	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once
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	1 - STATE REGISTRAR	STATE OF MAR			MENT OF H				YGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)			-				2. DATE OF				3. TIME OF DEATH
	MARY ANITA	FULTON						April	13,	1993	YEAR 3	9:30 A M
	4. SOCIAL SECURITY NUMBER 217-48-8294	5. SEX 6. A	NGE (In yrs. lest birthdi 94 YRS	MOI	UNDER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF 1 (Month, De May 8	BIRTH By, Ybay)	00	6. BIRTH	PLACE (State or Foreign Y) LYLAND
	9a. FACILITY NAME (If not institution, give	7.7.4	74	_	L CITY, TOWN (D LOCATI	ON OF DE		, 109		NTY OF D	
DIRECTOR	Pleasant Living	Convalescen	t Center		Edge			AIN .				undel
E C	10a. STATE 10b. COUNT	Υ	10c.	CITY, TO	OWN OR LOCAT	ION						10d. INSIDE CITY
	MD								LIMITS?			
FUNERAL	100. STREET AND NUMBER 225 East Northern Parkway				101	2121						States
à	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				If yes, sp	ENDENT O	F HISPAN n, Maxicar Specify	IIC ORIGIN? (S n, Puerto Rica	pecify Yes n, etc.)	or No	14. RACE Black Speci	- American Indian, i, Whita, alc. iy: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind life. Do NO	of work Tuse ret	JAL OCCUPATION done during monthied.)	ON st of workin	9	16b. KIN	ID OF BUSI		DUSTRY	
Ž	22 PATHERIO MANE (C) A ANNO A	4	Hom	emat	rer					me		
BE CC	17. FATHER'S NAME (First, Middle, Last) Joseph N. Arnes	t						ME (First, Middle 2 Depk		Sumame)		
2	19a. INFORMANT'S NAME (Type/Print)	· ·			DRESS (Street a							
-	Richard Fulton				t North		Park	eway Bo	altin	nore,	MD	21212
	20a. METHOD OF DISPOSITION 1 Vigurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	cometery, crematory of Loudon Po	or other p	ISPOSITION (Na place)	me of		DATE		ocation - city or town, stata Ultimore, Maryland			
ı	21, SIGNATURE OF FUNERAL SERVICE LI	CENSES/	Lougon Fo	NUR	22. NAME AN	D ADDRES	S OF FAC	HLITY TOL	hn M	Tai	ilan	Funeral Hom
	chelon	1///	-		147 De	ike o	if Gl	Couces	ter S	st. A	Innap	olis, MD
RTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreat, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
		d										
DICAL	PART II. Other significent condition	e contributing to dear	th but not resultin	g in th	ne underlying	ceuse g	iven in F		PERFORM	IED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED												DF DEATH? 1 YES 2 NO
ä	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	HOSPITAL:		Oí	HER:			ck only one)				
Ĭ	27. MANNER OF DEATH	1 Inpatient 2 ER/		IME OF				B Other (Sp				
87 P	1 Netural 5 Pending Investigation	(Month, Day, Ye.		INJURY	WO	RK?		28d. DESCRIE	BE HOW IN.	JUHY OCC	CURED	
	3 Suicide 6 Could not be 4 Homicide detarmined 28e. PLACE OF INJURY — At ho building, atc. (Specify)				I, factory, office			261. LOCATIO City or To	N (Street an wn, State)	d Number	or Rural R	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my k	nowledge, death occu	arred at	the time, date	and place,	end due t	to the cause(s) and menn place, and	er as stat	ed. e ceuse(s)	and manner as stated.
10 BE (296. SHEWATURE AND TITLIFOF CERTIFIES	Krim	2				15928					(Month, Day, Year) . 14, 1993
	30. NAME AND ADDRESS OF PERSON WH Charles W. Kinze					e An	napo	elis. 1	MD 21			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE									
	APR 15	1993 Juha D	aurason fish	delili	•							



es 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

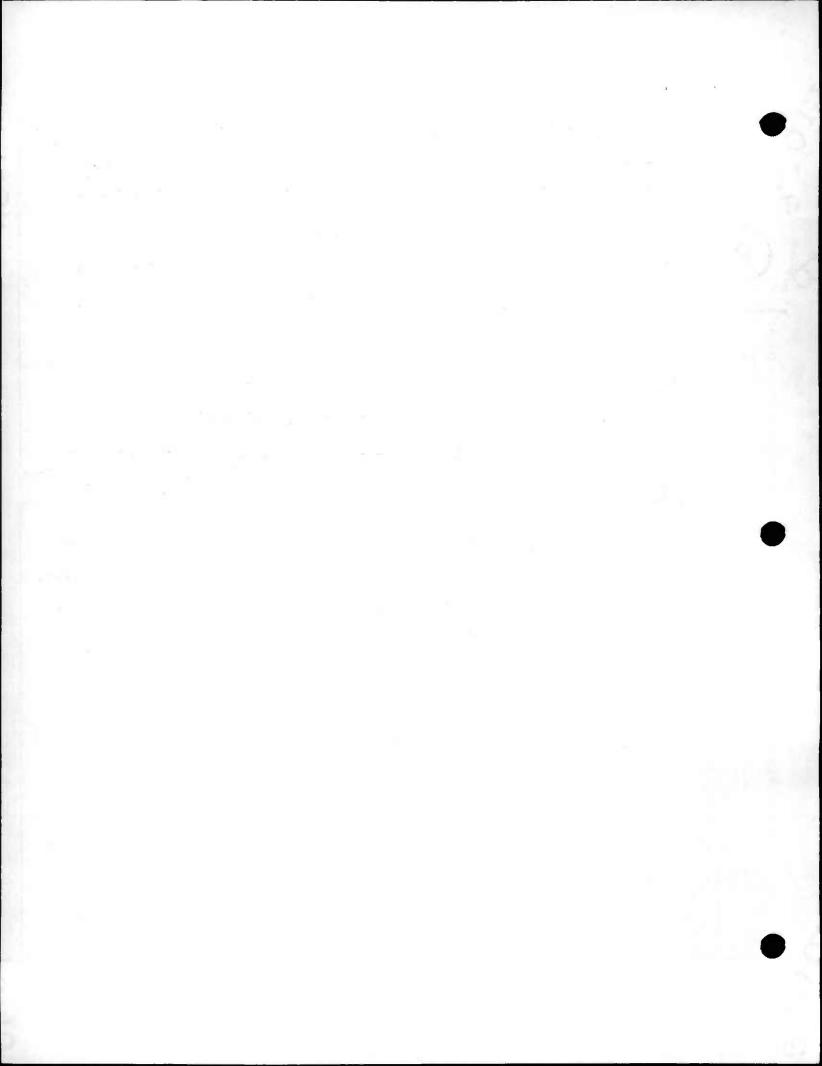
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

FOR

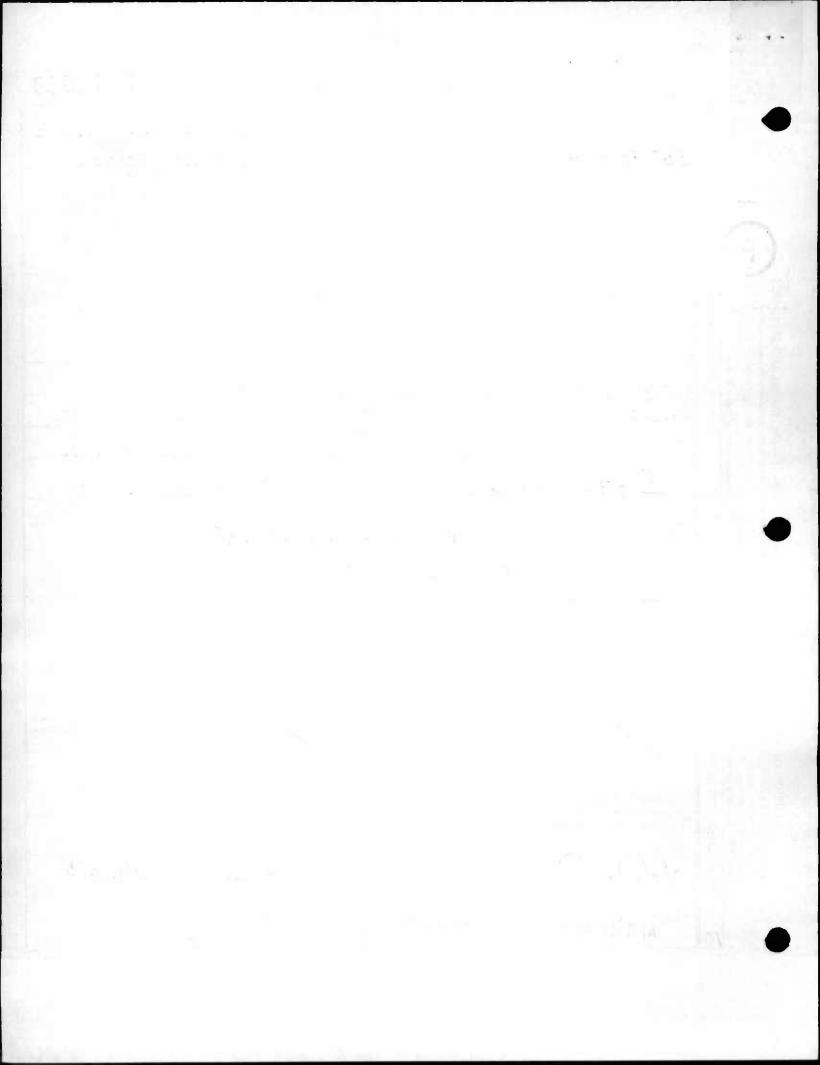
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	John Harlan	Fudold, J	۲			April 14	1993	7 · 1 / / M	
U.				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8,1	7:14 A M BIRTHPLACE (State or Foreign	
l ÿ	577-58-0942 x	ØM2□F 48	YRS.	HTHE DAYS	HOURS MIN.	(Morith, Day, Year) 03-07-194	,	entucku	
- 9	9a. FACILITY NAME (If not institution, give street		91	o. CITY, TOWN C	OR LOCATION OF DE		9c. COUNTY		
H	Anne Arundel Medic	al Contor			apolis				
5	RESIDENCE OF DECEDENT			74171	apocos		Avine	Arundel	
DIRECTOR	10a. STATE 10b. COUNTY		10c, CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
ō	MD Anne A	vrundel	A	nnapol	is			1 YES 2 NO	
¥	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
Ë	13 Devon Court				21403		d States		
FUNERAL	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN U FORCES? XX YES	S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14.	RACE American Indian, Black, White, etc.	
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE	S S		2 X NO Specify	n, Puerto Rican, etc.)		Snecify:	
	1-20	Vietnam						White	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con		Give kind of work	done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUST	RY	
9		College (1-4 or 5+)	Im. Do NOI use re	itired.)					
\$		plus	СР	A		State		yland	
	17. FATHER'S NAME (First, Middle, Last)	1				ME (First, Middle, Malden			
出	John Harlan Fudold					nia VanOve	-		
2	196. INFORMANT'S NAME (Type/Print) Suzanne M. Fudold		19b. MAILING AD	DRESS (Street a	nd Number or Flural I	loute Number, City or Tow	n, State, Zip Coo	to)	
								yland 21035	
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal	from State	ACE AND DATE OF D	nlacol				City or Town, State	
	Donation 5 Other (Specify)	/ /Lak	emont Ce	metery	04-	17-93 Da	vidson	ville. MD	
	21. SIGNATURE OF FUNERAL SERVICE LICEM		/	22. NAME AN	ID ADDRESS OF FA	John M.	Taylor	r Funeral Home	
	Malay & O	tuter		147 D	ike of Gi	loucester:	St. Ani	rapolis, MD	
	23. PART i. Enter the diseases, or com	plications that caused ti	ha death. Do not	anter tha mo	da of dying, suci	n as cardiac or respi	ratory arrest,	Approximata	
	shock, or haart failure. List iMMEDIATE CAUSE (Final	t only one cause on aaci	n iina.					interval Between Onset and Death	
- 1	disease or condition	Xicolan	J (1)	relia-	· De	AL			
ı	disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF):								
z	- Multiple mirocercial In paretran								
은	Sequentially list conditions, if any, leading to immediate								
S	cause. Entar UNDERLYING CAUSE (Disease or injury	Desperte	nocen			V		36 mo	
E	that initiated events	DOME TO ON AS A CO	ONSEQUENCE OF):	_1	1				
CERTIFICATION	resulting in death) LAST	1 gper c	hole	o Pera	lemes	~		grs	
	PART II. Other significant conditions co	ontributing to death but	not resulting in t	he underlying	Cause chen in	Part i. 24s. WAS AN	ALTTOREY	AAL WEST AUTOSON FRIENDS	
CAL	Chamie 1	chadres of		ulm		PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	- Comme	1	03		King	1 _ YES 2	NO	OF DEATH?	
M	-	o wse				_		1 _ YES 2 _ NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
<u> </u>	EXAMINER?	OSPITAL:	. / 0	28. PL THER:	ACE OF DEATH (Che	ck only one)			
<u>₹</u>	1 VES 2 NO 1	inpatient 2 ER/Outpatie			5 Residence				
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME O	WO	RK?	28d. DEŞCRIBE HOW II	NJURY OCCURE	ED .	
B	2 Accident Investigation	20. 21.425.05.41.11.			ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, larm, stree	it, factory, office	'	281. LOCATION (Street a City or Town, State)	nd Number or R	lural Route Number,	
E I									
린	29e. CERTIFIER Check only								
COMPLETED	one) 2 MEDICAL EXAMINER: 0	On the basis of examination as	nd/or investigation, is	my opinion, d	eath occured at the	time, date and place, an	d due to the ce	use(e) and menner ee stated.	
	IN GNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NUN	BER	29d. DATE SIG	GNED (Month, Day, Year)	
w	() .	71							
0	youm, Rich	aulen 1	20.		D172.	55	14-	-14-93	
TO BE	30 MAME AND ADDRESS OF PERSON WHO CO	ausen, /	1 (ITEM 27) (Type, Pri	N)	D172.	55	× 4-	-14-93	
0	30 MAME AND ADDRESS OF PERSON WHO CO	aulsen, 10 OMPLETED CAUSE OF DEATH EN, MD-104	FORLOS	Stre	D172.	SS NA MAO li	5 ma	-14-93	
0	30 MAME AND ADDRESS OF PERSON WHO CO	ON MOJOY	FORLES	Stre	D172.	on Ago li	s, ma	-14-93	



	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	M

	1 - STATE OF MAR'		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	93	12568				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	y YEAR 3.	TIME OF DEATH				
	Dale E. Fetz 4. SOCIAL SECURITY NUMBER 5. SEX 6. AV			04 12	1993	9,15 a*				
	557-80-5114 18M2 = F	MOR	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Country)	ACE (State or Foreign				
	9a. FACILITY NAME (if not institution, give street and number)	41	CITY, TOWN OR LOCATION OF DE	03/03/195	2 Califo					
DIRECTOR	1144 Holly Swamp Road		ocomoke City	o'n	er					
RE	10e. STATE 10b. COUNTY Maryland Worcester		OWN OR LOCATION		10	d. INSIDE CITY LIMITS?				
		Pocom	oke City		1	☐ YES 2 NO				
BY FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF WHA	T COUNTRY?				
N.	11.44 HOLLY SWAMP ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVE	This agree	21851		USA					
핕	1 Never Married 2 Merried FORCES? 1 X Y	ES 2 NO	13. WAS DECENDENT OF HISPAN I1 yes, specify Cuban, Mexican	, Puerto Rican, etc.)	Black, W	American indlan, hita, aic.				
	3 Widowed 4 Divorced Vietnam/ A		1 ☐ YES 2 → NO Specify.		Specify:	White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S USU (Give kind of work	done during most of working	16b. KINO OF BUSI	NESS/INOUSTRY					
Z.	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT use ret	ired.)							
N N	17. FATHER'S NAME (First, Middle, Last)	mechanic								
	Gerald Fetzer			ME (First, Middle, Maiden S						
BE	19e. INFORMANT'S NAME (Type/Print)	196. MAILING AOI	PRESS (Street and Number or Rural R	_						
임	Thongsuk Fetzer		lly Swamp Road			3 21851				
		20b. PLACE AND DATE OF DI	SPOSITION (Name of		ATION — City or Town,					
	4 Donation 5 Other (Specify)	cemetery, crematory or other person Method	dist Cemetery	4/17 Pocc	omoke City	, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FAC Melson Funera	ILITY						
- 1	Scotts Melan		PO BOX 64, Po		tv. Md. 2	21851				
	23. PART i. Entar the diseases, or complications that caushock, or heart feilure. List only one cause or	sed tha death. Do not e	enter the mode of dying, such	as cardiac or respire	atory arrest,	Approximate				
	IMMEDIATE CALISE /Final		Λ			Intervel Between Onset and Death				
	disease or condition resulting in death)									
	DUE TO (OR AS A CONSEQUENCE OF):									
ON	Sequentielly list conditions, if any, leading to immediate									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	NDERLYING								
E	that initiated events resulting in death) LAST	S A CONSEQUENCE OF):								
H	d									
	PART ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
MEDICAL				PERFORM 1 YES 2 [CO	MILABLE PRIOR TO MPLETION DF CAUSE				
Ä						DEATH?				
ž				_						
PHYSICIAN:	25. WAS CASE REFERBED TO MEDICAL EXAMINER? HOSPITAL:	Lo	28. PLACE OF OEATH (Che	ck only one)						
IXSI	1 YES 2 NO 1 inpetient 2 ER/O	ulpatient 3 🗆 DOA 4 🗆	HER: Nursing Home 5 Residence	Other (Specify)						
	27. MANNJER OF DEATH 28e. OATE OF INJUR (Month, Day, Year		WORK?	28d. DESCRIBE HOW IN	JURY OCCURED					
B	2 Accident investigation 3 Suicide 8 Could not be 28s. PLACE OF INJU	RY — Al home, ferm, street	M 1 YES 2 NO	Set LOCATION (C.						
COMPLETED	4 Homicide 8 Could not be building, etc. (S)	pecify)	, lactory, office	28f. LOCATION (Street an City or Town, State)	id Number or Rural Floute	Number,				
Ä	29e. CERTIFIER (Check only (Check only II)	Comfording double programed at			- Inches					
N N	(Check only one) 2 MEDICAL EXAMINER: On the basis of examiner	tion and/or investigation, in	my opinion, death occured st the I	o the cause(a) and menn lme, data and place, and	er es stated.	d manner as eteted				
	29b. SIGNATURY AND TITLE OF CURTINER	-	29c. LICENSE NUMI							
BE	7.0		1) 194		29d. DATE SIGNED (Mo	143				
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print			1/10/					
	Julius Zant, MD - 508 Divisi	on Street,	Salisbury, Mar	yland 218	01					
, ,	31. DATE FILED (MONTH CON YOUR STEEL	on Street,	20 1002 2							
U	111 11 11	л п	W 0 1000 Jah	Sinden Ru	مليداد					



	FOR
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-	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

	1 - STATE REGISTRAR	OINIE OF F	CE	RTIF	ICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2, DATE OF DEATH			3. TIME OF DEATH	
	May	B.			FERG	4502		,199	YEAR 3	0225 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR		PLACE (State or Foreign	
	173-10-0040	1 🗌 M 2 💢 F	96	YRS.	MONTHS DAYS	HOURS MIN.	3/16/1897		Scot	land	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF D		9c. COL	INTY OF DE		
FUNERAL DIRECTOR	PENINSULA REGIONAL MEDICAL CENTE					ALISBURY	7		WICON	4ICO	
Ä	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
ā	Maryland Worce	ester			Pocomoke	e City			1	LIMITS? 1 X YES 2 NO	
ME	10e. STREET AND NUMBER				10	. ZIP CODE		10g. CIT	TIZEN OF W	HAT COUNTRY?	
Ä	Clarke Manor Apts. #406 Linden Av			re.		21851			US	A	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES? 1 YES, GIVE WAR OR DATES				If yes, or	ENDENT OF HISPAI ecity Cuban, Mexics 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	or No-	Black, Specif	- American Indian, White, etc. y: White	
9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed	16a. DE	CEDENT'S	USUAL OCCUPATE	ON of warding	16b. KIND OF BU	SINESS/IN		WILLEE	
H	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT us	se retired.)	ist or working					
MPI	88		Groc	erv	Store O	mer					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE	Thomas Bentley					Alice I	eek				
2	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zi	ip Code)		
_	Eunice Dooling		1	600	Cedar St	reet, Po	ocomoke Cit	tv, N	1d.	21851	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, State										
	4 Donetton 5 Other (Specify) St. Mary's Foiscopal Cametery 4/14 Procedure City, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE										
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				no address of fa			-		
	Dut S.	mels	401				comoke Cit	tv. N	arv1	and 21851	
	23. PART i. Enter the diseases, or shock, or heart feliure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Arten	ise on each line.	200	tic Co		scu Les			Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d										
	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS										
DICAL	Fracture	Let	+ He	1			PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE	
밀	Perman	ent	Heals	4 1	Pacar	uche	* TES 4	ONO	1	OF DEATH?	
7	Parkin	mis	This	41	0						
Ä	25. WAS CASE REFERRED TO MEDICAL		10000		28. P	ACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER? 1: YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	e 5 🗆 Residence	6 Other (Specify)				
PHYSICIAN: ME	27. MANNER OF DEATH	26a. DATE OF (Month, D	INJURY	28b. TIM	E OF 28c. IN.	URY AT	28d. DESCRIBE HOW I	NJURY OC	CURED		
BY F	1 Natural 5 Pending 2 Accident Investigation	4-3	-43	4 4	O M 1	YES 2 NO	fell in	batt	roo	nc	
	3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At hor atc. (Specify)	me, farm,	street, factory, offic	•	261. LOCATION (Street City or Town, State)	and Numbe	r or Runal Ro	oute Number,	
	4 Homicide determined			tall			Pocorri	1	Md		
片	29a: CERTIFIER 1 CERTIFYING PHYS				ed at the time, date	and place, and due	to the cause(s) and mai				
COMPLETED	(Check only one) 2 MEDICAL EXAMINI									and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE		2 2 2 2 2 2			29c. LICENSE NUI					
8E	(sweet	ehr	7 MT)		1/2,7	670	290. DAI	1/1/	(Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	SE OF DEATH (ITEN	1 27) (Type	Print)	105	Pine	RI	uf.	L RUHY	
	31. DATE FILED (Month, Day, Year) 12, PEGESTRAR'S SIGNATURE GALLY HELDERY, MET 3/50/										
	OT. DATE TIEED (MONIN, Day, 10er)										

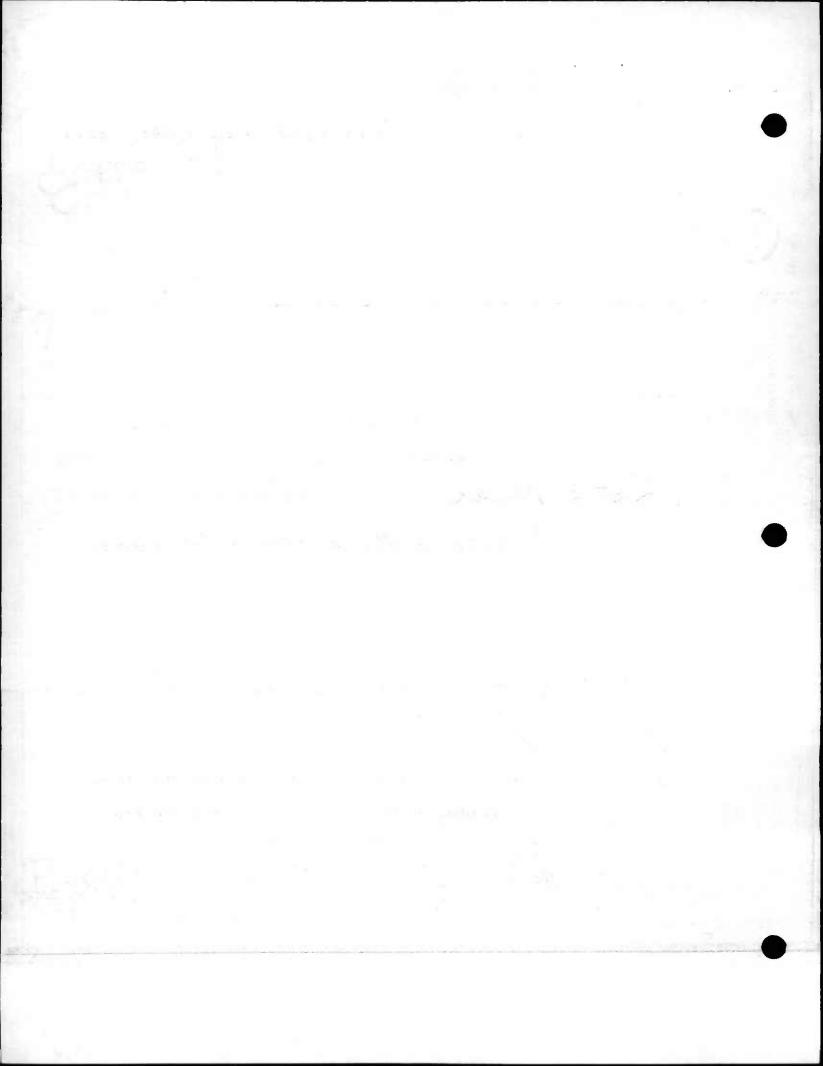
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the byrial-transbe filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



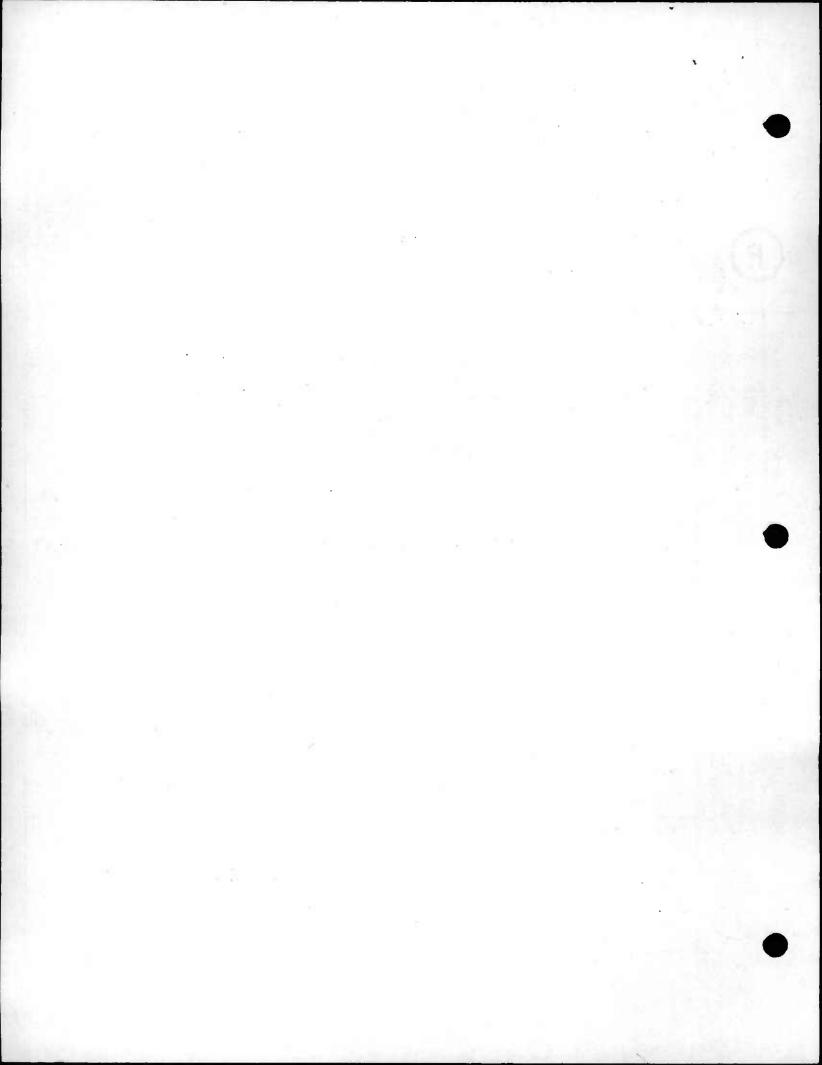
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

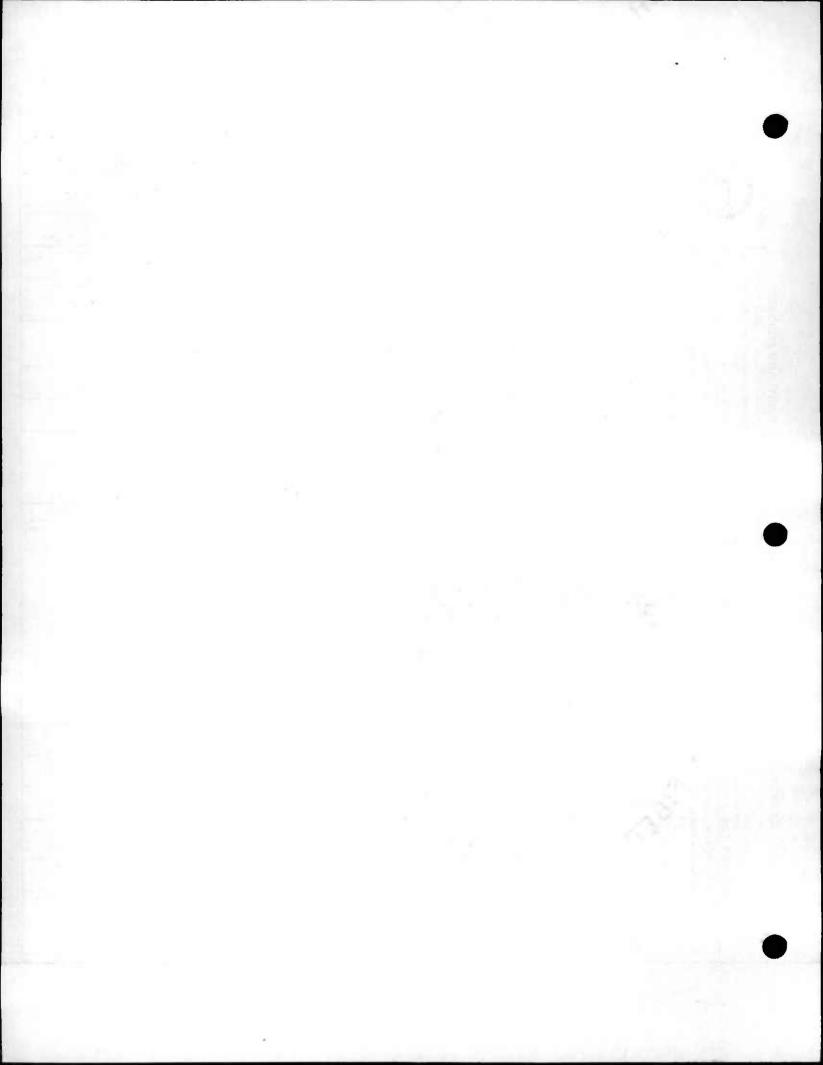
TO BE COMPLETED BY PUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIEN
CERTIFICATE OF DEATH	REG. NO.

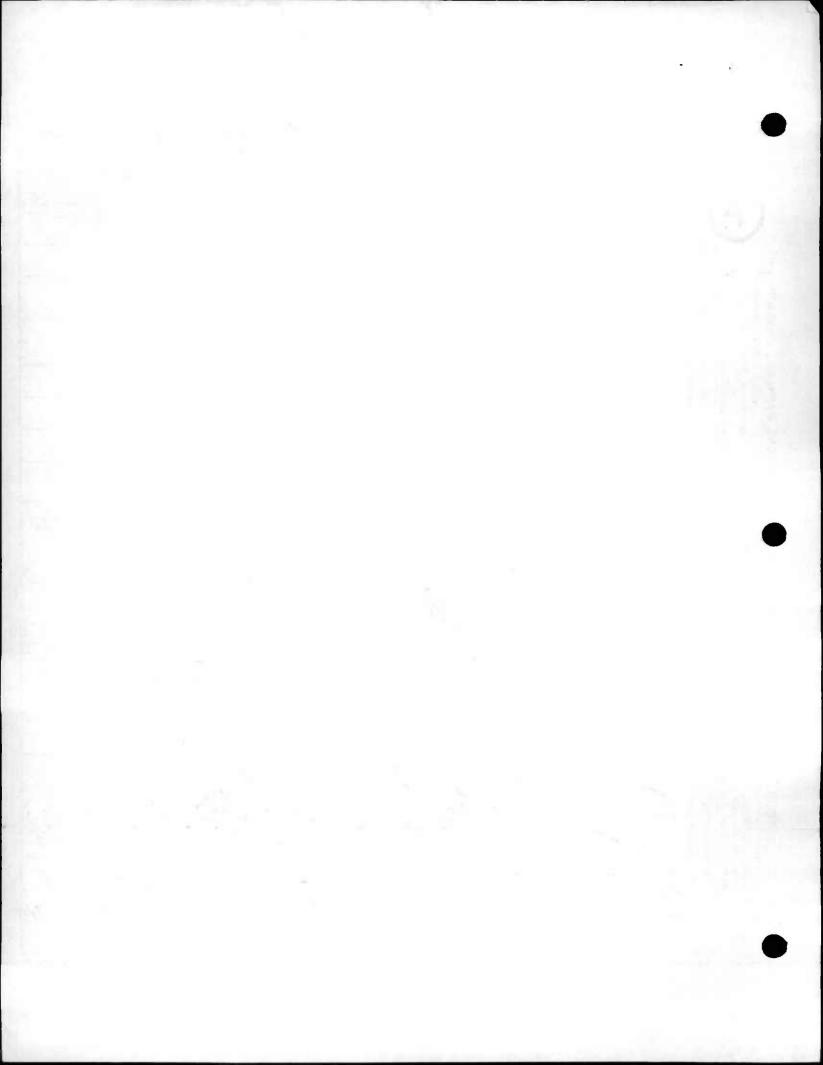
SAIAH FAIR, Jr.	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H			YGIENE EG. NO.		
*** SECURITY MANAGEMENT SAME (Prof. Intelligence of the work of the control of th			O E I I I I I	OATE OF	DEATH	2. DATE OF D	EATH		3. TIME OF DEATH
251-76-7719 R. W 2 F	ISAIAH FAIR,	Jr.				04			12:45 A M
**SPECITY MARY (FIRST INSTRUCTION FOR INSTRUCTION OF INSTRUCTION O					7	7. DATE OF BI	IRTH (Year)		
Camp Springs Prince George's MacCOUNTY Mary Jand MacCounty MacCounty MacCOUNTY Mary Jand MacCounty M	401 70 7712	4.2	47 YRS.			01/12			
TRESIDENCE OF DISCRESSION No. STATE 100. COUNTY 100. REGION 100.		t and number)			OWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH				DEATH
Mary Land Prince George's 196. CITY, TOWN OR LOCATION 196. THE THE TAND NUMBER 101. THE THE	6816 Dodge Lane			Camp Sp	rings		Pr	ince (George's
Maryland Prince George's Camp Springs 10. 28 concessors			10c. CITY	, TOWN OR LOCA	TION				10d. INSIDE CITY
11. MANTAL STATUS 12. WAS DECEMBET EVER IN U.S. ANABED 12. WAS DECEMBET OF METHANIC CORRECT (Speedly Yee of Mo- PONCES) 1.1 YES 2 NO	Maryland Prince	George's	Cam	p Spring	s				
13. Mean Part 13. Mean December of Interview 13. Mean December of Interview 13. Mean December of Interview 13. Mean December of Mean, etc. 13. Mean December of Mean	10e. STREET AND NUMBER			10	. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
September Portion Post							U:		
Secondary Secondary Black 1. December's EDUCATION 1. December of Paul Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural		2. WAS DECEDENT EVER IN FORCES? 1 TYES	U.S. ARMED 2 NO					- 14. RAC Bla	E — American Indien, ck, White, etc.
Standard Standard		IF YES, GIVE WAR OR DAT	ES	1 TYES	2 X NO Specif	fy:		Spe	offy:
Elementary Secondary (0-13) College (1-4 or 5 +) Heavy Duty Mechanic Construction	15. DECEDENT'S EDUCAT	ION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND	OF BUSINESS		Lack
Heavy Duty Mechanic Construction			(Give kind of w life. Do NOT us	rork done during mo e retired.)	est of working				
ISAIAH FAIT 198. MALLING ADDRESS (Street and Number or Rural Roun Number: City or Town, State, 20 Code) Ethel Fair 508. MALLING ADDRESS (Street and Number or Rural Roun Number: City or Town, State, 20 Code) Say, METHOD ON DISPOSITION 105 Surfer 2 Cremation 3 Removed from State 205. NACE OF DESTITION (Name or Commentary, crematory or other (Specify) Reid's Funeral Home Cheraw, South Carolina 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Reid's Funeral Home 22. NAME AND ADDRESS OF RAILITY Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro PK, District Het., MD, 2074 Alexander S. Pope Funeral Home 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marlboro 5.338 Marl			Heavy D	uty Mech	nanic	C	onstru	ction	
198. MAILING ADDRESS (Siret and Number of Rental Route Humber, City or Town, State, Zip Code) Ethel Fair 198. MAILING ADDRESS (Siret and Number of Rental Route Humber, City or Town, State, Zip Code) (816 Dodge Ln. Camp Springs, MD. 200. PLACE OF DISPOSITION (Numer of comments, comments) or Rental Route of comments, comments or comments, comments or Rental Route of Cheraw, South Carolina 210. PLACE OF DISPOSITION (Numer of comments, comments) or Rental Route (Cheraw, South Carolina 210. PLACE OF DISPOSITION (Numer of comments, comments) or Rental Route (Cheraw, South Carolina 211. SIGNATURE OF FURERAL SERVICE UCENSEE A Lexander S. Pope Funeral Home 212. NAME AND ADDRESS OF FACILITY A Lexander S. Pope Funeral Home 5338 Marlboro PK, District Hgt. MD. 20747 Alexander S. Pope Funeral Home 5338 Marlboro PK, District Hgt. MD. 20747 Alexander S. Pope Funeral Home 5338 Marlboro PK, District Hgt. MD. 20747 Alexander S. Pope Funeral Home 5338 Marlboro PK, District Hgt. MD. 20747 Alexander S. Pope Funeral Home 5338 Marlboro PK, District Hgt. MD. 20747 Alexander S. Pope Funeral Home 5338 Marlboro PK, District Hgt. MD. 20747 Alexander S. Pope Funeral Home 5338 Marlboro PK, District Hgt. MD. 20747 Alexander S. Pope Funeral Home 5338 Marlboro PK, District Hgt. MD. 20747 Alexander S. Pope Funeral Home 5338 Marlboro PK, District Hgt. MD. 20747 Alexander S. Pope Funeral Home 5338 Marlboro PK, District Hgt. MD. 20747 Alexander S. Pope Funeral Home 5338 Marlboro PK, District Hgt. MD. 20747 Alexander S. Pope Funeral Home 5338 Marlboro PK, District Hgt. MD. 20747 Alexander S. Pope Funeral Home 5338 Marlboro PK, District Hgt. MD. 20747 Alexander S. Pope Funeral Hgt. MD. 20747 Alexander S. Pope Funeral Hgt. MD. 20747 Alexander S. Pope Funeral Hgt. MD. 20747 Alexander S. Pope Funeral Hgt. MD. 20747 Alexander S. Pope Funeral Hgt. MD. 20747 Alexander S. Pope Funeral Hgt. MD. 20747 Alexander S. Pope Funeral Hgt. MD. 20747 Alexander S. Pope Funeral Hgt. MD. 20747 Alexander S. Pope Funeral Hgt. MD.					18. MOTHER'S NA	AME (First, Middle	, Malden Surnar	ne)	
Ethel Fair 6816 Dodge Ln. Camp Springs, MD.	Isaiah Fair				Ethel	Lee Mc	Manus		
206. PLACE OF DISPOSITION (Name of commency, commency or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, enter the diseases, or condition each line. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, enter respiratory arrest, on the fellure. List only one seasy on each line. 24. AMER AND ADDRESS OF FACILITY Alexander S. Pope Funeral Home 5338 Marlboro PK, District Hgt, MD, 20747 Alexander S. Prope Funeral Home 5338 Marlboro PK, District Hgt, MD, 20747 Approximate interval Between Onset and Death resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE			1					, Zip Code)	
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2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		(Month, Day, Year)		URY W	PRK?	26d. DEŞCRIB	BE HOW INJURY	OCCURED	
4 Homicide determined building, etc. (Specify) 29e. CERTIFIER (Check only one) Certification of the determined building, etc. (Specify) City or Town, State) City or Town, State)	* - Accident	28e PLACE OF INJURY	At home form (281 LOCATIO	N /Street and No	mbos os Buen	I Doub Mumba
(Check only Check - October Hot be	building, etc. (Specif	y)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				The or The	Tiodo Harriso,	
one)	290. CERTIFIER , CERTIFYING PAYERS	Mr. To the heat of my beauty	are alta litter				50.70 (0.0-7-	cana.	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 18561-DC 4/19/93 297. LICENSE NUMBER 18561-DC 4/19/93 298. DATE SIGNATURE 290. DATE SIGNATURE 290. DATE SIGNATURE 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNATURE 200. DATE SIGNATURE 200. DATE SIGNATURE 200. DATE SIGNATURE 200. LICENSE NUMBER 200. DATE SIGNATURE	000)	ar a series a series as a							e(a) and manner as stated.
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David Therry, MD 110 Irving Strum Washington DC 20010 31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE APR 2 0 1002	-30 NAME AND ADDRESS OF PERSON WHO	COMPLETED FAUSE OF DEA	TN (ITEM 27) (Type.	Print)	1			111	//3
31. DATE FILED (Month, Day, Year) 12. REGISTRAN'S SIGNATURE APR 2 0 1002	David J Perry,	MO 110 I	ruing Si	tru, L	Vashin	ston	DC =	2001	0
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		REGISTRAR		CERTIF	ICATE (OF DEATH		REG. NO.			
	- 6	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF	DEATH		3.	TIME OF DEATH
	1	Ottis	Thomas		Fish	er	Apri	1 1 DAY	1993	AR	8:45 A.M.
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS.	7. DATE OF (Month, D			BIRTHPLA	NCE (State or Foreign
W		244-40-9634	1 🗆 M 2 💢 F	61 YRS.	MONTHS D	AYS HOURS MIN.	Novem	ber 2	7 N	Country)	Carolina
		Se. FACILITY NAME (If not institution, give	street end number)		9b, CITY, TO	WN OR LOCATION OF D		JCI Z	9c. COUNTY		
EX F	} ન્નુ	8812 Saunders				nham			Prince		
V.C	18	RESIDENCE OF DECEDENT								- 40	orges
Alv. E	1	10a. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR L	OCATION				10	d. INSIDE CITY
	8	Maryland Pri	nce Georges		Lanhar	anham				11	LIMITS?
	-4	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN		
3	E	8812 Saunders	Lane			20706		_	Unite	ad S	tates
LAND 21215-0020 the hospital or attending physician. detached for use as the burial-transit once.	FUNERA	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN?	Specify Yes			American Indian,
5-0020 nding physic is the burial		1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If ye	yes X NO Specify Cuban, Mexic	an, Puerto Rica	in, etc.)		Black, W	hite, etc.
die die	Bá	3 Widowed 4 Divorced				152 MV NO Sher	ту.			Specify :	Black
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Z1Z1	<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done dunit se retired.)	ng most of working					
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AND. The hospit detached	COMP	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N					
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MAKYLAND retained by the hospit 5 should be detached notified at once.	00	19a. INFORMANT'S NAME (Type/Print)		_	ADDRESS (St	treet and Number or Rural		City or Town	State 7in Cov		
	유	Richard Michael	Fisher(hushar	ad) 8812	Saunde	ers lane.	lanham	Mar	vland	207	16
		20a, METHOD OF DISPOSITION		b. PLACE AND DATE	_					-	
ector, s		1XXBuriel 2 ☐ Cremation 3 ☐ Res	noval from State Co.	motory cramatory or o	ther place!		DATE		ATION — City		
age direct	1 1	4 Donation 5 Other (Specify)	N &	ational E	larmony	Memorial	Hark	Lan	dover,	_ Mai	ryland
24 hours after death. Page 6 may by filled in by the funeral director, page ion, or removal.		· Ø . /)	Ia \\	0	22. NAR	ME AND ADDRESS OF F	La	tney	s Fune	eral	Home
ter dea the fu		and of	To Mey - t	a lamo	383	1 Georgia					
hours after d in by the or removal		23. PART i. Enter the diseases, or	complications that cause	d the deeth. Do	not enter the	mode of dying, suc	ch es cerdied	or respin	atory srrest	-	Approximats
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hat the d by th and h	EDICAL							PERFORM		AW	MILABLE PRIOR TO MPLETION OF CAUSE
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negura of 1	Σ						_			1 [YES 2 NO
ATTENDING PHYSICIAN: The law requirectors. After this certificate has been is after death with the State Dept. of Hin 28 is marked, or Item 23 show	SICIAN:	OF WHE CASE DEFENDED TO MEDICAL									
The ate tate	호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	heck only one)				
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This of with the with the distriction of the distri	РНҮ	27. MANNER OF DEATH 1XX Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF 280 JURY	INJURY AT WORK?	28d. DESCR	BE HOW IN	JURY OCCURE	ED	
DING PHYS After this death with	à	1/ Natural 5 Pending 2 Accident Investigation			M I	YES 2 NO					
S de la company		3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,	street, factory,	office	281. LOCATIO	ON (Street en	nd Number or R	lural Floute	Number,
ATTEN CTOR: after	ETE	4 Homicide determined	, , , , , , , , , , , , , , , , , , , ,	,			City or i	own, Stelle)			
PR COURT	ובו	29a. CERTIFIER 1XX CERTIFYING PHYS	SICIAN: To the best of my know	rlados desth occurr	and at the time	data and place, and du	A- th				
世 城 だ =	COMPL		ER: On the basis of examination								
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	응			on and on mysaligate	an, ar my opini	on, death occured at the	r time, date and	piace, end	due to the ce	nse(e) eu	d manner ee stated.
H H D 6	8	296. SIGNATURE AND TITLE OF CERTIFIE		11.0		29c. LICENSE NU	MBER		29d. DATE SIG	GNED (Mo	onth, Day, Year)
PPLE	6	aphil	scaro.	MS		D182	19		04	105	193
(10)	-	30. NAME AND ADDRESS OF PERSON W									
(10)		Stephen P. Staa			te Dri	ive, Lando	ver, M	aryla	nd 20	785	`
0	Ì	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN								-
		₩DD1 5 100	2 Lulia Sais	dryn-Rande	200						

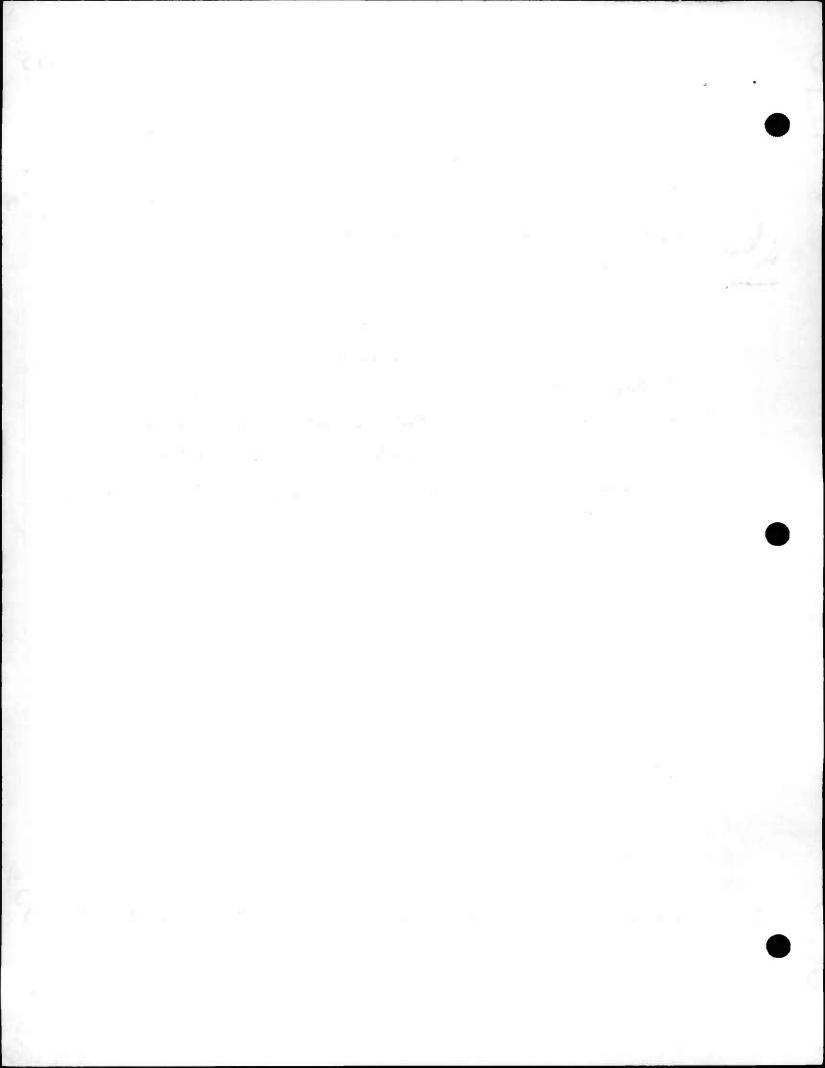


	_	FOR 1 - STATE REGISTRAR	STATE STATE OF MANTEAND / DEFANIMENT OF HEALTH AND MENTAL HYGIENE							
		1. DECEDENT'S NAME (First, Middle, Last)	m Edwa		Fletc	her	2. DATE OF DEATH	2 - 93	S. TIME OF DEATH 3. TIME OF DEATH M	
ppo		4. SOCIAL SECURITY NUMBER 217-60-9458 9a. FACILITY NAME (If not institution, give a	1 🕅 M 2 🗆 F	(In yrs. last birthday) 40 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. Date of BIRTH (Month, Day, Year) 8-5-52		BIRTHPLACE (State or Foreign Country) Ash., D.C.	
0	CTOR	Behind 17112 L		Road		cokeek	EAIn		ce George's	
IE, MARYLAND 21215-0020 ½ by be retained by the hospital or attending production page 5 should be detached for use as the burni-transit primit Produce be notified at once.	DIRE		v nce George'		ry, town or locat Accokee	ek			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO	
	FUNERAL	17112 Livingston Road			101. ZIP CODE 20607			1	USA	
	E I	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES			IED 13. W&S DECENDENT OF HISPANIC ORIGIN? (Specify Yes or N If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 (X ND Specify:				RACE — American Indian, Black, White, etc. Specify: White	
	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v life. Do NOT us Const	ruction	ost of working		Pepco		
	l w	17. FATHER'S NAME (First, Middle, Last) William A. Fletcher			enance.		ER'S NAME (First, Middle, Melden Surneme) Ancy Chapin Flagg			
	TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode) Debra Fletcher Same as 10a10f.								
may may ya ba ba ba ba ba ba ba ba ba ba ba ba ba		20a. METHOD OF DISPOSITION 1	noval from State cen	b. PLACE AND DATE Of the detery, crematory or of Lee Cre	ematory	4-12-9	93	Clinto	n.Md.	
S e e e	Ш	6633 Old Alexander Ferry Road Clinton.Md.20735								
be executed within 24 cian and completely fill out to burial, cremation.		23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate intervat Between Onset and Death								
	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.								
i, P.O. Bot leath certificate attending physis attending physis attending physion of the pri		that initiated events resulting in death) LAST	DUE TO (DR AS A CONSEDUENCE OF):							
L HECORDS, P law requires that the death is been signed by the atten ept. of Health and Mental H 23 shows any Injury, o	7	PART II. Other significant conditions contributing to death but not resulting in the underlying cau				g cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
II AL KECON W: The law requires tha licate hear been signed la State Dept. of Health a litem 23 shows any	CIAN: A	25. WAS CASE REPERRED TO MEDICAL EXAMINERS 28. PLACE OF DEATH (Check only one)								
OF VIII PHYSICIAN: The this certificate I with the State well or Item	PHYSICIAN:	1 TES 2 NO 27. MANNER OF DEATH	OF DEATH 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 3 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 4 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 5 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 6 2 NO Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 7 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 8 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 9 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 9 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 9 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 9 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 9 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 9 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 9 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 9 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 9 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 9 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 9 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 9 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 9 Nursing Home 5 Residence 6 Other (Specify) Wetter Outs 9 Nursing Home 5 Residence 6 Other (Specify) 9 Nursing Home 5							
	à l	1 Natural 5 Pending 2 Accident Investigation 3 Suicide S Could not be 25e. PLACE OF INJUNY - Al: home, farm			M 1 YES 2 AND MONEY			et and Numbeyor Rural Route Number,		
TAL OR ATTENDING TAL DIRECTOR: After 72 hours after death	MPLET	29e. CERTIFIER (Check only 1 CERTIFIER) To the best of my knowledge, death occurred at the time, date and piece, and due to the causety and manner as states?								
TO THE HOSPITAL O TO THE FUNERAL D be filed within 72 ha IMPORTANT. If IN	BE CO!	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the itime, date and place, and due to the cause(s) and manner as stated. 28b. SIGNATURE AND TITLE OF CERTUPISM 29d. DATE SIGNED (Month, Day, Year)								
268	욘	THE MARKE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1900, Print)								
9		APR 1 3 1993	32. REGISTRAN'S SIGN	NATURE Panda	182	1420114	779 0	1 7	7 2 2/18	



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

د -	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH AND	MENTAL HYGIEN		
l l	1. DECEDENT'S NAME (First, Middle, Lest)	J. FINAL	mage		2. DATE OF DEATH	YEAR	3. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER 577-30-4270	5. SEX 6. AGE (I	n yrs. lest birthday) #	UNDER 1 YEAR IF UNDER 24 HRS. NTHIS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	THPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give str	- 1/		CITY, TOWN OR LOCATION OF D		1915 Was	Shington, D.C.
DIRECTOR	SOUTHERN MAR	LYLAND HOS	DITAL	alinton, n	nd _	HINCE	GEORGE
DIRE	Maryland Prince	George's		own or location le Hills			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	100. STREET AND NUMBER 4024 - 27th Avenu			10f. ZIP CODE			WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 (A) YES	U.S. ARMED	20748	NIC ORIGIN? (Specify Yea	U.S.A	CE — American Indian.
	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		If yes, specify Cuben, Mexico 1 YES 24 NO Specif		Spec	ck, White, etc. city: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most of working tired.)	186. KIND OF BUS	INESS/INDUSTRY	WILLE
MPL	11 17. FATHER'S NAME (First, Middle, Last)	Conlege (1-4 of 5+)	Supervis	or Redemption			rnment
BE CC	Nicholas Fin	amore			ME (First, Middle, Meiden . nza Dauna	Surname)	
TO E	19: INFORMANT'S NAME (Type/Print) Vivian L. Finamor	e		DRESS (Street and Number or Rural 27th Ave., Te			7/.0
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremaflon 3 Remo	206.	PLACE AND DATE OF D	ISPOSITION (Name of	DATE 20c. LOC	CATION — City or T	own, State
	4 Donation 5 Other (Specify)		esurrecti /	on Cemetery 4 22. NAME AND ADDRESS OF FA George P. Ka	/10/93 C1:	inton, M	aryland
	· Learge	Thala	W	6160 Oxon Hi	11 Rd. Oxor	n Hill.	Md.20745
	23. PART I. Enter the diseases, or co ahock, or heart failure. L IMMEDIATE CAUSE (Final	int only one cause on ea	the death. Do not ch line.	enter the mode of dying, suc	h aa cardiac or respi	etory arrest,	Approximate interval Between Onset and Death
	disease or condition resulting in death)		CONSEQUENCE OF:				onet and beati
N	Sequentially list conditions,			large to	owel		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):	yonathy			
RTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
	PART II. Other significant conditions	contributing to death bu	it not resulting in t	he underlying cause given in			b. WERE AUTOPSY FINDINGS
EDIC.	RENAL	FAILURE			PERFORI		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
N: M							1 TYES 2 NO
PHYSICIAN: MEDICAL		HOSPITAL:		26. PLACE OF DEATH (Ch FHER: Nursing Home 5 Residence			
	27. MANNED OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Specia	— At home, ferm, stree		281. LOCATION (Street a: City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	200 CENTIFIED	IAN: To the best of my knowle	dge, death occurred at	the ilms, data and place, and due	to the causa(s) and man	nov no otelod	
COMI	2 MEDICAL EXAMINER			my opinion, death occured at the			e) and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIER	1.		29c. LICENSE NUM	ABER 3 88	29d. DATE SIGNED	(Month, Day, Year)
7	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	04	: 14 ^	N d N	2737
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		UKA, HOU CL	inton, 1	Ila, 2	0 138
	APR ₁ 3 1993	Julia Davids	n-yandell				



	2
(Des.
BALTIMORE, MARYLAND 21215-0020	FENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician are completely filled in by the funeral director, page 5 should be detached for use as the build-transit armit. The start with the State Dept. of Health and Mental Hygiene prior to burish, cremation, or removal. Is marked, or Item 22 shows any Interv. or other traumatic event, the medical examiner must be notified as once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos TO THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 22 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

											93		2574
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND						MENTA	L HYGIEN			
	1. DECEOENT'S NAME (First, Middle, Last)		<u> </u>	ERTIF	ICAI	E OF	DEA	Н		REG. NO.			
9	1. DECEDENT S NAME (FIRST, MINUNS, CHIST)	Lillian	n Marga	ret	Gri	lers	on		MON	E OF DEATH DA	Υ .	YEAR 3.	TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	_		R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	1	BIRTHPL	ACE (State or Foreign
	216-12-6585	1 🗌 M 2 🗷 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.		nth, Day, Year)		Country)	
	9e. FACILITY NAME (If not institution, give s	treet and number)	00		9h CIT	Y, TOWN O	IR LOCATIO	ON OF O		21-06	9c. COUNT	MD	
Œ	4								-AIN		SC. COUNT	T OF DEA	in .
5	North Arundel	Hospita	11		G.	.en	Burr	nie			AA		
) E	10a. STATE 10b. COUNTY	1		10c. CFT	Y, TOWN	OR LOCAT	ION					10	Id. INSIDE CITY
ā	MD	AA			11 pr	Bu	rnic	,					LIMITS?
FUNERAL DIRECTOR	10e. STREET AND NUMBER	1111			J 11 (C) 1		ZIP CODI				10a CITIZE		T COUNTRY?
R	211 A Street SW	r											II COONTHIT
Z	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II S AS	PMEO	10	WHO DEO	210			N? (Specify Yee		JSA	
	1 Never Merried 2 Merried	FORCES? 1	YES 2 X	NO	13	If yes, spe	cify Cube	n, Mexica	n, Puerto	N? (Specify Yee Rican, etc.)	or No- 14	Black, W	American Indian, /hite, etc.
ВҰ	3 Wildowed 4 Divorced	IF YES, GIVE W	IAH OH DATES			1 TYES	2 NO	Specify	y:			Specify:	White
요	15. DECEDENT'S EDU	CATION	18e, DE	CEDENT'S	USUAL (OCCUPATIO	M		16	b. KIND OF BUS	INESC/INDIES	TDV	WILLCE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 d	(C	live kind of u	vork done	during mos	st of workin	g		b. KIND OF BOS	INESS/INDOS	ini	
P	12	College (1-4 b) 5 4		lomen	معادد	r				IIom			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			Omer	iake	Ι.	18 MOTA	ED'C NA	ME /Find	Home Middle, Maiden S			
	Louis W. Philli	20.01						:					
BE	19a. INFORMANT'S NAME (Type/Print)	μs	1 40			2.40				C. P.			
2		3	19					or Rural I	Route Nun	nber, City or Town	, State, Zip Co	ode)	
	Charles R. Grie	rson				; # :							
	1 Suriel 2 Cremetton 3 Reme	oval from State	20b. PLACE cemetery, cre	ameton, or o	ther place	1			OAT		ATION — Cit		
	4 Donation 5 Other (Specify)	-0	Glen	Han	ren	Ceme	eter	y 4	+13	-93 G	len E	urn	ie, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	2	1		22	NAME AN	O ADDRES	S OF FA	CILITY				
	► Mull St	Dun	1/2		-	2222	an a c		****	na Da	al- D.	20.00	al Home
	23. PART i. Enter the diseeses, or o	omplications the	t caused the de	eth. Do r	of ente	the mod	de of dvi	ng eucl	ver	ild Pd.	LK FU	ner	
- 1	anock, or neart milure.	List only one cau	se on sech line	h.		ine moc	ac or dyn	ng, suci	11 20 001	diec or respir	atory arres	ι,	Approximate Interval Batween
	iMMEDIATE CAUSE (Finei disease or condition	11.	1.1	* *	R		•	1		74			Onset and Death
	resulting in deeth)	146	(OR AS A CONSE		/5	rau	1	+	UN	i/vre			
		005 10	(UH AS A CONSE	QUENCE OF	-):	11	1	2	_	1/1000			1
RTIFICATION	Sequentially liet conditions,	OUE TO	OR AS A CONSE	VC		Hen	rT	/	1	1/Ure			
F	if any, leading to immediata cause. Enter UNDERLYING	DOE 10	(OH & A CONSE	OUENCE OF	·):								i
윤	CAUSE (Disease or injury	DUE TO	(OR AS A CONSE	DUENCE OF									
Ē	that initiated events resulting in death) LAST	552 10	(ON AS A CONSE	OUENCE OF	·):								
崽		1											
4	PART ii. Other eignificant condition	contributing to	deeth but not i	reculting i	n the u	nderlying	ceuse g	iven in	Part i.	24a. WAS AN A	WTOPSY	24b. WE	RE AUTOPSY FINOINGS
<u>5</u>						, ,				PERFORI		AM	AILABLE PRIOR TO MPLETION OF CAUSE
		-						-1		1 - YES 21	MO NO		DEATH?
Σ									_			1 [YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	EATH (Che	ock only o	ne)			
₹	1 VES 2 NO	1 K Inpatient 2		□ DOA		sing Home	5 🗆 Res	sidence	8 🗆 Othe	or (Specify)			
표	27. MANNER OF DEATH 1 Notural 5 Pending	28e. OATE OF (Month, De		28b. TIMI INJ	URY	28c. INJU WOR			28d. OE	SCRIBE HOW IN	JURY OCCUP	RED	
B	2 Accident Investigation				M		ES 2 _	NO NO					
ED	3 Suicide 8 Could not be 4 Hornicide determined	28e, PLACE Of building,	F INJURY — At ho etc. (Specify)	me, ferm, s	treet, fac	tory, office				CATION (Street ar	d Number or	Rural Route	Number,
	4 Homicide determined								,	, 4.4.0)			
2	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurre	d at the	time, dete s	and place.	end due	to the ca	use(a) end menr	hetets as ne	_	-
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of ex	camination end/or	investigatio	n, In my	opinion, de	sth occur	d at the	time, dete	end place, and	due to the c	euse(e) en	d menner ee stated.
Ш С	SIGNATURE AND TITLE OF CERTIFIER		^		_		296. LUCE						
0		1	NO			4		L)	110	7		-	onth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF OFATH THE	M 27) /3	Onine)			17	117		7-	-13	15

wellham

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print)

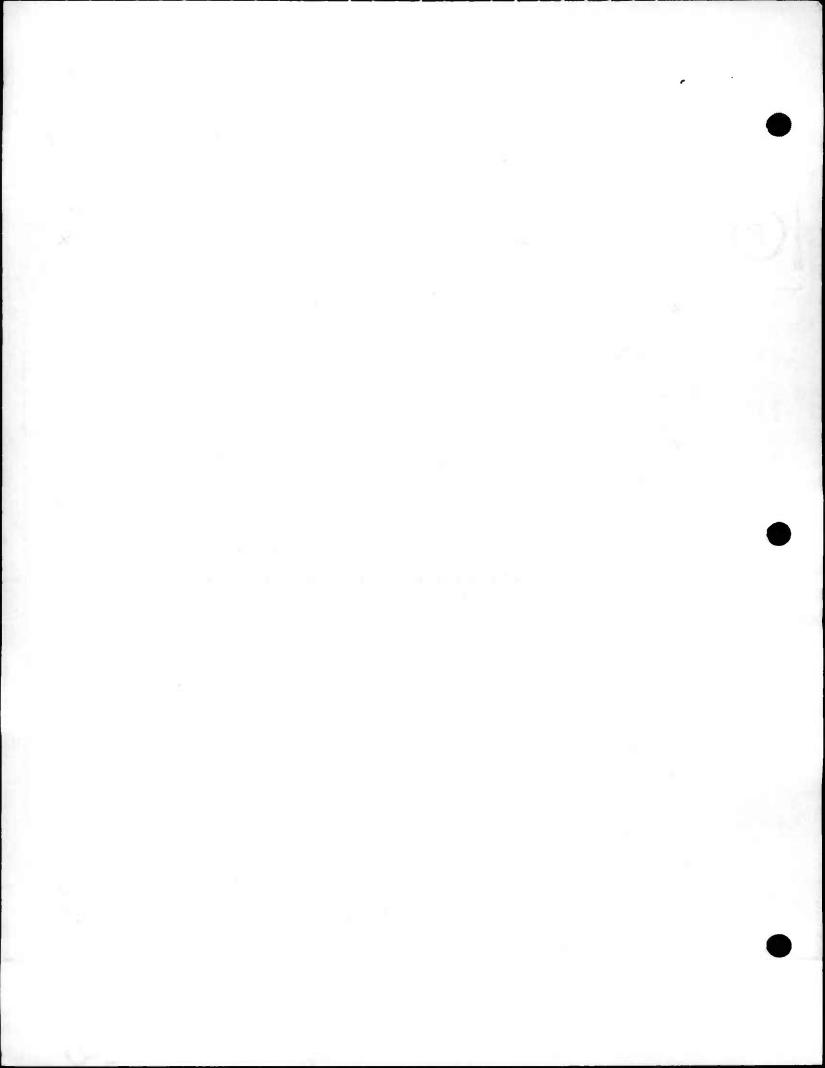
MILLER, MD (4)

31. DATE FILED (Month, Day, Year)

APR 1 5 1993 Julia Davidson Modelle.

31. DATE FILED (MONTH, Day, Year) APR 1 5 1993

21061 mo



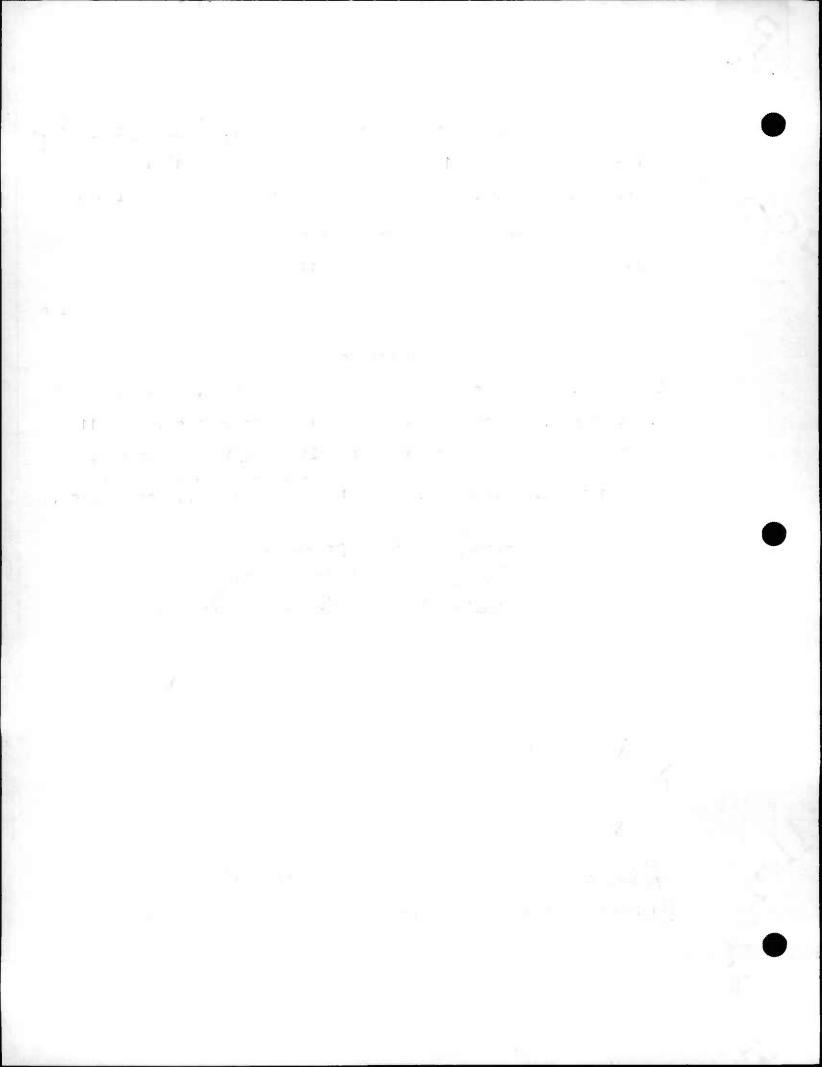
	1 - STATE REGISTRAR	STATE OF MAI		DEPAR ERTIF						GIENE G. NO.			
	1. DECEDENT'S NAME (First MIHAIR, Last)		May	Gr	ime				2. DATE OF DE		q YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-16-0001 D	5. SEX 6,	AGE (In yrs. le:	st birthday)	IF UNDE	R 1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIR (Month, Day,	TH		SIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give a		24		9b. CIT	Y, TOWN (OR LOCATION	ON OF DE			COUNTY (
É	Baltimore Cour	nty Gen.	Hospi	ital]	Rand	all	stov	v n	1		imore	
DIRECTOR	RESIDENCE OF DECEDENT	Y		I 10c CIT		OR LOCAT							
DIR	MD Ca	arroll				nins						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				000		ZIP CODI			100	. CITIZEN	1 YES 2 NO	
IER.	Goodwin Quar	rry Road				2	115	7			US		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 K	RMED NO	13.	It yes, sp	ENDENT Cocify Cuba	n, Mexica	NIC ORIGIN? (Specin, Puerto Rican, e	cify Yea or Note.)	Yea or No 14. RACE - American Indian, Black, White, etc. Specity: White		
9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S	USUAL C	OCCUPATIO	ON set of working	10	16b. KIND	OF BUSINES	S/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		ive kind of v			St OF WORK	y	,				
MP.	17. FATHER'S NAME (First, Middle, Last)		1	lous	ewl:	re			n/a				
		Aldridge							ME (First, Middle, I		nill	inc	
BE (19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a			Route Number, City				
٥	Mr. William E.	. Grimes										21157	
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State	206. PLACE Campetery, cre	ANDDATE	OF DISPO	SITION (Na	ma of			De. LOCATIO	ON — City o	or Town, State ead . MD	
М	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22	NAME AN	O ADDRE	SE OF EA	CHITTY				
	Robert F	K. Pritts	Sr			112 112	Wani	rune	eral Ho	ome &	k Cha	apel	
	23. PART I. Enter the diseases, or o	complications that ca	Used the de	eth. Do n	Dt ente	the mo	de of dyl	ng, suc	h as cardiec or	respirator	ry errest.	minster, MD	
	ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Ros	on each line	n toc	y -	fa	ihu	~				Interval Between Onset and Death	
		DUE TO (OR.	AS A CONSE	OUENCE OF	7:	40		,	1				
CERTIFICATION	Sequentielly list conditions,	b. DUE TO (OR	AS A CONSE	DUENCE OF	n:	1-			Jail	hung			
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Cor	ona	1	a	it	2u	,	duce	4.0	0	İ	
E	that initiated events	DUE TO (OR	AS A CONSE	QUENCE OF	ງ:								
H	resulting in death) LAST	d											
	PART ii. Other significent condition	a contributing to dea	th but not r	eeuiting i	n the u	nderiying	ceuse g	lven in	Part I. 24a. V	AS AN AUTO	PSY	24b. WERE AUTOPSY FINDINGS	
JICAL	M								P	ERFORMED	?	AVAILABLE PRIOR TO COMPLETION DF CAUSE	
ME									_ ' _	YES 2 N	"	OF DEATH?	
ä													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 10. A	HOSPITAL:			OTHE		ACE OF DI	EATH (Che	eck only one)				
IXSI	1 TYES 2 TYNO	1 Inpetient 2 - ER			4 🗆 Nu	rsing Hom		sidence	8 Other (Specia	fy)			
BY PHYSICIAN: MED	27. MANNER OF DEATH 1 Netural 5 Pending investigation	28a. DATE OF INJU (Month, Day, Y		28b. TIMI INJ	E OF URY M		URY AT RK? 'ES 2] ND	28d. DESCRIBE	HOW INJUR	Y OCCURE	D	
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF IN. building, atc.	JURY — At ho (Specify)	me, ferm, s	treet, tac	tory, office			28f. LOCATION (City or Town,	Street and Nu State)	umber or Ru	ural Route Number,	
COMPLETED		CIAN: To the best of my											
S			nation end/or i	investigation	n, In my	opinion, de	eath occur	ed at the	time, data and pla	ece, and dua	to the ceu	rse(a) end manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES	MD					29c LICE	HSE NUM	750	29d.	. DATE SIG	NED (Month, Day, Year)	
Ĕ	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	3 C C	M 27) (Type,	Print)	Bo	lt	14	750	No	1d.		
ı	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	, ,			-	_			- 1		

APR 1 9 '93

Julia Davidson-Randalle

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or without provided the first consistent of the flow within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

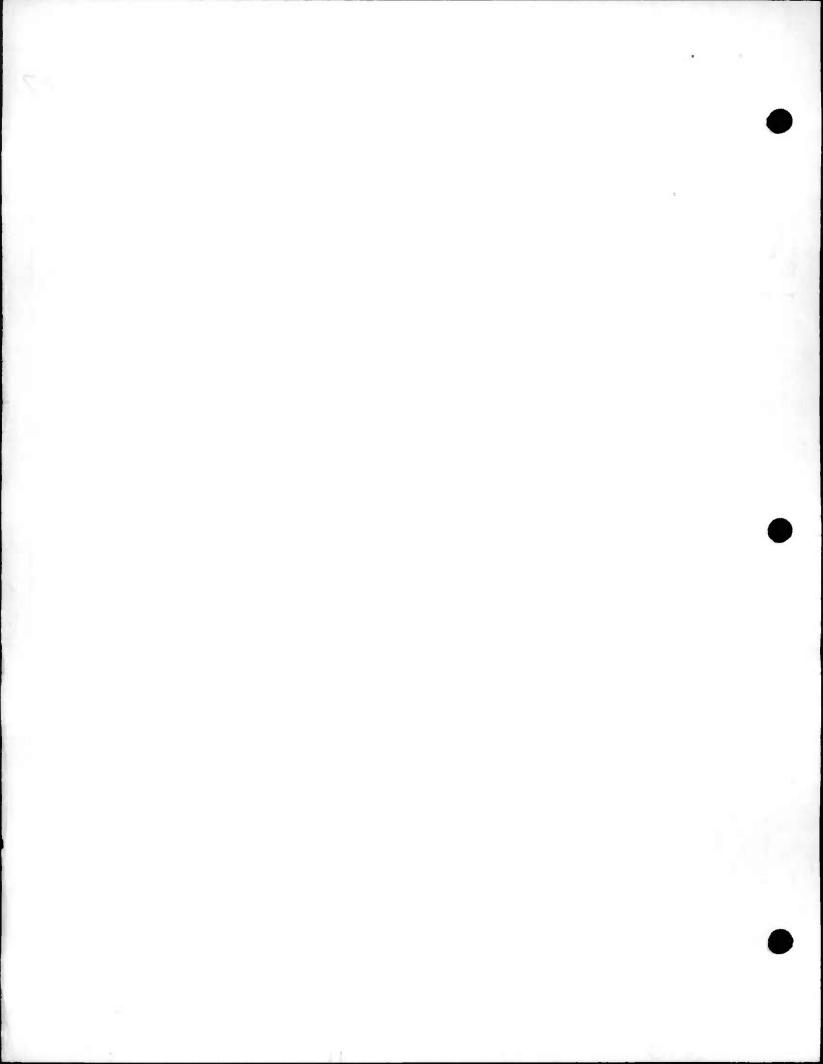
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neithfied at enea. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,



												9	3	12010
		FOR STATE REGISTRAR		STATE OF MAR			MENT OF			MENT/	AL HYGIEN REG. NO	E		
		1. DECEDENT'S NAME (First,	Middle, Last)	DAUTD			NOL			2. DAT	E OF DEATH	Y 0-	YEAR	3. TIME OF DEATH
	- 3	4. SOCIAL SECURITY NUMB	IER	DAVID 5. SEX 6. A	GE (In vrs. i	lest birthday)	F UNDER 1 YEA	SOC	, SR.	7 DAT	/-20	-93	a BISTH	PLACE (State or Foreign
-		214-12-7196	5	. 170	82	- "	MONTHS DAY	-	7	(Mor	il 6,1	911	Country	yland
3 should	_	9a. FACILITY NAME (If not in	stitution, give s	treet and number)	. 4		9b. CITY, TOW	N OR LOCAT	TION OF DE				ITY OF DE	
1. 2.	фтфя	RESIDENCE OF DEC		HOSPITE	u		Leo	OCL	at	QU	10	124	MK	1145
1	DIRE	Maryland	10b. COUNT			10c. CITY	TOWN OR LO		-					10d. INSIDE CITY LIMITS?
L.	W I	10e. STREET AND NUMBER	ى د	. Mary's	-		Abell	10f. ZIP CO	DE			10g. CITI	ZEN OF W	1 ☐ YES 2 🔀 NO THAT COUNTRY?
5	UNERAI	Morris Poin	t Road					206					J.S.A	4.
Mysician Surial-	II.	1 Never Married 2 X		12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2	NO NO	If yes,	BECENDENT Specify Cut ES 2 X NO	en, Mexica	n, Puerto	IN? (Specify Yes Rican, etc.)	fes or No— 14. RACE — American Indian, Black, Whita, etc. Specify:		
as the	ED BY	3 Widowed 4 Divo	EDENT'S EDU	CATION	16a. DECEDENT'S USUAL OCCUPATION									White
or att		(Specify only Elementary/Secondary (6	highest grade	completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16	ib. KIND OF BU	SINESS/IND	USTRY	
by the hospital of be detached for at once.	COMPL	8th Grade			Waterman						Sea	food		
by the be det	В В	17. FATHER'S NAME (First, MI George	Gibs	son					THER'S NAI		Middle, Maiden Indiana	,	Good	e
5 should notified	TO B	19a. INFORMANT'S NAME (7)		·	1			et and Numb	er or Rural F		mber, City or Tow			
ay be re page 5	-	Mary Dora G					s Poin		d A	-	1, Mar	-		
e 6 ma ector, p must		1 N Burial 2 Crematio 4 Donation 5 Other	n 3 🗆 Ram	oval from State	cemetery, o	rematory or oth	F DISPOSITION Per place) Int Cent		4/2	4/93		cation — c hwo co		eryland
death. Pag e funeral di l. examiner		21. SIGNATURE OF FUNERAL	SERVICE LIC		- 2		22. NAME	AND ADDR	ESS OF FAC	YTLIK	ner Fun			
ter dea the fur yval.	_	Muchae	l F.	Dardin	er		P.O.	Box	270	Leor	nardtow	n. Ma	arvla	and 20650
44 nours after death. Page 6 may be retained by the hospital or attending filled in by the funeral director, page 5 should be detached for use as the on, or removal. The medical examiner must be notified at once.			part failure.	Dmplications that ceu- List only one cause or	sed the d	death. Do ni ne.	ot enter the	node of d	ying, suci	ea ca	rdiec or respi	ratory arm	est,	Approximate interval Between
within 24 pletely fille cremation, rent, the		immediate cause (Fin disease or condition resulting in death)	al	DUE TO (OR A	0	Re	Q B	Ra.	100	LAY	9			Onset and Death
9 5 5								1						
enincate be executed ng physician and com giene prior to burial, other traumatic ex	IFICATION	Sequentially list condition if any, leading to immediate		DUE TO (OR A										
physiciar physiciar ne prior	FICA	CAUSE (Disease or injur		C. DUE TO (OR A	S A CONS	FOLIENCE OF								
death certificate be a strending physician ental Hygiene prior to ity, or other traun	눈비	that initiated events resulting in death) LAST	· .	d,	3 A 00113	EOUENCE OF	•							
We the	IL CEI	PART II. Other significa	nt condition	s contributing to deat	h but not	resulting in	the underly	ing cause	given in	Part I.	24s. WAS AN	AUTORSY	24b.	WERE AUTOPSY FINDINGS
UN AT ENUMBY PRESIDENT OF AN EQUIPES THAT IT DIRECTOR. After this certificate has been signed by hours after death with the State Dept. of Health and Item 28 is marked, or Item 23 shows any it	EDICA							- 111		_	PERFOR	MED		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
een sig of He.	≥									_			1	1 TES 2 NO
e has be Dept.	A	25. WAS CASE REFERRED TO	MEDICAL				26	PLACE OF	DEATH (Che	ick only o	nne)			
ertificat the Stat	YSICI	1 YES 2 NO		HOSPITAL:	_		OTHER: 4 - Nursing H	ome 5 🗆 F	lesidence	6 🗆 Oth	er (Specify)			
this o	Y PHY		Pending	26a. DATE OF INJUF (Month, Day, Yea		266. TIME INJU	RY	NJURY AT WORK? YES 2	□NO	28d. DE	SCRIBE HOW II	NJURY OCC	URED	
R: After er deatl	D BY	3 Suicide 6 0	nvestigation Could not be	28e. PLACE OF INJU	IRY — Al I	nome, farm, st				261. LO	CATION (Street a	nd Number	or Rural Ro	oute Number,
IRECTO Nurs aft	ETE	and Opposition /	letermined											
10 THE HUSPITAL UP AT ENDING PRISIDANT, THE JAW REQUES THAT TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health any IMPORTANT: If Item 28 is marked, or Item 23 shows any	COMPL	(Check only		CIAN: To the best of my kn R: On the basis of examins										and manner as stated
HE FUN	шШ	29b. SIGNATURE AND TITLE					- 1	-	ENSE NUM					(Month, Day, Year)
1 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	TO B	20 114145 112 152	13.1	Ille				D	33470)			1/21/	
		30. NAME AND ADDRESS OF Bhasker Jha					Cente	r	Leona	+frre	own, M	arvil =	nd 2	0650
		31. DATE FILED (Month, Day, 1		32. REGISTRAR'S SI			001100	_			OANTI' LI	ат ў та	11U Z	0030
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ATTE	OLD THE	1 28
NO.	DIRE	Te T
PITAL	ERI	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
HOS	FUNI	TAN
王	표	POR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - Juris after death. Page 6 may be retained by the hospital or attending pages	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the being he fined within 72 hours after death with the State Dent of Health and Mental Hydiene brior to burial, cremadon, or removal.	Σ

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEN	/	3-12577	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Wesley Reed Ga	tlin, Sr.				March 28	3 , 1993c		
		1	n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B(HPRACE (State of Foreign	
	579-14-8358	XM2□F 71	YRS.	MONTHS DAYS	HOURS MIN.	8/2/21		con Co., Ga.	
_	9e. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY O	FDEATH	
5	4277 58th Ave.	# 10		Blade	adensburg Prince George				
EC	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	_	10c, CITY	r. TOWN OR LOCA	TION			10d. INSIDE CITY	
H	Md.	P.G.	В	ladens	burg			LIMITS?	
#	10e. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
THE DIRECTOR	4277 58th A	ve. # 10			20710		τ	J.S.A.	
\$ F	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN		13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, leck, White, etc.	
BY	Never Merried 2 Merried Widowed 4 Divorced	FORCES? 1 XYES			S 2 PNO Specif	y:		pecify:	
		WW		<u> </u>				Black	
Ē	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted)	16a. DECEDENT'S (Give kind of v life, Do NOT us	vork done during n	ION lost of working	16b. KIND OF BUS	SINESS/INDUSTR	′	
7	Elementery/Secondary (0-12) 0	College (1-4 or 5+)	Kitcher		er	U.S.	Govern	ment	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Т-		ME (First, Middle, Malden			
	Linsey Gatli	n				ohine Gil			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Code)		
٤	Cheryl P. Gatlin		4277	58th	Ave. #	10.Blader	sburg	Md.20710	
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 1 Cremation 3 □ Remova	20b				/2 /0 3 20c, LO	CATION — City or	Town, State	
	4 Donation 5 Other (Specify)	Ba	altWa	sh. Cr	ematory	La La	aurel,	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME	AND ADDRESS OF FA		nc Inc		
	· Sany	1. Pra	tt	492	Burro	ughs Ave.	, N.E.	•	
	23. PART I. Enter the diseases, or com	plicetions that caused	the death. Do r	not enter the m	ode of dying, aud	ch ea cerdiec or reapi	iratory arrest,	Approximate	
	shock, or heert fallure. Lia IMMEDIATE CAUSE (Finel	t only one cause on e	ech line.					Interval Between Onset and Deeth	
1	disease or condition	RECOI	RATO	QY	TNICOL	FFICIE	NC.Y.		
	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF	F): / A	SPIRA	NOIT	,,,,,	1	
z	6 b. 1	DUE TO (OR AS A	CINOMA	A OF	ESO!	2U DAH	(WI	7+ 12/92	
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):	MET	ASTASIS.			
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	CH CHE	-> 1						
	that initiated events resulting in death) LAST	R P P 1 C 1	CONSEQUENCE OF		GEAL	FISTU	11.0		
CERTIFICATION	d	BRUNCT	0 62	PHIL	OFOIN	F1370	DIT		
A	PART II. Other algnificent conditions of	ontributing to death b	ut not resulting	In the underlyi	ng cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	COPD;					1 _ YES 2	- 1	COMPLETION OF CAUSE OF DEATH?	
ME	(PT. WAS PRON	ONNCED.	- EXPL	REDY	DY			1 - YES 2 - NO	
ž	Hospice - V	Sitima	murce	-	0				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	3		PLACE OF DEATH (C	heck only one)			
PHYSICIAN: MEDIC	1 TYES 2 X NO 1	☐ Inpatient 2 ☐ ER/Outp	atient 3 DOA	OTHER: 4 - Nursing Ho	me 5 Residence	8 Other (Specify)			
H	27. MANNER OF DEATH I ☑ Natural 5 ☐ Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY Y	IJURÝ AT /ORK?	28d. DESCRIBE HOW	INJURY OCCURED		
BY	2 Accident Investigation				YES 2 NO				
	3	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	atreet, factory, of	ica	28f. LOCATION (Street City or Town, State)		ral Route Number,	
COMPLETED	20. CERTIFIER	<u> </u>				<u> </u>			
P	000)	N: To the beat of my know							
8	2 MEDICAL EXAMINER:	On the basis of examination	n and/or investigation	on, in my opinion	death occured at the	e time, date and place, ar	nd due to the cau	se(a) and manner se stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1000 6	2na		29c. LICENSE NU	MBER	29d. OATE SIG	NEO (Month, Day, Year)	
2	3.3000000	Variot 0	COO.		12-51	7-5-2-5	4	1195	
-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF OE	ATH (ITEM 27) (Type	-LVILL	= ROAN	; #2A;	Bowi	E: 20716.	
	APRI 2 1993	32. REGISTRAR'S SIGN	ATURE			, , ,			
- 1	1 " " " L W 1443	at the in So							

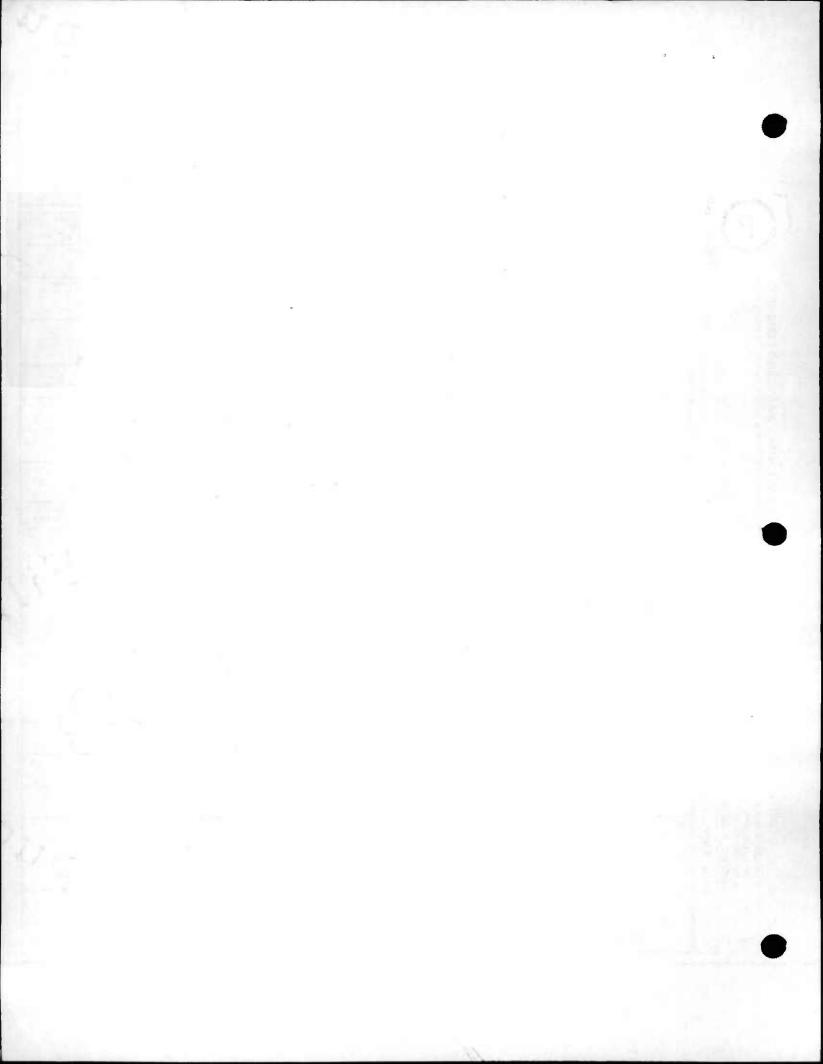


	REGISTRAR		OLITIII	ICATE O	DEALU	REG. N	O.		
	1. DECEDENT'S NAME (First, Middle, Last)	•				2. DATE OF OEATH MONTH	DAY	3. TIME OF OEATH	
		rie Green				April		93	M
	4. SOCIAL SECURITY NUMBER	5.5 (C.)	NGE (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE (State or Foreign Country)	'n
Ų.	577-56-8533	1 □ M 2 🔀 F	75 YRS.	months Date	HOURS MIN.		1917	Palymra, VA	
	9s. FACILITY NAME (If not institution, give :	The state of the s			OR LOCATION OF OR		9c. COUN	TY OF OEATH	
МE	PRINCE GEORGE'S	HOSPITAL		Che	verly		Pri	nce George's	
(P)	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	~							
		fford		ry, town on Loc cafford	ATION			10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	illolu	1 50				_	1 TES 2 NO	
FUNERAL DIRECTOR		1 - 12		1	01. ZIP CODE		1000	EN OF WHAT COUNTRY?	
Ä	1899 Garrisonvil				22554			USA	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVEN FORCES? 1 1 1	YES 2. NO	13. WAS OF	ECENDENT OF HISPAN Specify Cuban, Mexical	NIC ORIGIN? (Specify 1	es or No-	 RACE — American Indian, Black, White, etc. 	
BY	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR O	OR DATES	1 🗆 Y	S 2 NO Specify	y:		Specify: Black	
	15. DECEDENT'S EDU	CATION	18e, OECEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF 8	I I I I I I I I I I I I I I I I I I I		
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		work done during r		TOUR POINT OF B	03114233711400	JOINT .	
7	12	Conege (1-6 or 5+)	Hou	sewife		- 1	y	PVT.	- 4
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 2200	DONIELO	18. MOTHER'S NA	ME (First, Middle, Maide	n Sumama)		
	Daniel Brow	n on			1 -	nna Woods			
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To		Codel	_
2	Phyllis Jackson	1				istrict H			
	20g METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem		20b. PLACE AND OATE					Ity or Town, State	
	1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	cemetery, crematory or e	other place)	PARK	4-10 I	andove	or MD	
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Ticali	22. NAME	ANO AODRESS OF FA	CILITY	araove.		
, 1	> 11.01.00.	00 151	alto	J.	B. Jenki	ns Funera	1 Home		
	Julium	ill Pi	W(0)	<u> </u>	74 Landov	er Rd. La	ndover	, MD 20785	
	23. PART I. Enter the diseases, or shock, or heart failure.	Complications that cer List only one cause of	used the deeth. Do on each line.	not enter the m	lode of dying, suc	h as cerdiec or ree	piratory arre	et, Approximate interval Between	nen.
	IMMEDIATE CAUSE (Final		4					Onset and De	
	disease or condition resulting in death)		chrovos		Vu cal.	- ALL	when I		
- 1		OUE TO (OR	AS A CONSEQUENCE O	PF):					
NO	Sequentially list conditions,	DUE TO (OR		r j :					
ATION	if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE O						
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c		PA:					
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	c	AS A CONSEQUENCE O	PF):					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR d.	AS A CONSEQUENCE C						
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR d	AS A CONSEQUENCE C	in the underlyi	ng cause given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDIN	NGS
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR d	AS A CONSEQUENCE C	in the underlyi	ng cause given in	Part I. 24s. WAS A PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS	
EDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR d	AS A CONSEQUENCE C	in the underlyi	ng cause given in	PERF	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR d	AS A CONSEQUENCE C	in the underlyi	ng cause given in	PERF	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL	d	AS A CONSEQUENCE C	In the underlyl	ng cause given in	PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other eignificant condition	c. DUE TO (OR d	th but not resulting	in the underlyi		PERF(PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH	d. DUE TO (OR do not contributing to dear to the dear	th but not resulting Outpatient 3 □ DOA	26. OTHERS:	PLACE OF DEATH (Ch	PERF(PRMED?	AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF OEATH 1 Natural 5 Pending	d	th but not resulting Outpatient 3 □ DOA	26. OTHER: 4 Shursing Hotel (1987)	PLACE OF DEATH (Ch	PERF(1 YES eck only one) 6 Other (Specify)	PRMED?	AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Matural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR d	th but not resulting Outpatient 3 □ DOA Outpatient 3 □ DOA IRY 28b. Tile INITY At home, farm,	26. OTHER: 4 Pivesing Ho RE OF 28c. II JURY M 1	PLACE OF DEATH (Ch ime 5 Residence LJURY AT ORK? YES 2 ND	PERF(1 YES 1 YES 1 YES 1 Other (Specify) 28d. OE\$CRIBE HOW	PRMED? 2 140 INJURY OCCI	AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF OEATH 1 Natural 5 Pending Investigation	DUE TO (OR d	th but not resulting Outpatient 3 □ DOA Outpatient 3 □ DOA IRY 28b. Tile INITY At home, farm,	26. OTHER: 4 Pivesing Ho RE OF 28c. II JURY M 1	PLACE OF DEATH (Ch ime 5 Residence LJURY AT ORK? YES 2 ND	PERF(1 YES eck only one) 6 Other (Specify) 28d. OESCRIBE HOW	PRMED? 2 140 INJURY OCCI	AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR d	th but not resulting Outpatient 3 □ DOA Outpatient 3 □ DOA IRY 28b. Tile IN Specify)	26. OTHER: 4 Nursing Hollson Marcoll, tactory, off	PLACE OF DEATH (Ch) wine 5 Residence JURY AT YES 2 ND	eck only one) 6 Other (Specify) 28d. OE\$CRIBE HOW 281. LOCATION (Street City or Town, State	PRMED? 2 DNO 2 INJURY OCCI	AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO UREO	
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR. d. ns contributing to dear Vey experiments HOSPITAL: 1 Inpatient 2 ER/ 28e. DATE OF INJU (Month, Dey, Ye 28e. PLACE OF INJ building, etc. (th but not resulting Outpatient 3 □ DOA Outpatient 3 □ DOA ORY 28b. Th IN URRY — At home, farm, Specify) unowledge, deeth occur	26. OTHER: 4 Nursing Hole of Jury M 1 street, factory, off	PLACE OF DEATH (Ch. The 5 Residence 1JURY AT TORK? YES 2 ND Ice Ite and place, and due	eck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and me	PRMED? 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO UREO	SE .
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnillabe filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

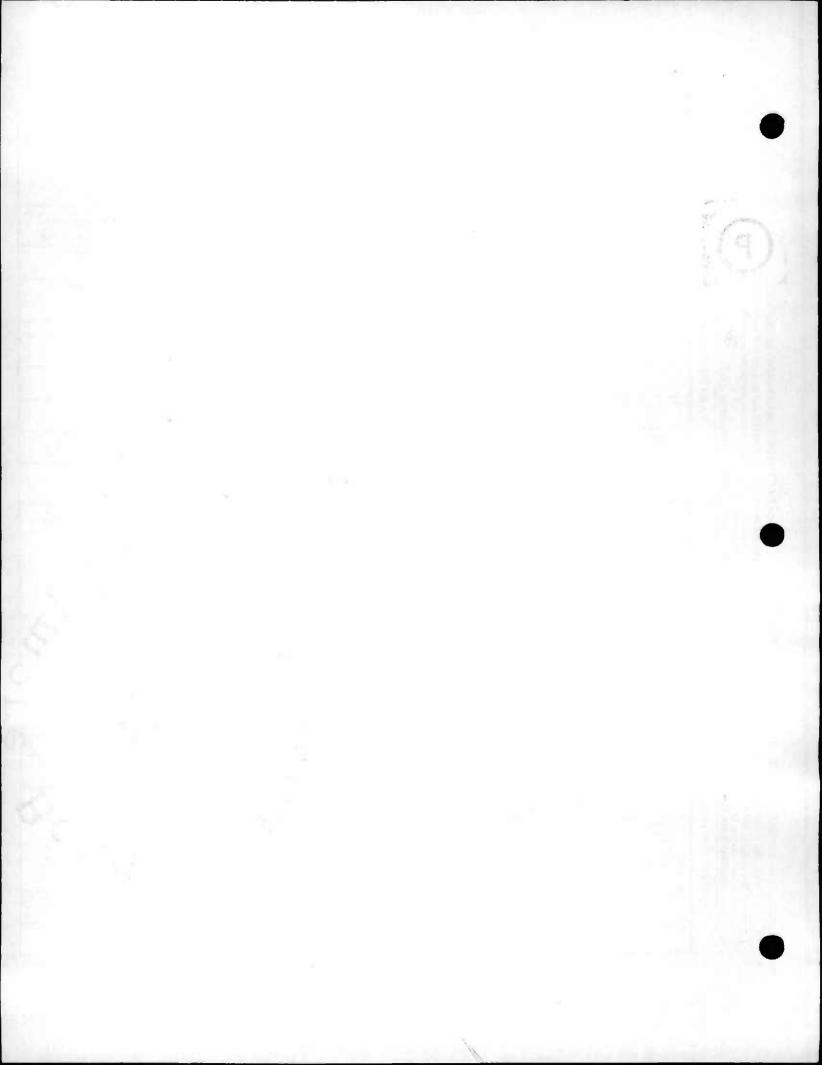
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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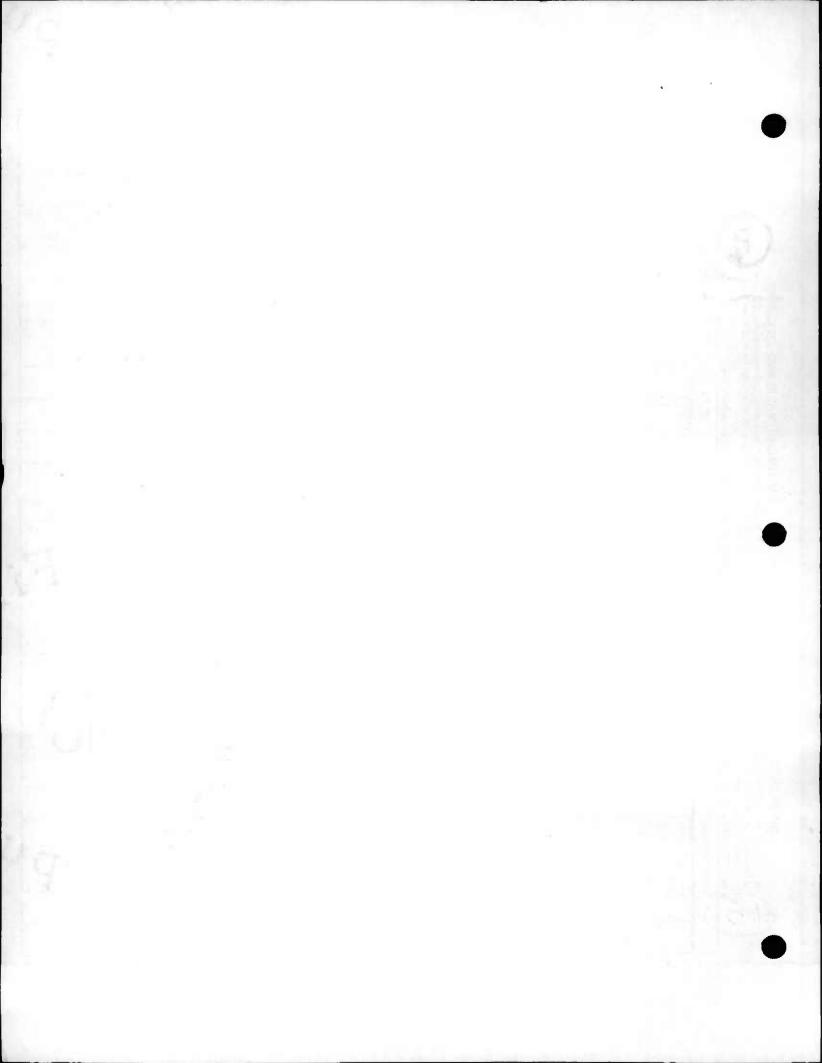
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO).			
1	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH	GRAHAM				2. DATE OF DEATH MONTH	7 ·	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday) 22 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) 7-29-197			ACE (State or Foreign	
PR PR	96. FACILITY NAME (If not institution, give street PRINCE GEORGE * S HO			96. CITY, TO	WN OR LOCATION OF D		9c. COU	INTY OF DEA	ORGE S	
1	RESIDENCE OF DECEDENT			011212			1 1/11	VCL GL	ORGE 3	
District.		e George's		y, town or li Accoked					Dd. INSIDE CITY LIMITS? X YES 2 NO	
d de	100. STREET AND NUMBER 15105 Fort Trai	1			101. ZIP CODE 20	607	10g. CIT	USA	AT COUNTRY?	
BYFF	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If ye	DECENDENT OF HISPA s, specify Cuben, Maxic YES 2 AND Speci		a or No—	Black, \	American Indian, Vhite, etc. Black	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	Iffe. Do NOT us	work done durin	PATION g most of working	166. KIND OF BU				
No	17. FATHER'S NAME (First, Middle, Lest)		2601	.ecary	18 MOTHER'S N	AME (First, Middle, Maider				
	Claude Mc Cain					largaret Bo				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (St		Aoute Number, City or Tox		n Codel		
٩	Margaret Mc Ca	in			Trail, A					
	20e, WETHOD OF DISPOSITION 1	ral from State	20b. PLACE AND DATE of commetery, cremetory or of HAYTHOY	OF DISPOSITIO	N(Name of Orial Park	DATE 20c. LC		City or Town		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE & BD	autor	J. I	B. Jenkins	Funeral H		- 1/12	20705	
	23. PART i. Enter the diseases, or co	_ () ;	.apro11			r Rd., Lan				
	shock, or heert failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only ona cause of	n each line.	onia					Approximata interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
ERTI	that initieted events resulting in death) LAST									
EDICAL	PART II. Other significant conditions	fortur	h but not resulting	In the under	lying cause given in	Part I. 24a. WAS AP PERFO	RMED?	Al Ci	BRE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 2 MO	
2	CLA	oti cemi	~							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (C	heck only one)				
is I		HOSPITAL: 1 Pinpatlant 2 ER/0	Outpetlant 3 🗆 DOA	OTHER:	Home 5 - Residence	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1	28s. DATE OF INJUI (Month, Day, Yes		URY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OC	CUREO		
	3 Suicide 6 Could not be 4 Homicide detarmined	26e, PLACE DF INJU building, etc. (S	JRY — At home, farm, (Specify)	street, factory,	office	281. LOCATION (Street City or Town, State	and Numbe)	r or Rural Rou	te Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CHECK ONLY 0 MEDICAL EXAMINER	AN: To the best of my ke							nd menner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER	29d. DAT	E SIGNED (M	onth, Day, Year)	
2 2	xem (. m	on m	//		93	9550	>	4/8/	93	
	30. NAME AND ADDRESS OF PERSON WHO	ijar, Ir	mo	1820		d Larton	, and	207	06	
	31. DATE FILED MANN, Day Dears 993	32. PEGISTRAFIS S	Idson-Randal	2						



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BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the Forial-in-	ovai.
0,0	rithin 24 hours	letely filled in b	emation, or rer
SIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending payaiciann.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the chiral-size and second physician and completely filled in by the funeral director, page 5 should be detached for use as the chiral-size and second physician and completely filled in by the funeral director, page 5 should be detached for use as the chiral-size and second physician and completely filled in by the funeral director, page 5 should be detached for use as the chiral-size and second physician and completely filled in page 5.3	is area death with the state Dept. of realth and Mental Hygiene prior to burial, cre
7	0	ā	5 4

		1 - STATE REGISTRAR		MARYLAND C	ERTIF					ILITIA	REG. NO.		_	
	- 15	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	N.	YEAR :	. TIME OF DEATH
	1		T	EVELYN							APR 8			_6:20 A M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR DAYS	HOURS	24 HRS.		OF BIRTH h, Day, Year)		6. BIRTHPI Country)	ACE (State or Foreign
Pa		528-34-0932 9s. FACILITY NAME (If not institution, give:	1 M 2 F	63	YRS.						N 26 1			IFORNIA
2. 3 should	IOR	NATIONAL NAVAL ME		NTER				IESDA	ON OF DEA	ATH		9c. COUN		COMERY
1	19	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN C								Od. INSIGE CITY
(6)	뜸		IARLES											LIMITS?
	1	10e. STREET AND NUMBER	AKLES			PO	MFRE 101	ZIP COD	E			10a, CITIZ		AT COUNTRY?
	温	BOX 141A22 LOWEL	J. ROAD					20	675					
ysicim rial-im	13	11. MARITAL STATUS	12. WAS DECEDEN					ENDENT (OF HISPANI		I? (Specify Yes		4. RACE -	STATES American Indian,
THE BEAL	*	1 Never Married 2 Narried 3 Widowed 4 Divorced		YES 2 TAR OR DATES	NO				n, Mexican Specify:		Rican, etc.)		Black, Specify:	White, etc.
as the	8	1/1-1	<u> </u>											WHITE
or atte	ETED	15. DECEDENT'S EDU (Specify only highest grade			Give kind of	send done	4-4	and and commentate	ng		KIND OF BUS			
he hospital or attending detached for use as the once.	COMPLE	12	College (1-4 or 5 a) Lia	son R	epre	Legi sent	slat ativ	e e	Of th	fice o e Army	of the	Sec S. G	retary of ovt.
e de le	8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	E (First,	Middle, Melden	Sumame)		
ed by t	띪	FREDERICK WILLA	RD MARINI								SPERR			
retained 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)	17.7	1							ber, City or Town		- 1	
be be		GEORGE S. GOOD 20a. METHOD OF DISPOSITION	ALE	200 2002					L ROA		POMFRE			
F F 5		1 Donation 5 Other (Specify)	oval from State	cemetary, c	AND OATE	ther place)	ITION (Na	me of	1	OAT	200000	CATION — C		i, Stata
. Page 6 ral director		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		Crema	22.1	NAME AN	ID ADDRE	SS OF FAC	/9/9	3 Cli	nton,	MD	e Inc.
death. Page funeral dire		198R1				1 00		OLU	ALEX	anue	r Ferr	y Rd.	HOIII	e inc.
D = 0		22 PADT i Enter the diseases of	A						MD 20					
y filled in tition, or n		23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. GLIOBLASTOMA MULTIFORME Due to (or as a consequence of):												
Pa Lo is	_		DUE TO	(OR AS A CONS	EQUENCE O	f):								350
be executed sician and con- rior to burial, traumatic er	ON I	Sequentially list conditions, if any, leading to immediate	b. DUE TO	(OR AS A CONS	QUENCE O	F):								
ficate be ophysician ne prior to	RTIFICATIO	cause. Enter UNDERLYING				,								į
certificate ding physi hygiene pri r other ti	Ĕ	CAUSE (Disease or Injury that initiated events	OUE TO	(OR AS A CONSI	OUENCE O	F):					-			
. £ 5 ± 6	8	resulting in death) LAST												
S a ta ta	U		d											
E Mae		PART II. Other significant condition	d	death but not	meulting	in the un	derlying	1 ceuse	aluan in E	and I	24- 1000 AM	ALITORAY	I aas u	
in the the	CAL	PART II. Other significant condition	d	death but not	resulting	in the un	derlying] ceuse	given in F	Part I.	24a. WAS AN PERFOR		A	TERE AUTOPSY FINDINGS WALLABLE PRIOR TO
in the the	er 1	PART II. Other significant condition	ns contributing to	death but not	resulting	in the un	derlying] ceuse	given in F	Part I.		MED?	o o	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
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le law requires that the has been signed by the Dept. of Health and Mt	MEDICA	PART II. Other significant condition	d to	death but not	resulting	in the un					PERFOR	MED?	o o	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
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BALTIMORE, MARYLAND 21215-0020	ath. Page 6 may be retained by the hospital or attending phys	neral director, page 5 should be detached for use as the buffe	sminer must be notifiled at once.
BA	s after de	by the fu	lical ex
	24 hours	filled in	не шес
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending projection.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buffathmin in filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

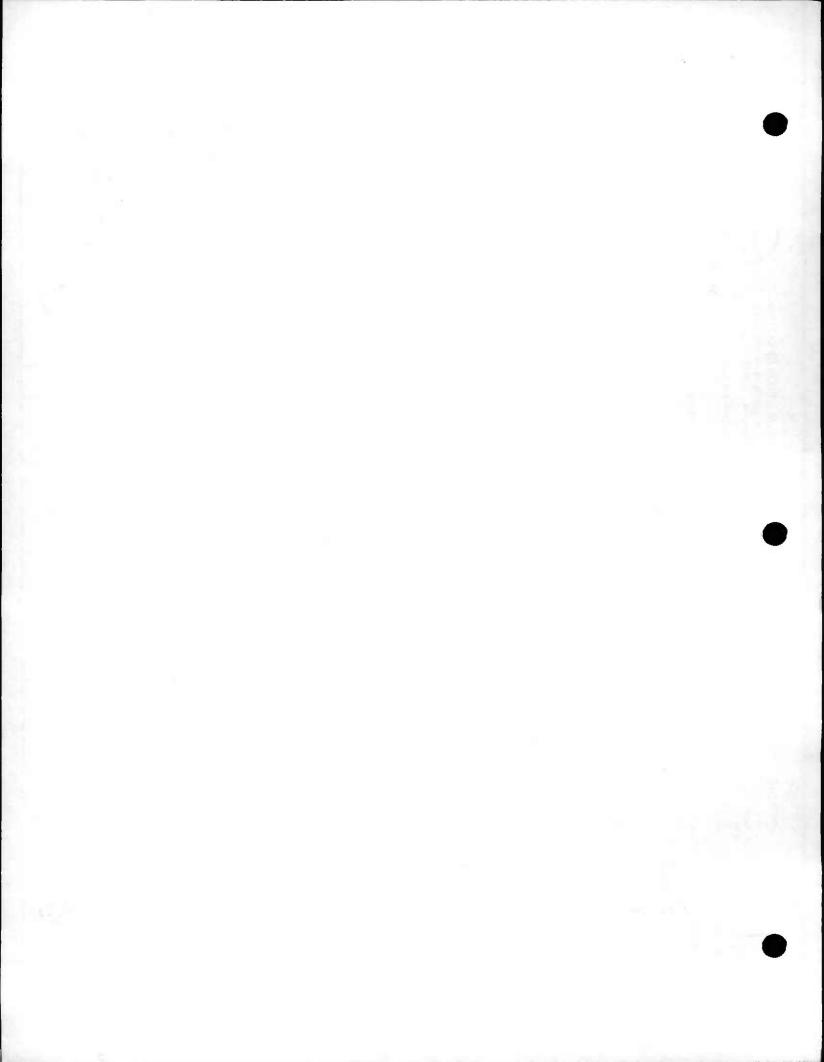
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)		R 1 YEAR	IF UNDER		7. DATE	E OF BIRTH	<u> </u>	8. BIRTH Count	IPLACE (State	or Foreign
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FUNERAL DIRECTOR	Doctors Communi	ty Hospi	tal			Lanh	am,	MD			Pr	ince	Georg	ge's
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ö		Chamban							ME (First,	Middle, Malden				
BE	Frank M. 19a. INFORMANT'S NAME (Type/Print)	Stephen	-	****				lda		Poo.				
유	19a. INFORMANT'S NAME (Type/Print) Lori L. Jarman 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 6211 44th Avenue, Riverdale, Maryland 20737													
	20a. METHOD OF DISPOSITION 1 Of Burlel 2 Cremellon 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OTHER place Union Cemetery 20b. PLACE AND DATE OF DISPOSITION (Name of Camelagy, crematory or other place) Union Cemetery 4/17/93 Burtonsville, Maryland													
	4 Donation 5 Other (Specify)	colinie	TOUTOU	Ceme		-	ND ADDRE			3 Bur	tons	AITT	e, Mai	ryland
	· Jack	XZ	,	1	F	ranc	is Ga	sch	s S	ons Fur				
	23. PART i. Enter the diseases, or	complications tha	t ceused the de	ath. Do n	ot ente	r the mo	de of dvi	ing. suc	th as ca	rdiac or respi	ratory ar	rest		ZU/OI oximate
- 1	shock, or heart feilure.	List only one cau	ise on each line										inten	vai Between
	iM EDIATE CAUSE (Final disease or condition	PI	4		~	- 6	in/						Onse	t and Death
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ō	Sequentially list conditions, if any, leading to immediate	our to	(OR AS A CONSEC	DUENCE OF):	en	7	עינ					- 	
3	cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	QUENCE OF	7):								-	
F	resulting in death) LAST	d											ļ	
2	DARK II AM												1	
4	PART II. Other algnificant condition	s contributing to	death but not r	esuiting l	n the u	nderlyin	g cause (given in	Part I.	24a. WAS AN PERFOR		24b	MAILABLE I	PSY FINDINGS PRIOR TO
MEDICAL										1 TYES 2	KNO		OF DEATH?	N OF CAUSE
E I											•		1 YES :	2 🗌 NO
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PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED													
B	1 Natural 5 Pending 2 Accident Investigation		UA		M		YES 2	NO						
8	3 Suicide 6 Could not be	28a. PLACE O	F INJURY - Al horatc. (Specify)	me, farm, s	treet, fac	tory, offic				CATION (Street a		r or Rural F	Route Number,	
	4 Homicide determined								Ur)	, or rown, orace)				
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	ath occurre	d at the	time, date	and place.	, and due	to the ca	ouse(s) and mar	ner as sta	ted.		:
MO	one) 2 MEDICAL EXAMINE) and manne	r as stated.
ŭ	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICE						(Month, Day,	of the second
00	P. 00 all 120	olas 2					0				ATTAL DIA	4/14	Ja >	roar)
2	30 NAME AND ADDRESS OF PERSON WIL	E VILL						- 1	35			7	173	

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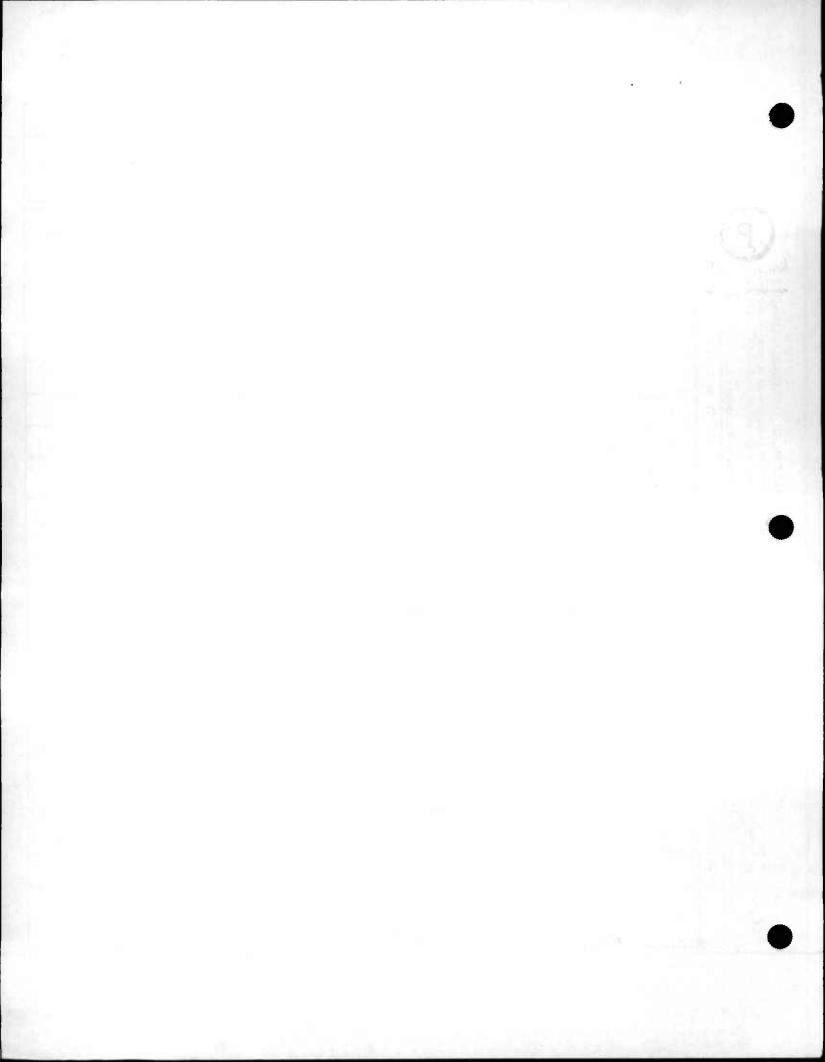
32. REGISTRAR'S SIGNATURE PANDERS



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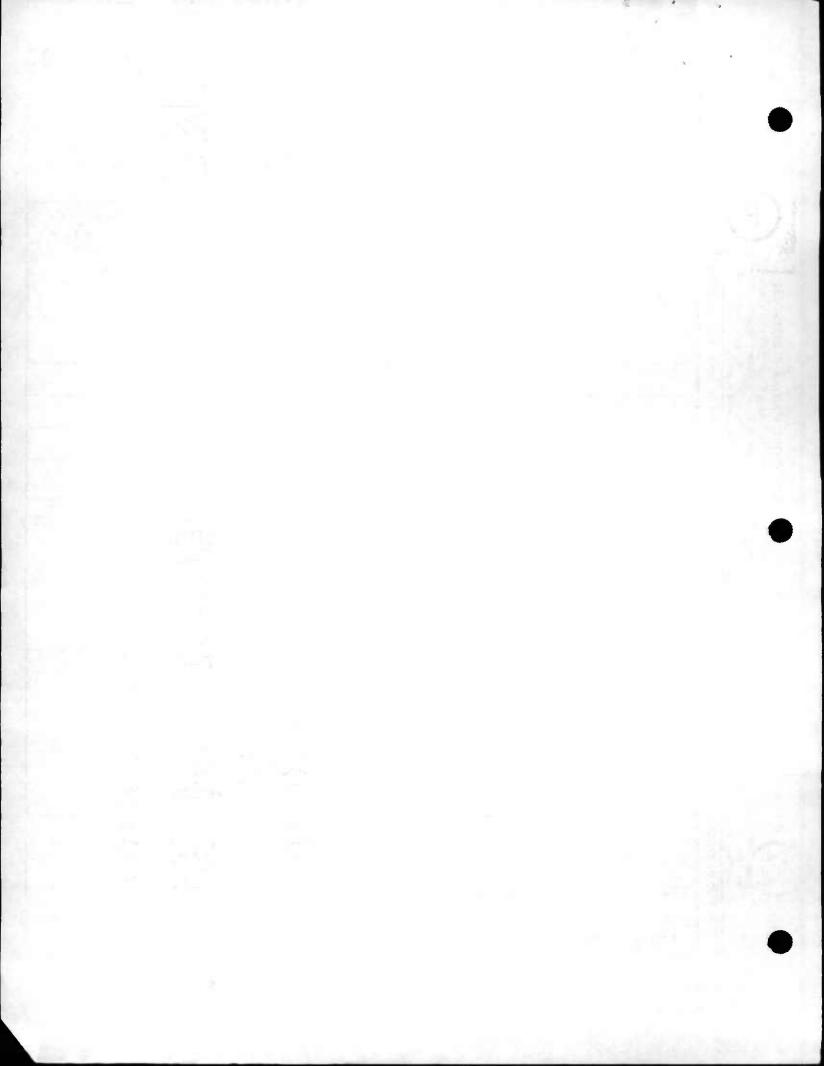
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The information name (powering)			Sanders	Sr.							Sumame)		
Michael Ann Gannon 12413 Sarah Lane Bowie Maryland 20715 20b. METHOD OF DISPOSITION Pathering of the State 20b. PLACE AND DATE of DISPOSITION Number DATE 20c. LOCATION — City or Town, State ATT Ingron Virginia 20c. PLACE AND DATE of DISPOSITION Number DATE 20c. LOCATION — City or Town, State ATT Ingron Virginia 20c. PLACE AND DATE of DATE 20c. LOCATION — City or Town, State ATT Ingron Virginia 20c. PLACE AND DATE 20c. LOCATION — ATT Ingron Virginia 20c. PLACE AND DATE 20c. LOCATION — City or Town 20c. PLACE PLACE	98		Juliuc L D		AILING /	ADDRESS (Street					n, State, Zip Co	ode)	
Segments 2 Crementers 3 December Part Par	۲	Michael Ann Gann	on	124	413	Sarah	Lane	Во	wie	Mary1	and :	20715	5
21. SIGNATURE OF PUREFAL SERVICE LICENSEE PROPERTY I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, informal Between oneset line. IMMEDIATE CAUSE (Finel diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, informal Between oneset line. TERMINAL COLONIC CARCINOMA DUE TO (OR AS A CONSEQUENCE OF): Tensulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Tensulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): TO AORTO—ILIAC BIFURCATION 21. PLACE OF DEATH (Check only and) 22. MAS CASE REFERRED TO MEDICAL EXAMINER? TO YES 2 DAO 23. MAS CASE REFERRED TO MEDICAL EXAMINER? TO RESPITAL: TO RESPITATION OF CAUSE TO RESPITATION OF CAUSE TO RESPITATION OF CAUSE TO RESPITATION OF CAUSE TO RESPITATION OF CAUSE TO RESPITATION OF CAUSE TO RESPITATION OF CAUSE TO RESPITATION OF CAUSE TO RESPITATION OF CAUSE TO RESPITATION OF CAUSE TO RESPITATION OF CAUSE TO RESPITATION OF CAUSE TO		K Burlet 2 ☐ Cremation 3 ☐ Remo	wal from State	20b. PLACE AND cometery, cremeter Arlingt	DATEON ory or oth	FDISPOSITION (I er plece) Nation	al Ce	mete	DAT				
23. PART II. Cither significant conditions contributing to desth but not resulting in the underlying cause given in Part II. 24a, was an autropsy prepared to desth but not resulting in the underlying cause given in Part II. 24a, was an autropsy prepared to desth but not resulting in the underlying cause given in Part II. 24a, was an autropsy prepared to desth but not resulting in the underlying cause given in Part II. 24a, was an autropsy prepared to desth but not resulting in the underlying cause given in Part II. 24a, was an autropsy prepared to desth but not resulting in the underlying cause given in Part II. 24a, was an autropsy prepared to desth but not resulting in the underlying cause given in Part II. 24a, was an autropsy prepared to country in the underlying cause given in Part II. 24a, was an autropsy prepared to desth but not resulting in the underlying cause given in Part II. 24a, was an autropsy prepared to country in the underlying cause given in Part II. 24a, was an autropsy prepared to country in the underlying cause given in Part II. 24a, was an autropsy prepared to country in the underlying cause given in Part II. 24a, was an autropsy prepared to country in the underlying cause given in Part II. 24a, was an autropsy prepared to country in the underlying cause given in Part II. 24a, was an autropsy prepared to country in the underlying cause given in Part II. 24a, was an autropsy prepared to country in the underlying cause given in Part II. 24a, was an autropsy prepared to country in the underlying cause given in Part II. 24a, was an autropsy prepared to country in the underlying cause given in Part II. 24a, was an autropsy prepared to country in the underlying cause given in Part II. 24a, was an autropsy prepared to country in the underlying cause given in Part II. 24a, was an autropsy prepared to country in the underlying cause given in Part II. 24a, was an autropsy prepared to country in the underlying cause given in Part II. 24a, was an autropsy	1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22. NAME	AND ADDRE	SS OF FAC	YTLIK		100		
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2 Such and address of person who completed cause of death (ITEM 27) (Type, Print) SUSHAMA SREEKUMAR, M.D. KACH, FT. MEADE, MD 20755-5800 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE				1									
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ADD 4 F 40h2 A. Pairles Randelle		31. DATE FILED (Month, Day, Year)					14.4	ويدي	שו	20133	2000		



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2000	after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once
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BOY,	LAST) MCI	Con	rad Hil			erson	2. DATE	REG. NO.	17,19	YEAR	S PM M						
4. SOCIAL SECURITY NUMBER	5 SEX	8. AGE	(In you last birthda	MONT	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH h. Dys. Wear)	4	a. EMPTHPL Country)	ACE (Silve or Sulvey)						
ge. FACILITY NAME (If not institution,	ohm stofet and number	1 (O YRS	-	COTY TOWAY	OR LOCATION OF DE	VII C	3/17/	73	PC	s-unsigno						
PRINCE GEORGE	- AVE. 1000		ITED	90.0			LAIR	/	500000000000000000000000000000000000000	TY OF DEA							
RESIDENCE OF DECEDER	IT	AL CEN				ERLY			PRIN	CE G	EORGE'S						
Maryland Pr	ounty ince Geor	ge's			Wash	ington					Od. INSIDE CITY LIMITS? YES 2 NO						
10e. STREET AND NUMBER					10	r. ZIP CODE	10g. CITIZ	EN OF WH	AT COUNTRY?								
2513 Lampton L						20744				U.S.A							
10e. STREET AND NUMBER 2513 Lampton Lane 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20744 U.S.A. 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yea, specify Cuban, Maxican, Puarto Rican, elc.) 14. RACE — American Indian Black, While, etc. Specify: Black									While, atc.								
15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY																	
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Timmanda McDonald																	
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)																	
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremellon 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of cemetary, crematory or other place)									n, State								
4 Donalion 5 Other (Specify 21. SIGNATURE OF FUNERAL SERV					22. NAME A	ND ADDRESS OF FA	CILITY										
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ehock, or heert fellure. Liet only one cause on each line. Intel Ons																	
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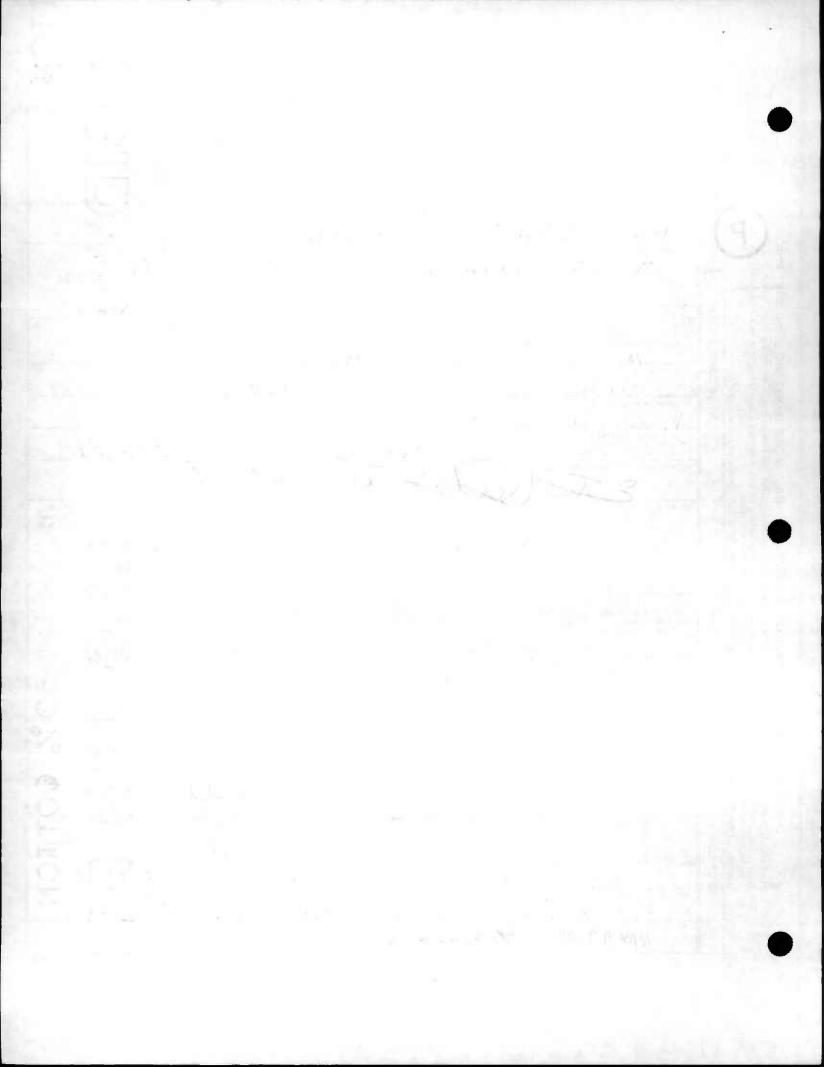


BALTIMORE, MARYLAND 21215-0029

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR TATE EGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	93	12581	-
DENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	1	3. TIME OF DEATH	٦

		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	YEAR	3. TIME OF DEATH				
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	=)	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs	MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT Coun	HPLACE (State or Foreign try)				
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3 should	~	9e. FACILITY NAME (If not institution, give st	the second second	9b.	CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH				
evi .	0	MERIDIAN - THE	PINES		EAST	ON		TALBOT	P .				
(In	Vũ	10a. STATE 10b. COUNTY	-00-1-	10c. CITY, 10	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?				
(5)	E	md. 10	Rolling	>	tang	M.			1 YES 2 NO				
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auth	5	104 209	Teclaly	V Kenson	1.1	2/6	01	4					
Section 1	EUN	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2			ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14. RAC Blee	E — Americen Indian, ck, White, etc.				
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or a	ш	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during mo ired.)	st of working							
spital hed fi	COMPL	10		Lr	rode								
the horderach	Š	17. FATHER'S NAME (First, Migdle, Last)				18. MOTHER'S NAM	AE (First, Middle, Maiden	Sumame)					
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5 should	0 B	190. INFORMANT'S NAME (Type Plint)	0 1	19b. MAILING ADD	ORESS (Street e	nd Number or Rural R	loute Number, City or Tow	n, State, Zip Code)	0.01				
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e 6 may ector, pa must b		20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remo		ACE AND DATE OF		(Name	DATE 20c. LO	CATION City or T	own, State				
direct		4 Donation 5 Other (Specify)		Cho	DUR			all the	- IVa.				
death. Page tuneral direct.		21. SIGNATURE OF FUNERAL SERVICE LIC	10 1	_	F.A.C	D ADDRESS OF FAC	ds 7.4						
		> Acc	House		CHIC	100 0111-1	43 / 11/						
d in by the or remove		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.											
Hed Ir		IMMEDIATE CAUSE (Final			= .	, ,	0	1	Opent and Dooth				
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on that and atth and any	8	nma	mofficier	ng			1 YES :	NO	COMPLETION OF CAUSE OF DEATH?				
2 5 5 6	Σ			/			_		1 TYES 2 NO				
	N N	OF MAC CACE DEFENDED TO MEDICAL											
OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has b hours after death with the State Dept. Item 28 is marked, or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che							
certific the S	ΤΥS	1 YES 2- NO 27. MANNER-OF DEATH	1 Inpatient 2 ER/Outpatien 28a. DATE OF INJURY	26b, TIME OF	_	e 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED					
王岩泽		1 Natural 5 Pending	(Month, Day, Year)	INJURY	WC	PRK?	LUZ. DEGONIDE NOW						
After death	В	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJURY A	it home, farm, stree			28f. LOCATION (Street	end Number or Rura	Route Number,				
TTEN TOR: after 28 ts	딢	4 Homicide S Could not be	building, etc. (Specify)				City or Town, State)					
L OR ATTENDING F DIRECTOR: After thours after death	LET	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowledge	death accurred a	the time date	and place, and due	to the course(s) and ma	mar as stated					
世 本で =	COMPL	one) —	R: On the basis of axamination and						(e) end manner as stated.				
TO THE HOSPITAL TO THE FUNERAL Se filed within 72 IMPORTANT: If I		29b. SIGNATURE AND TITLE OF CENTURE	0.7			29c-LICENSE NUN							
De filed	8	0/11/1	W.D.			1) 25	ファン	29d. DATE SIGNE	D (Month, Day, Year)				
665₹	2	30, NAME AND ADDRESS OF PERSON WH	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	10 0		/	1	()				
		R.B. Sance	how 410 -	Edling.	1/2	A110 1	Earter	MD ?	21601				
			32. REASTRAR'S SIGNATUL	RE			100	11.0					
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detached	te Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	0000
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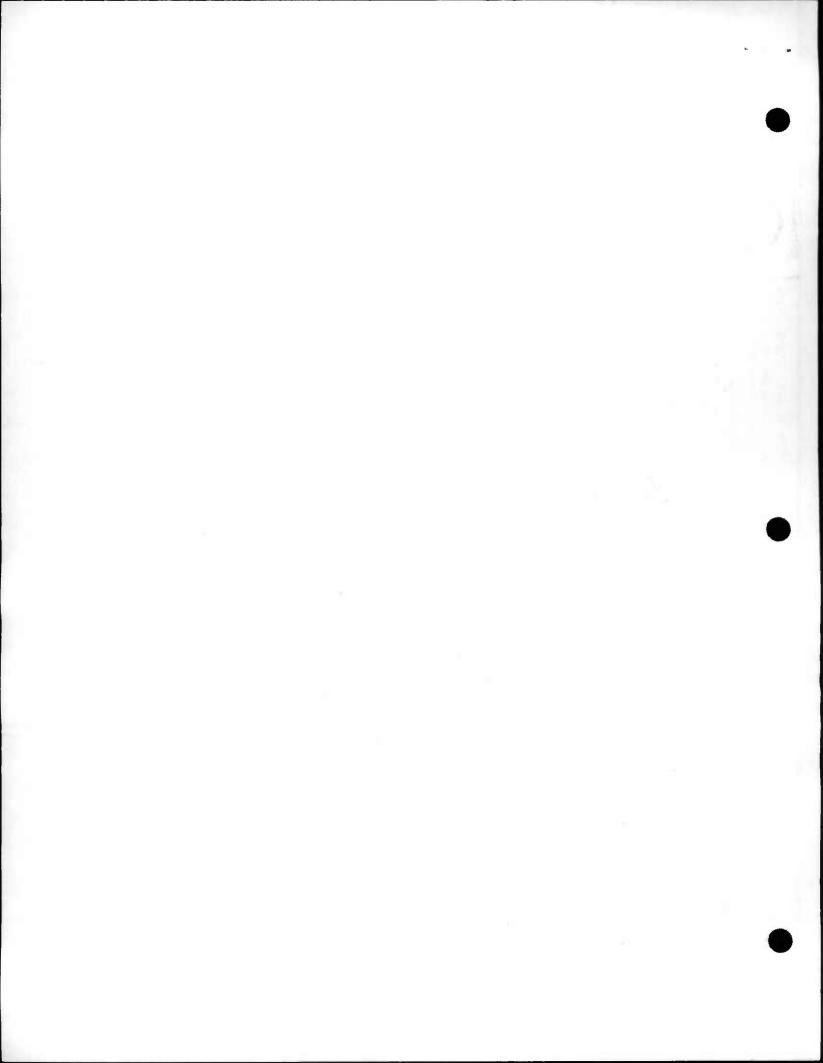
	FOR 1 STATE		STATE OF M	MARYLAN						MEN'	TAL HY	GIEN	E	93	16	2585
	REGISTRAR				CERT	IFIC	CATE OF	DEAT	TH		RE	G. NO.				
	1. DECEDENT'S NAME (First,	, Middle, Last)									ATE DF DI	EATN DA		YEAR	3. TIME	OF DEATH
	Cleo	Llc	oyd		Hinz							14.	 199.		R	:50 P M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In)	yrs. last birtho	lay)	IF UNDER 1 YEAR	IF UNDER	24 HRS.		TE DF BI		177			State or Foreign
	114-20-1271		1 😾 M 2 🗆 F		69 YR		IONTHS DAYS	HOURE	MIN.	(M	b. 2	Ybar)	1924	Countr	ry)	
	9a. FACILITY NAME (If not in:		treet and number)				9b. CITY, TOWN	OR LOCATIO	ON OF DE		.U. Z	.0,		NTY OF D	nesc)ra
œ'							,						***		LAIT	
9	Bayside Nur	sing	Home				Lexino	ton 1	Park				<u>St</u>	. Ma	<u>ry's</u>	
5	10a. STATE	10b. COUNTY			100	CITY	TOWN DR LOCA	TION							10d INC	IDE CITY
BY FUNERAL DIRECTOR	Maryland	St. N	Mary's		100		ington								LIM	ITS?
	10a. STREET AND NUMBER	50.1	RALY D	_		ICA.										S 2 XNO
M		70.7					10	1. ZIP CODI							WHAT COU	INTRY?
恒一	307 Swanee	Prace						20653	3				U	.S.A.	•	
ا ج.	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	J.S. ARMED		13. WAS DE						or No-	14. RACE	E — Ameri k, Whita, a	ican Indian,
	1 Never Married 2 3 Nidowed 4 Nidowed 2		FORCES? 1	WAR OR DATE	ES NO			ecify Cuba 2 RNO	n, maxica Specify		rto Mican,	atc.)		Speci	:ffv:	
	3 Widowed 4 KN Divo	erced	1					-77							Whi	ite
COMPLETED	15. DEC	EDENT'S EDU	CATION	-1			SUAL OCCUPAT				16b. KIND	OF BUS	SINESS/INC	DUSTRY		
F	Elamentary/Secondary (0		College (1-4 or 5	.,	life. Do No	OT use	rk done during m retired.)	DBT OF WORKI	g							
7	12th Grade	· · ·	Sollege (1-4 of 5	· .	Elect	ror	nics En	aine	r		II S	G	സലസ	nment	F	
×	17. FATHER'S NAME (First, M	lidelle Leet\			птесс	LOI	IICS III			ME (C)	rst, Middle,			III.	_	
8		roore, Lasty	т.	ri				10. MO11				Margen	Sumame)			
BE	Robert		I	linz					Unkı							
6	19a. INFORMANT'S NAME (7)	ype/Print)			19b. MAII	LING A	ADDRESS (Street	and Number	or Rural i	Route f	Number, Ch	y or Tow	n, State, Zij	o Code)		
-	Francis G. H				P.C). I	30x 12	-A I	exi	ngt	on P	ark	, Mai	rylar	<u>nd 20</u>)653
. 1	20a. METHOD DF DISPOSITI	IDN		20b. P	PLACE OF DIS	SPDSIT	TIDN (Name of ce	metery, cran	natory or			20c. LO	CATION —	City or To	own, State	
	4 Donation 5 Other		Oval from State			te	Heart	of Ma	arsz (Cem	.	I.ex	inata	on Pa	ark	Marylan
	21. SIGNATURE/OF FUNERA		CENSEE / /	7	dedic	icc	22. NAME A					1011	11900	<i></i>	22.72/	· · · · · · · · · · · · · · · · · · ·
	4	0 0	12/1	1			Matti	nalev	r-Gar	rdi	ner	Fun	eral	Home	e. P.	. A .
	Muci	back	7 XA	rder	res)											20650
	23. PART i. Enter the di	iseeses, or	complications the	t caused t	he death.	Do no	t enter the m	ode of dy	ing, auc	h as (cardiec o	or reepi	ratory ar	reat,		proximate
	shock, or h	eert fellure.	List only one cer	use on eec	h line.						Α.					terval Between
	iMMEDIATE CAUSE (Findisease or condition	nei	^	. 0			mma		10	. 6	1/1. 1	4			On	neet end Deeth
l l	resulting in deeth)	→	0	ara	ME	un	mma	rej	60	n	11-1	2			/	IVA
- 1			DUE TO	(DR AS A C	ONSEQUENC	E DF)									ĺ	1 . 1
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CERTIFICATION	Sequentielly list conditi If any, leeding to imme	diete	DUE TO	(DR AS A C	ONSTOUENC	E DF)										
2	ceuse. Enter UNDERLYI CAUSE (Diseese or inju		С													
臣	that initiated eventa		DUE TO	(DR AS A C	ONSEDUENC	E OF)										
FR	resulting in deeth) LAS	T	d												-	
8																
7	PART ii. Other significe	ent condition	e contributing to	deeth but	Loot result	ing in	the underlying	ng cause	given in	Part	l, 24a.	WAS AN	AUTOPSY	24b		UTOPSY FINDINGS LE PRIOR TO
0		Tark	man	5	6	_	A	1			1.5	YES 2			COMPLET	TION OF CAUSE
		Rh	5'4444	Tour	(H)	17	hast	M	_		1	,	9	.	DF DEATH	
Σ			avvious	000	111	VV	IVVV	-V		_	ŀ					8/2 10
PHYSICIAN: MEDICAL															10	45
ठ	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:				26. I	PLACE DF D	EATN (Ch	heck on	ly one)					
S	1 - YES 2 710		1 Inpatient 2	☐ ER/Dutpat	tient 3 🗆 DO	DA .	4 Nursing Ho	me 5 🗆 Re	ealdence	6 🗆 (Other (Spe	icify)				
포	27. MANNER OF DEATH		28e. DATE DE (Month, I	INJURY	28b	. TIME	DF 28c. IN	JURY AT ORK?		28d.	DESCRIB	E HOW	NJURY OC	CURED		
BY		Pending investigation	,					YES 2	ND							
	2 Destate	O Carolina I	28a. PLACE	OF INJURY -	- At home, fa	rm, st	reet, factory, off	ca		261.	LOCATION	(Street	and Numbe	or Rural	Route Num	nber,
빌		Could not be detarmined	building	atc. (Specify	()						City or Tov	vn, State,				
E	and commission	/		A						_						
릴	fortoon only	77	ICIAN: To Mile beat e	11												
COMPLETED	one) 2 MED	HCAL EXAMINE	ER: On the basis of	demination	hd/or invest	gation	, in my opinion,	death occu	red at the	n time,	data and	place, ar	nd dua to t	he cause(a) and mar	nner as stated.
	29b. SIGNATURE AND TITLE	DF CERTIFIE	He /	1 . 1		X	10	29c. LIC	ENSE NU	MBER	, , , ,		29d. DA	TE SIGNE	D (Month, E	Day, Year)
B		1	1 1	BINI	30	10	W	I.D.	1	SL	119	,	> L	1-1	5-1	92
2	30. NAME AND ADDRESS D	F/PERSON WI	10 COMPLETED CA	SE OF DEAT	IN (ITEM 27)	(Type	Print)	M		7 [11				7	
- 1		A			/	· · March										

Mary's Medical Arts Bldg. Leonardtown

M. St. Mary 1
32. REGISTRAR'S SIGNATURE
Schia Davidson-Randelle

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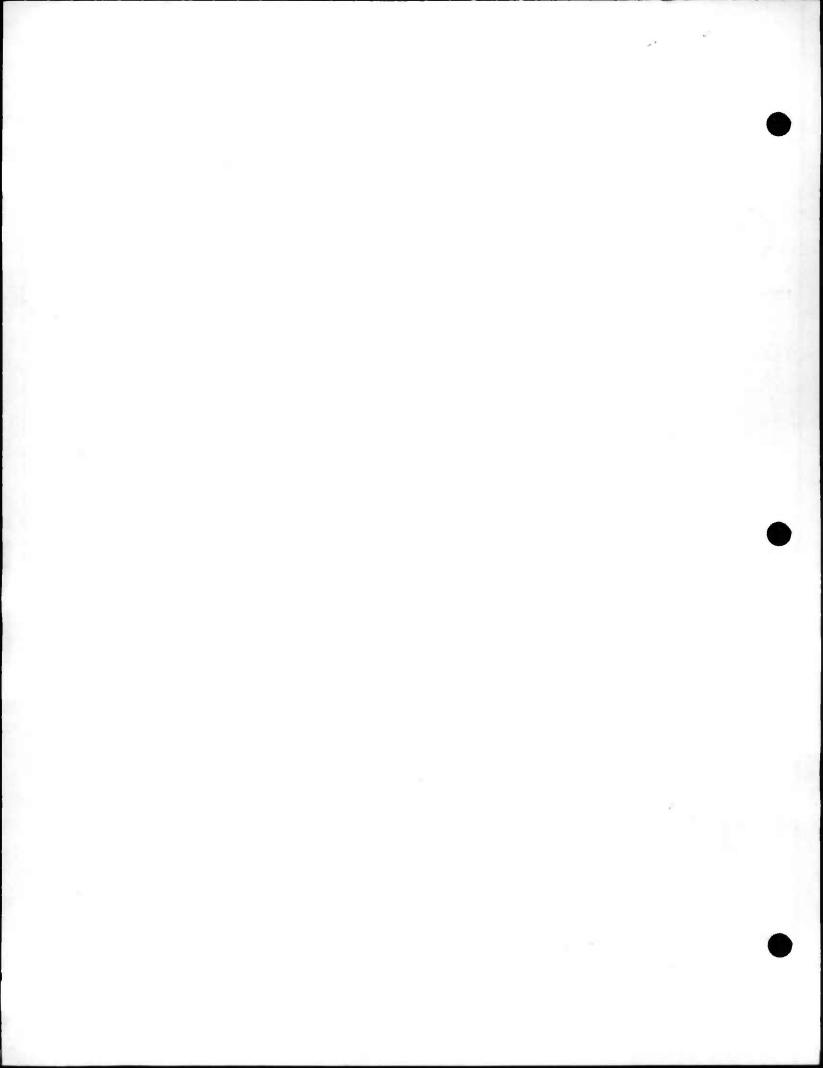


	1 - REGISTRAR		CE		ICATE (REG. N				
l j	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH	DAY	VEAR	3. TIME OF OEAT	ГН
1	MYISHA	T.T.			H.	LL		04 0	8	93	11:00	Рм
	4. SOCIAL SECURITY NUMBER 215-82-1551	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YE MONTHS DA		MIN.	7. DATE OF BIRTH (Month, Day, Year) OCTOBER	13 197	Counti	IPLACE (State or Form) IARYLAND	oreign
~	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	VN OR LOCATI	ON OF DE	ATH	9c. COU	INTY OF D	DEATH	_
DIRECTOR	4005 DEEPWOOD		EAR)		BALT	MORE						
2	10e. STATE 10b. COUNT				Y, TOWN OR LO						10d. INSIDE CITY	
	MARYLAND AND	IE ARUNDE	L :	GI	EN BUR						1 YES 2	NO
FUMERAL	1101 CRAIN HIGHWA					210			10g. CIT		WHAT COUNTRY?	
Y FU	11. MARITAL STATUS 1. Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARE YES 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MED O	II yes	DECENDENT C specify Cube YES 2 X NO	n, Maxicar	IIC ORIGIN? (Specify 'n, Puerto Rican, etc.)	fee or No-	Black	E — American India k, White, etc.	nri,
D BY	3 Widowed 4 Divorced						Зреспу			Speci BLAC		
E	15. DECEOENT'S EDU (Specify only highest grade	completed)	(Gh	EDENT'S to kind of v Do NOT us	VSUAL OCCUP	ATION most of working	ng	16b. KIND OF E	USINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)		OLOGIS	Г						
Ŏ.	17. FATHER'S NAME (First, Middle, Last)			-			HER'S NAI	ME (First, Middle, Maid	en Sumeme)			
BE C	STANLEY GREEN	LEAF				ZE	LDA	HALL				
5	194. INFORMANT'S NAME (Type/Print) ZELDA HALL		196.	MAILING 101	ADDRESS (Str	et and Number	or Rural A	E. GLEN F	own, State, Zij	Code)	21061	
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rem	numl from Ptoto	20b. PLACE A	ND DATE (OF DISPOSITION	(Name of	-	-,,	OCATION —			
	4 Donation 5 Other (Specify)		CEDAR CEDAR	HILL	CEMET			/15/93	BALTI	MORE	, MD?	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				E & SO		ORTUARY,	P.A.			
_	Lavy D	Rees	se_		821	WEST S	T. A	NNAPOLIS.	MD.	2140	1	
	23. PART I. Enter the disease, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	STPAI	(OR AS A CONSEQ)		mode of dyl	ng, such	n as cardiac or rea	piratory an	reat,	Approxima Interval Be Onset and	etween
ATION	Sequantially list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO	OR AS A CONSECU	JENCE OF	ŋ:				· · · · · · · · · · · · · · · · · · ·	<u> </u>		
CERTIFICATION	CAUSE (Disease or Injury thet initiated events reaulting in death) LAST	DUE TO	OR AS A CONSECU	JENCE OF	ን:							
	PART ii. Other aignificant condition	a contributing to	deeth but not re	suiting i	n the under	ilon cause o	ihan in f	Port I Day upp a	N AUTOPSY	1		
DICAL			40000 000 1100 10	outting t	it the onder	mig ceuse g	iveii iii r	PERF	ORMED?	24b.	WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION DE C	то
								1 NES	2 NO		DF DEATH?	
ä								_			1 TYES 2 N	"
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DI	EATH (Che	ck only one)				
YSI	1 YES 2 NO	1 🗆 Inpetient 2 🗆		DOA	OTHER: 4 - Nursing I	lome 5 🗆 Re	eldence 6	6X Other (Specify)	GARA	GE		
BY PHYSICIAN: ME	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, De 0 4 / 0 8		28b, TIMI INJI	JRY	INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OC	CURED		
	2 Accident Investigation		INJURY — At hom	a farm a	P_1_	YES 2	NO	SUBJECT				
COMPLETED	4 Homicide 8 Could not be determined	building,	NC. (Specify)	RAGE		писе		4 005 DE	EPWO	or Rural R	loute Number, RD . (REA	R)
2 [29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of a	my knowledge, deat	th occurre	d at the time, o	ete and place.	end due t	to the cause(s) and m	anner as etal	ad		
ĕ.	one) 2 MEDICAL EXAMINE) end manner as st	ated.
BEO	296. SIGNATURE AND TITLE OF CENTIFIER	Ulrin					NSE NUMI				(Month, Day, Year)	\neg
유	O.C.M.E. D4/09/93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	31. DATE FILED (Worth, Day, Year)	132. REGISTRAF		Per	n Sti	eet,	Bal	timore,	Mary	ylan	d 212	01
	APR 1 3 1993	Julia Davido	on Rindell	٤								

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the biggain be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phis DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	1, 2, 3 sh	
1	4	\
(H)
BALTIMORE, MARYLAND 21215-1020	Page 6 may be retained by the hospital or attending physicial director, page 5 should be detached for use as the burial-li	nar must be notified at once.
S, P.O. BOX 68760, BALT	death certificate be executed within 24 hours after death, a strending physician and completely filled in by the funerated by	iti will the olare cept. Of regili and mental righers profit to bothat, definition, of children. Sa shows any injury, or other traumatic event, the medical examinar must be notified at once,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician or completely filled in by the funeral director, page 5 should be detached for use as the buriat-limited in the page 6 should be detached for use as the buriat-limited in the page 6 should be detached for use as the buriat-limited in the page 6 should be detached for use as the buriat-limited in the page 6 should be detached for use as the buriat-limited physician or the page 6 should be detached for use as the buriat-limited physician or the page 6 should be detached for use as the buriat-limited physician or the page 6 should be detached for use as the buriat-limited physician or the page 6 should be detached for use as the buriat-limited physician or the page 6 should be detached for use as the buriat-limited physician or the page 6 should be detached for use as the buriat-limited physician or the page 6 should be detached for use as the buriat-limited physician or the page 6 should be detached for use as the buriat-limited physician or the page 6 should be detached for use as the buriat-limited physician or the page 6 should be detached for use as the buriat-limited physician or the page 6 should be page 6 s	IMPORTANT: If item 28 is marked, or item 23 shows any Inju

must be notified at once.

item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

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93 12587 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) PHILOMELIA A. HUCKS 2. DATE OF DEATH MONTH 3. TIME OF DEATN PHILOMELIA Hucks 12:29 06 M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX 7. DATE OF BIRTH
JUNE 4 1912 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214-38-6301 80 HOURS 1 🗌 M 2 🗶 F YRS. FLORDIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS, ANNE ARUNDEL RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL **EDGEWATER** 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21037 U.S.A. 110 DORSEY DRIVE 11. MARITAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1.4 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES XX NO Specify BY 3XX Widowed 4 Divorced BLACK W.W.II COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) BEAUTICIAN 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Sumame) URIAH H. MOXEY LILLIAN JOHNSON 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LILLIE ELLIS 110 DORSEY DRIVE EDGEWATER, MD. 21037 20a. METHOD OF DISPOSITION 1XXBurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE MARYLAND VETERAN CEMETERY 4/12/93 CROWNSVILLE, MD. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. avv 21401 23. PART I. Enter the discress, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Finei Onset and Death disease or condition

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

resulting in death)

DUE TO (OR AS A CONSEQUENCE OF): Cardiomyopathy
DUE TO (OR AS A CONSEQUENCE OF): Ischemic Cons DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. Heart Failure

24a. WAS AN AUTOPSY 1 TYES 2 THO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO

5 Pending

6 Could not be determined

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year)

4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED

1 YES 2 NO 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify)

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

038506

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilma, date and place, and due to the cause(a) and manner as stated. 2 ImmEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the Ilma, date and place, and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(b) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the Ilma, data and placa, and due to the cause(a) and manner as stated.

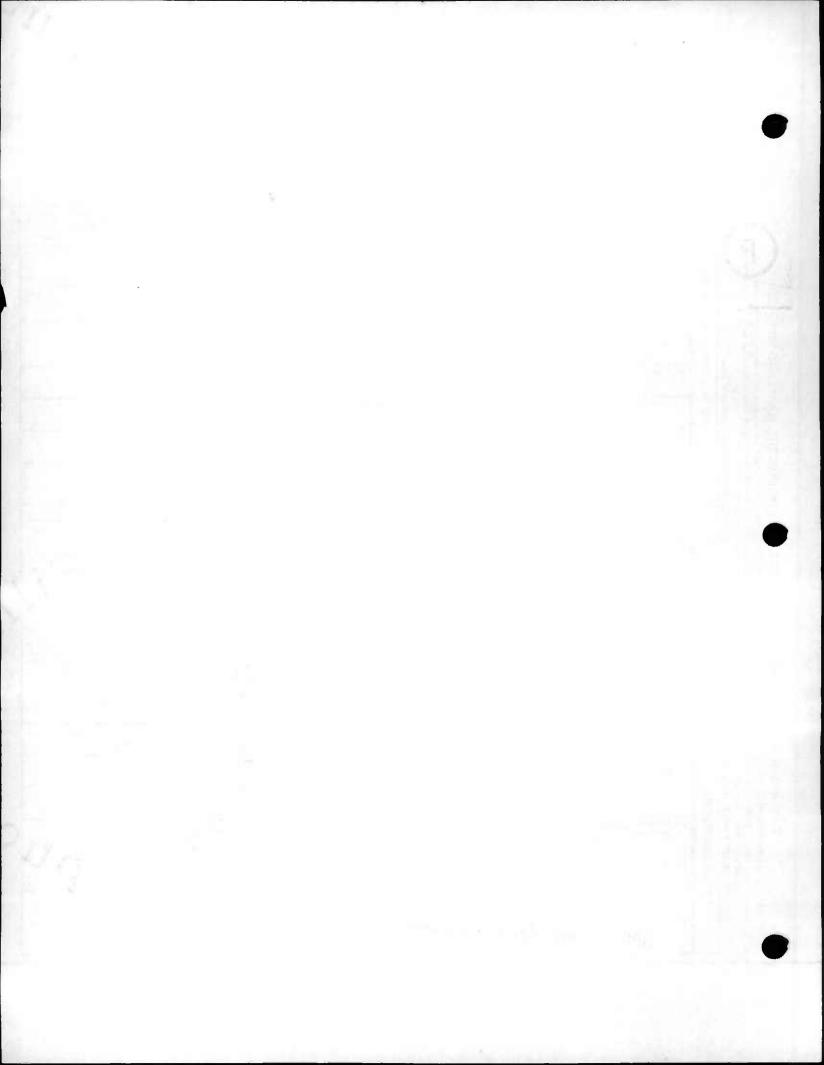
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Sa

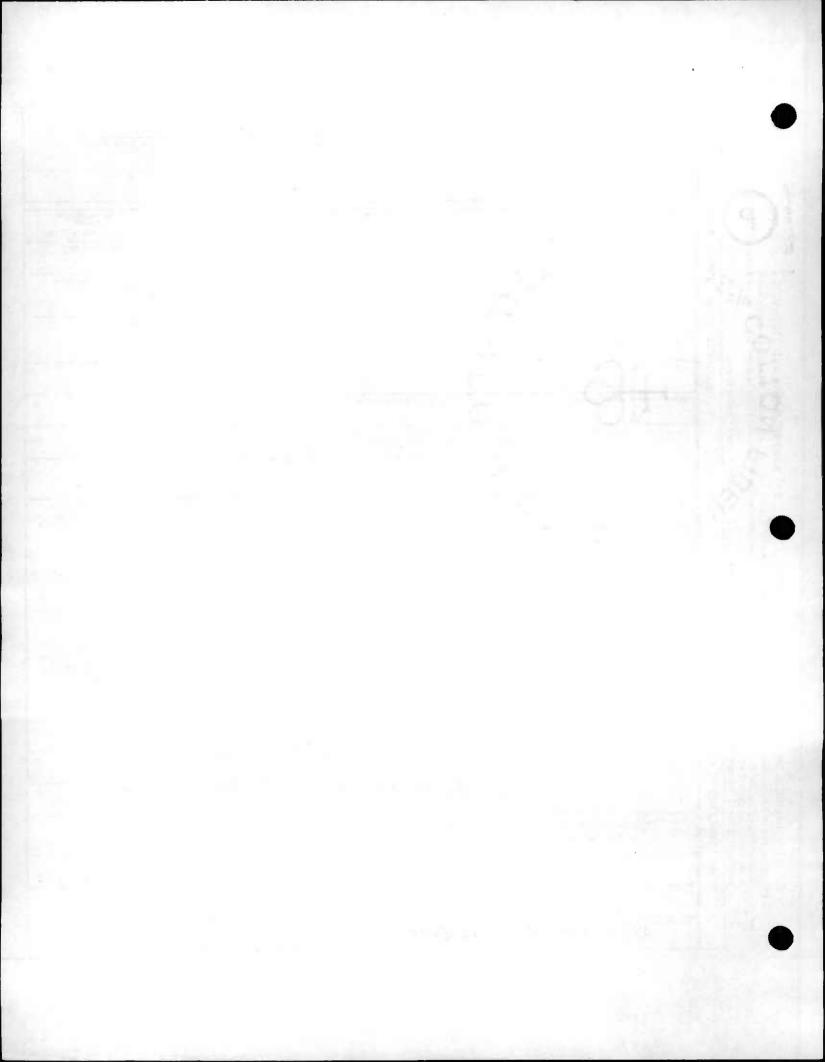
OID SOLOMON'S Island 32. REGISTRAD'S SIGNATURES - DO. 31. DATE FILED (Morith, Day, Year)
APR 1 3 1993

annapolis, MO 21401

09/30/93



	1 - STATE REGISTRAR	STATE OF MA	RYLAND / D CEF	EPARTN	MENT OF H	DEAT	AND N	MENTAL HYG				
	1. DECEDENT'S NAME (First, Middle, Last) George Mann							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
OR			7	UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign	M	
		1 🔀 M 2 🗆 F			HTHE DAYS	HOURS	MIN.	(Month, Day, Year) 7-30-21		Country	Maryland	
	90. FACILITY NAME (If not institution, give stre Calvert Memor	ital	96. CITY, TOWN DR LOCATION OF DEATH Prince Frederick 9c. COUNTY OF DEATH Calvert							EATN		
딦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION 10d INSIDE CITY									
FUNERAL DIRECTOR		vert	- 1	ınkirk	ION					10d. INSIDE CITY LIMITS?		
7	10e. STREET AND NUMBER	VC10		De		. ZIP CODI			10a C	ITIZEN DE W	1 YES 2 NO	_
H	11210 Maplewoo				20	754				5 . A .		
S	11. MARITAL STATUS		MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO			ENDENT O	F NISPAN	IC DRIGIN? (Specif	y Yes or No-		14. RACE — American Indian, Black, White, etc.	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR				2 NO	n, Mexicar Specify				Specify: Wh.ite	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	FION moleted)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b. KIND OF	BUSINESS/II	NDUSTRY		_
9		College (1-4 or 5 +)	life. Do	NOT use re	etired.)	at Of WORKE	v					
₽	12		Su	pervi	isor	_		Ba1	to. Ga	as & E	Electric	
8	17. FATHER'S NAME (First, Middle, Last) Edward B. H	inton				18. MOTH	ER'S NA	ME (First, Middle, Ma)		
BE	19a. INFORMANT'S NAME (Type/Print)	THUM	I an an					Mary Ma				
2	Margaret E. Hinto	n			as # 10			loute Number, City or	Town, State, 2	Zip Code)		
	20e. METHOD OF DISPOSITION						-	DATE 200	LOCATION -	- City or Tow	un State	_
	20b. PLACE AND DATE DISPOSITION DATE 20c. LOCATION - City or Town, State Cameton 3 Removal from State 20b. PLACE AND DATE DATE 20c. LOCATION - City or Town, State Cameton, cameton, or other place Cameton, or other place Cheltenham, MD Cheltenham, MD Cheltenham, MD Cheltenham, MD Cheltenham, MD Cheltenham, MD Cheltenham, MD Cheltenham, MD Cheltenham, MD Cheltenham, MD Cheltenham, MD Cheltenham, MD Cheltenham, MD Cheltenham, MD Cheltenham, MD Cheltenham, MD Cheltenham, Cheltenham, MD Cheltenham, Chelt											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	16/200	7	мо	0246	Rausc	h Fu	nera	1 Home.	P A	Owino	re MD	
	M00246 Rausch Funeral Home, P.A. Owings, MD 28-PART I. Enter the diseases or complications that ceused the death. Do not enter the mode of dying, such as cardisc or reapiratory errest, Approximate											
CERTIFICATION	shock, or heart filture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. The conditions of the conditions of the conditions. The condition of the conditions of the											
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Lary ng of rached Stenosis / Lary nx Carcinona DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CALC	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PINDINGS ANALYSIS PRICE TO ANALYSIS PRICE TO											
	Parkinson ism Performed? AMAILABLE PRIOR TO COMPLETION OF CAUSE											
MEDI	Chronic Obstructive Pulmonary Atlease. 1 YES 2 NO OF DEATH?											
ä	Prostate Hypertrophy											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one)										\exists	
PHYSICIAN:	1 YES 2 NO 1	☐ Inpatient 2 ☐ Ef		DOA 4		5 X Re	sidence (nce 6 🗆 Other (Specify)				
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	IURY (bar)	28b. TIME OF 1NJURY AT WORK? M 1 YES 2 NO				28d. DEŞCRIBE HDW INJURY OCCURED					
	3 Suicide 8 Could not be 4 Nomicide determined	URY — Al home, (Specify)	me, farm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Do the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: Do the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, end due to the cause(e) end manner as stated.											
H	296. SIGNATURE AND TITLE OF CERTIFIER Serald P. Sterner MD 296. LICENSE NUMBER D 17245 April 19, 1993											
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)											
	Dr. Gerald Sterner Prince Frederick, Maryland 20678											
	31. DATE FILED (MORITI, Day, Year) 32. REGISTRAR'S SIGNATURE Fulia Davidson-Randsee											

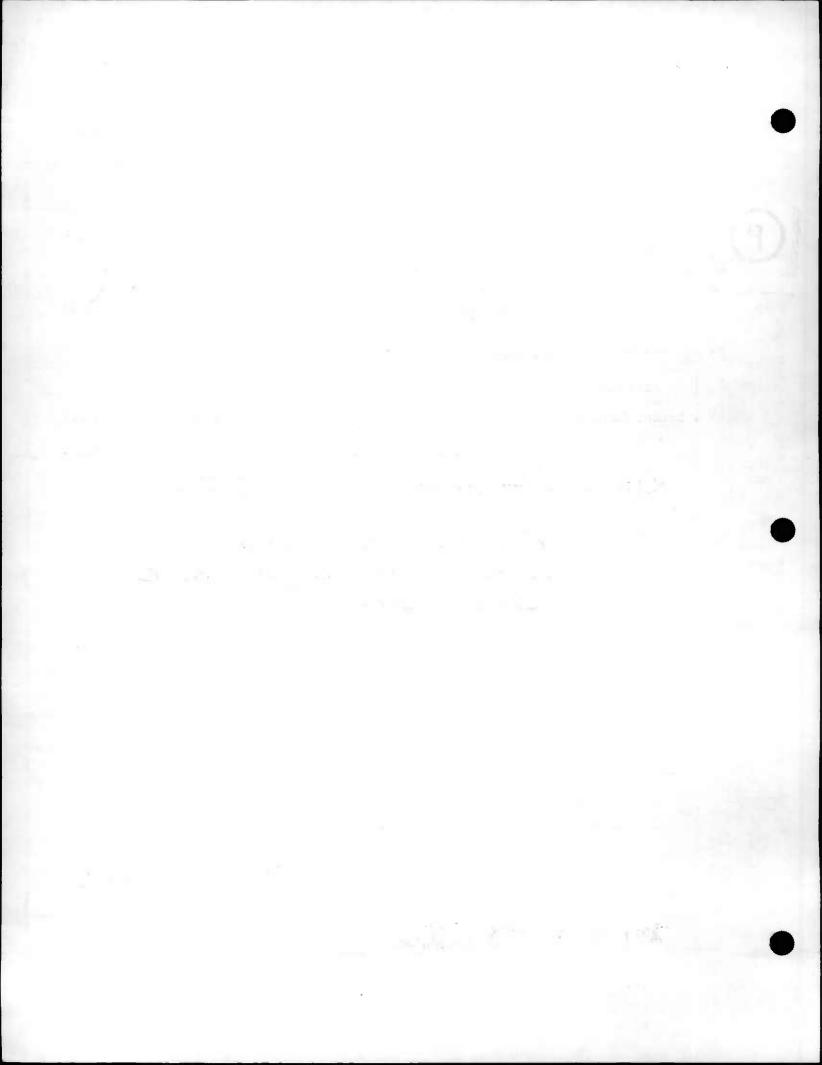


IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGI	ENE	
	REGISTRAR	CERTIFICATE OF DEATH REG.	NO.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH															
Paul York Honore'						2. DATE OF MONTH April				H DAY YEAR			9:15 p M		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE					oirthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			24 HRS.	7. DATE OF BIRTH 8. BII			6. BIRTH	RTHPLACE (State or Foreign		
220-30-2673 Ж⊠мг□ г				80 YRS.		MONTHS	DAYS	HOURS	MIN.		15,1	912	Mi.	chigan	
9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCA			OR LOCATI	ON OF DE			NTY OF D			
Residence: 214 Liberty Grove Ro				oad	ad Port Depo				Depo	sit Ce			Ce	cil	
RESIDENCE OF DEC	10b. COUNTY	,		7	10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY	
Maryland	100.000111	Cecil			Port Deposit					LIMITS?					
10e. STREET AND NUMBER										10g. CIT	ing. CITIZEN OF WHAT COUNTRY?				
214 Liberty	Grove	Road								21904		U.S.A.			
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN L	J.S. ARM							Yaa or No— 14. RACE — American Indian, Black, White, etc.				
1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE Y								can, #tc.)	Specify: White				
	EDENT'S EDU		1		EDENT'S			ON ost of worldi	na	16b. l	KIND OF BUS	INESS/INI	DUSTRY	÷:	
Elementary/Secondary (0	0-12)	College (1-4 or 5		life. D	Do NOT us	e retired.)			•	i					
		our Year	S		Se]	Lf-E	mp1c	-				rtis	t		
17. FATHER'S NAME (First, M								18. MOT			ddle, Maiden				
Paul Hor											hel Y				
19a. INFORMANT'S NAME (1) Lamont Hone											rt De			21904	
20a. METHOD OF DISPOSIT	ION	oval from State	20b. F	PLACE Of	F DISPOS	SITION (N	ame of ce	metery, crer	matory or		20c. LO	toc. LOCATION — City or Town, Stata			
4 Donation 5 Other	(Specify)		_ R.A	A . F	erri			pany			Wes	est Chester, Penn.			
21. SIGNATURE OF FUNERA	1				22. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funeral Home							Home			
none	TO M	· tatte	WOR	\sqrt{S}	<u></u>						and 2				
23. PART I. Enter the d		complications the			th. Do r	not ente	r the m	ode of dy	ing, suc	ch es cerdi	ec or reepi	retory ar	rest,	Approximate interval Between	
IMMEDIATE CAUSE (Fit disease or condition resulting in death)		. athe	O (OR AS A C	<u>DOLC</u>	DENCE OF	A.	ou	1~	Niga	ase				Onset end Death	
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST															
PART II. Other eignifice	nt condition	s contributing to	death but	t not re	sulting	in the u	nderlyir	ng ceuse	given in	Part I.	24s. WAS AN		248	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
					-						COMP			COMPLETION OF CAUSE OF DEATH?	
												1 YES 2 NO			
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:				OTHE		LACE OF E	DEATH (C	heck only one)				
1 TYES 2 XXVO		1 Inpatient 2		tient 3		4 🗆 Nu	insing Ho		esidence	8 🗆 Other					
27. MANNER OF DEATH 1 X Whatural 5	Pending	28a. DATE O (Month,	F INJURY Day, Year)		28b. TIM	IE OF JURY	URY WORK?								
2 Accident	Investigation	40 Pt 405	0.5 451 at 1504			М		YES 2 (NO						
3 Suicide 6 4 Homicide	, etc. (Specif)	- Al home, farm, street, factory, offica 28f. LC C/I						I, LOCATION (Street and Number or Rural Route Number, City or Town, State)							
29a. CERTIFIER (Check only) 1 KYCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at tha time, data and place, and dua to the cause(a) and menner as stated.															
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.															
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)								D (Month, Day, Year)							
30. NAME AND ADDRESS OF PERSON WHO CONFLETED CAUSE OF DEAT					10 025915 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						2-93				
Barbara Parey, M.D., 204 Bow Street, Elkton, Maryland 21921															
31. DATE FILED (Marith, Day, APR 1 4		32. REGISTR	AR'S SIGNA	TURE											
		- Tenar D	Widney.	-Man					_					DMMM 18 Per 1/80	



		REGISTRAR		CERTIFICAT	TE OF DEATH	REG.	NO.				
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEAT		3. TIME OF DEATH			
		Elizabeth	Lo	ouella	Henry	April		7EAR 2.24	2		
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign	_		
		218-24-4742	1 - M 2 XF	3 YRS. MONTH	DAYS HOURS MIN.	(Month, Day, Yea	103.	Country)			
3 should		9e. FACILITY NAME (If not institution, give str	eet end number)	9b. Cr	TY, TOWN OR LOCATION OF O		9c. COUNTY	OF OEATH	_		
2,3	S.	The Kent and Queen	Anne's Hospi	tal, Ind.	Chester	town	Ker	nt			
	DIRECTOR	RESIDENCE OF DECEDENT							_		
		10e. STATE 10b. COUNTY	CUIT	10c. CITY, TOWN				10d. INSIDE CITY LIMITS?			
(P)	,	Mo. F	EN	W	04/04			1 TES 2 NO			
	FUNERAL	25559 S7: 11 Q	ord CREE	KRd.	101. ZIP CODE 2/67	8	10g. CITIZEN	of What Country?			
220 Physician. burial-tran	֓֞֝֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED 1: 2 JANO	3. WAS DECENDENT OF HISPA			. RACE — American Indian, Black, White, etc.	_		
O g g	BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES	If yes, specify Cuben, Mexic 1 YES 2 NO Speci		,	Sopoly:			
15- endin		15. DECEOENT'S EDUC						13/ACK			
use use	1	(Specify only highest grade of		(Give kind of work don life. Do NO[use retired	e during most of working	16b. KIND OF	BUSINESS/INDUS	TRY			
ortal of 50	٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	III. DO NOS USE PERIOS	1000	1 1/	AKio.	2 11			
hosp ache	COMPLETED	3 ECUNERRY			DOK		11110	م ک			
YLAND 21215-0 by the hospital or attending be detached for use as the at once.		17. FATHER'S NAME (First, Migdie, Last)	TALLAK	2,96.	18. MOTHER'S N	AME (First Middle, Me	iden Surname)	0.00			
R d ba	B	011164	(11/10)		62	2 1 21	4 12	KOOKS			
MARYLAND 21215-0020 e retained by the hospital or attending division 5 Should be detached for use as the burial notified at once.	2	19s. INFORMANT'S NAME (Type/Print)	1/11	19b. MAILING ADDRE	SS (Street end Number or Rural	Boute Number, City or	Town, State, Zip Co	NOTTON			
F, y be		MEIMERMAPI	TEBIS	232	3 3 11	hall-C	Kecke	d md 2/67	Y		
BALTIMORE, ter death. Page 6 may be the funeral director, page by all examiner must be		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo		LACE AND DATE OF DISPORT		OATE 200	LOCATION - City	or Town, State			
M direct		4 Donation 5 Other (Specify)		76101	CEM-	7/21/83	Maky	JOH WG.			
ALTIN death. Pag e funeral di		21. SIGNATURE OF FUNERAL SERVICE LICE	- 1 1 M	22	2. NAME AND ADDRESS OF F	CILITY	1510	ER7			
BAI er dea the fur		Somo	chord		~8 \/ C H	1681	1111	US. 2/678			
E 3 8 8		23. PART I. Enter the diseases, or co	omplications that cause t	he death. Do not ente	er the mode of dying, suc	ch ea cardiec or n	eapiratory arrest	Approximete	_		
	ERTIFICATION	SHOCK, OF HEATT TEHLUTE. L	ist only one ceuse on eac	h line.				interval Between			
fill fill		IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Mgo Cav dig Textanction 5 min.									
3760, fited within 24 completely fille completely fille cemation, cereation, cevent, the		resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
P 20 5 7 6		_		ondedente or j.		L					
SOX 68 te be execut sician and c prior to buri		Sequentially list conditions, b.	DUE TO (OR AS A C	ONSEQUENCE OF:					_		
BOX cate be en hystcian prior to	¥	if any, leading to immediate cause. Enter UNDERLYING		A.10 100000-1117							
E 9 € 9	臣	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A C	ONSEQUENCE OF):					_		
A - C - E		resulting in death) LAST									
	0								_		
	¥	PART II. Other algnificant conditions	contributing to deeth but	not resulting in the u	inderlying ceuse given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS	s		
COR uires that signed by Health and	EDICAL						S 2 FNO	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
= 07								DF DEATH?			
AL RE he faw requires been so Dept. of H	N.										
VITAL AN: The law tificate has be state Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (Ch	eck only one)			_		
SICIAN: The certificate h the State d, or Item	Sic		HOSPITAL: t inpetient 2 ER/Outpeti	ent 3 DOA A N	R: raing Home 5 Residence	a C Other (Constitut			_		
OF V PHYSICIA this certif with the	主	27. MANNER OF DEATH	28e, DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. OESCRIBE HO	M INTILIBA OCCITO	ED.	_		
ON OF ING PHYS fiter this ceath with marked,		1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?						
ION NOING I: After r death	BY	2 Accident investigation 3 Suicide a Could not be	28e. PLACE OF INJURY —	At home, farm, street, fa		201 LOCATION (C)		2 - 10 - 11 - 1	_		
ISI TTEN TTEN after after	0	4 Homicide a Could not be	building, etc. (Specify))	otory, office	281. LOCATION (Str. City or Town, St	ate)	surar Houte Number,			
DIVISION OF VITA L OR ATENDING PHYSICIAN: The DIRECTOR: After this certificate his hours after death with the State D Item 28 is marked, or Item	91	29e. CERTIFIER							_		
Z 42 =	COMPLET	(Check only	AN: To the best of my knowled	ge, death occurred at the	time, date end place, end due	to the cause(e) end	menner ee stated.				
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	8		On the basis of examination a	nazor investigation, in my	opinion, death occured at the	time, date and place	, and due to the ca	ruse(s) and manner as stated.			
OR V	8	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)			
TO THE TO THE be filed	2	Manu.			D003	YC!	1 4	116/93			
		30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH	H (ITEM 27) (Type, Print)	1 1	~	2) 2	/			
1		r. rottrica E	aumann, 1	r1.D - (nesterto	wn, rr	10. 0/1	020			
	1	31 MHE FILEO (Month, Day, Year) APR 2 1 93	32. REGISTRAR'S SIGNATU	dell							

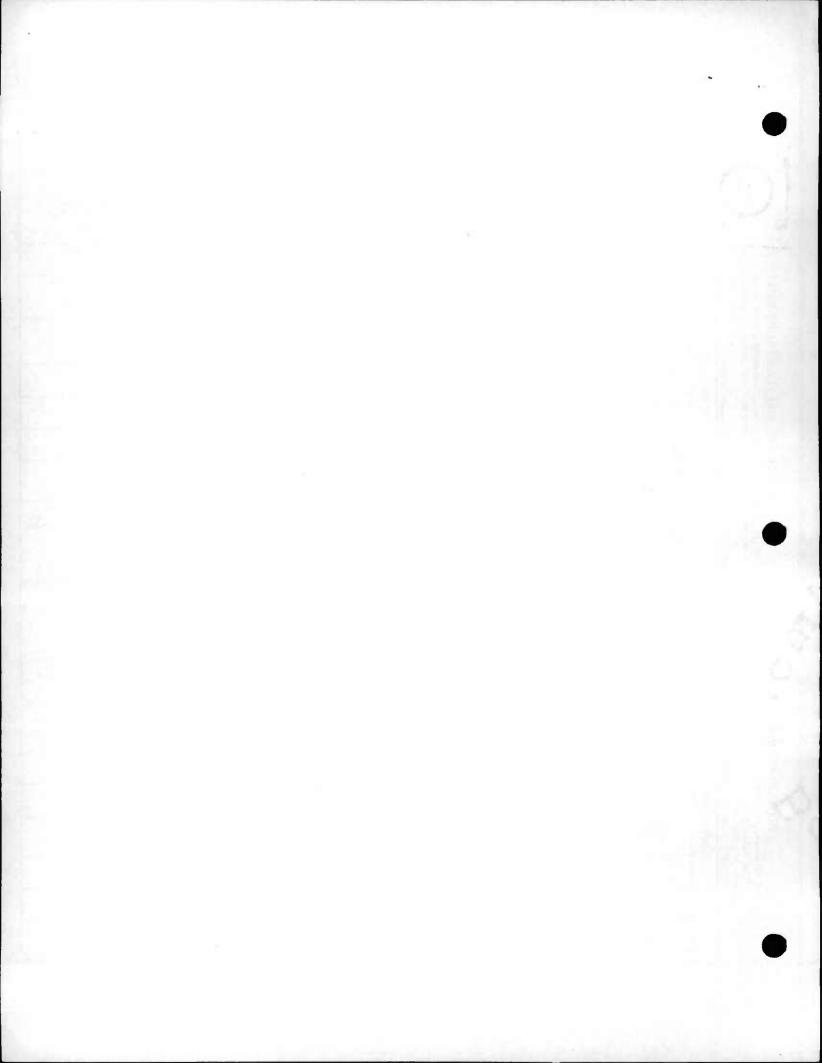
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	-	Y.	. `
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	P 176		-
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perfeit. Page 1.	isit peri	it. Page	
elled Willin I. 2 i Rous after Leads with the State Upp. 10 media and where principles in produce in version and in the state of the st	-	od.	
mi Chinata. Il helli de la minica, or ham de allega del migrig, or china beginner event, me moure exeminer mast de l'Olifet.		É	

janor.

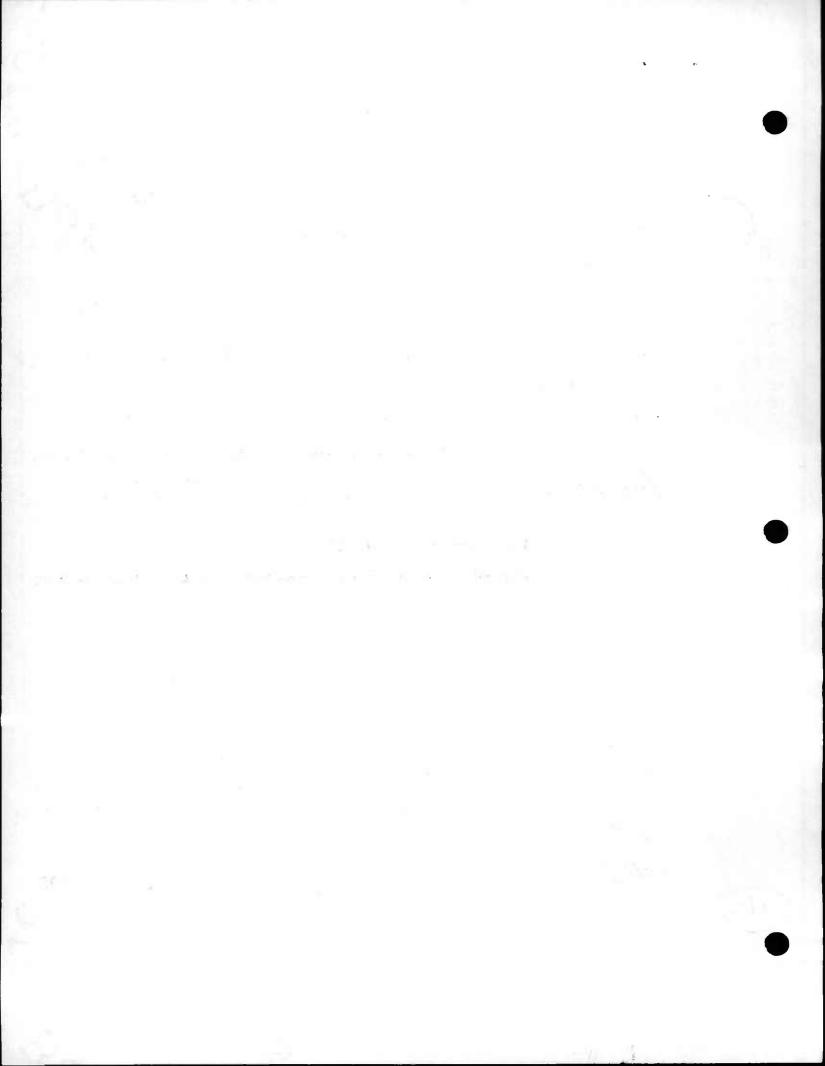
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR			CATE OF		MENIAL NIC	i. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA		YEAR	3. TIME OF DEAT	н
	MARY Ann	HO1	LLAND			04		93	12:35	а.м
	4. SOCIAL SECURITY NUMBER 5. SEX 132-18-0215		rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Y	TH bar)	8. BIRTI	HPLACE (State or Fo	reign
	9a. FACILITY NAME (If not institution, give street and num	70	YRS.	THE SECOND		06 29			W York	
TOR	PRINCE GEORGE'S HOSPITA	•		CHEVE	ERLY	EATH	122	NCE (GEORGE [†] S	
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CIT	r, TOWN OR LOCAT	ION				10d, INSIDE CITY	
O	Maryland Prince Ge	orge's	Gle	narden					LIMITS?	NO
FUNERAL DIMECTOR	7931 Echols Ave				20706		10g. CI		WHAT COUNTRY?	
BY FUN	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S. 7 1 TYPES 2 GIVE WAR OR DATES	. □ NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 2 NO Speci	NIC ORIGIN? (Spec an, Puerto Rican, e ly:	ify Yes or No— Ic.)	14. RACI Blac	E — American India k, Whita, etc.	ın,
	15. DECEDENT'S EDUCATION	16		USUAL OCCUPATION		16b. KIND (OF BUSINESS/IN	<u> </u>		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-12th	4 or 5+)	life. Do NOT us	rork done during mo e retired.) 'Y WOLKE		P	rivate			
OM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, A	falden Surname)			_
BE	Fred Willia	ams	101 11411 1110	APPRESS (O	Lena	Route Number, City	Joshu			
5	Beryl Stanly	7	7931	Echols A	ve/Glen	Arden,	or Town, State, Zi	ip Code))6		
	20a. MSTHOD OF DISPOSITION 1 Surial 2 XXCremation 3 Removal from St 4 Donation 5 Other (Specify)	eta cematar	y, crematory or of	her place) Park Cr		4/9/93	River	-		
	2 SIGNATURE OF FUNERAL SERVICE LICENSEE	7. /	2	22. NAME A	B. Jen	ins Fun	eral Ho	me		
	Jammy 6-1	lax				Rd/Land			785	
	23. PART I. Enter the discusses, or complication shock, or treat failure. List only of the complete condition and the complete co	THE TO (OR AS A CO	Su	bdu.		+ema			Approximation interval Book onset and	etween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)	UE TO (OR AS A CO	espective of any	d H	y part tey D	Tensi'a	^			
7	PART ii. Other significant conditions contribut	ing to death but	ngt resulting i	n the underlying	cause given in	Part i, 24a. W	AS AN AUTOPIEY	240	. WERE AUTOPSY FI	
DICAL	Syd Stege	Ken	al D	ispast			ERFORMED?		AWAILABLE PRIOR COMPLETION OF C OF DEATH?	
ME				15		_			1 YES 2	10
ż			_							
PHYSICIAN:	28. WAS CASE REFERRED TO MEDICAL EXAMPLER? HOSPITZ			26. PL OTHER:	ACE OF DEATH (C	neck only one)				
14S	27. MANNIER OF DEATH 28s. D.	TE OF INJURY	nt 3 🗆 DOA			8 Other (Specification 28d. DESCRIBE)		CHRED		-
ā	1 National 5 Pending	onth, Day, Year)	194 1		RK?	Fell 6	relev	The state of the s	6 25	Ceps
) BY	2 Accident Investigation 3 Suicide 8 Could not be	ACE OF INJURY -	7,00	treet, factory, office		28f. LOCATION (Street and Numbe	or or Rural I	Route Number,	e age
Ē	4 Homiside determined	ating, etc. (Specify)	me			7931	ECITOR	15 A	FUE.	
12	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	best of my knowledg	e, death occurre	d at the time, data	and place, and due		Titarite & La	4(2)	EN MI)
COMPLETED	one) 2 MEDICAL EXAMINER: On the bac	la of examination an	d/or investigatio	n, in my opinion, d	eath occured at the	time, data and pla	ice, and due to 1	the cause(a) and manner as si	ated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	1	zerace		29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)	-
5	30, NAME AND ADDRESS OF PERSON WHO COMPLETE	1 /1-	(17EM 27) (3/00.		4 love	o Pi	Cillac	P	267	0
	31. DATE FILED (Month, Day, Year) 32. Res APR 1 2 1993	SISTRAB'S SIGNATU		- ICW	1 (0 013	TIM.	Const	ye lo	or wit	
	111177 1000	NAC DE	-							

DHMH-16 Rev 1/89



ı	Т	DECEDENT'S NAME (First,								2. DATE OF	DAY	YEAR	3. TIME OF DEATH	
1	Н	SOCIAL SECURITY NUMBER	orothy	T s. sex		Han yrs. last birthday)	rris				13, 1993		11:50 A.	
1		218-38-7615		1 🗆 M 2 💢 F	53			AYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, De 3-23-	яятн у, Убаг) .1 Q /₁ ∩	Count	HPLACE (State or Foreigny)	
		a. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY, TO	O NWC	PR LOCATION OF D			UNTY OF	hington, Do	J
POR	L	Southern	Mary1	and Hosp	ital	Center	C	lin	ton		Pri	ince	George's	
3		DESIDENCE OF DEC	10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCAT	ION				10d, INSIDE CITY	_
j	4	Virginia		Fairfax			Fa	ir	fax				LIMITS?	
ERAL	ARE:	3.1.15 Construction	D					101.	ZIP CODE		10g. Cr	TIZEN OF	WHAT COUNTRY?	
FUNE	10-	3115 Coving	grou n	12. WAS DECEDEN	T EVER IN	U.S. ARMED	13 WM	S DEC	22 ENDENT OF HISPA	030	analta Van an Na	14.040	USA	
¥		Never Married 2		FORCES? 1	YES	2 NO	If y	es, spe	2 X NO Specif	an, Puerto Ricar	n, etc.)	Blac	E — American Indian, k, Whita, etc. White	
TEC		(Specify only	EDENT'S EDU highest grade	CATION completed)		16a. DECEDENT'S (Give kind of	work done duri	JPATIO	N st of working		O OF BUSINESS/IN			
PLE		Elementary/Secondary (0	-12)	College (1-4 or 5 -	+)	Cle:					erating ternatio			
COMPLETED	17	FATHER'S NAME (First, M					I. K.		18. MOTHER'S NA		e, Maiden Sumame)	naı		_
BE				Elsworth	ı Bea						lizabeth		y	
2	- 01	Margaret A.		ΟX							ity or Town, State, Z		5	
	2	a. METHOD OF DISPOSITI	ON		20b.	PLACEANDDATE	OF DISPOSITION	ON (Na	me of	DATE	20c LOCATION	City or To	wa State	
	1	X Burlel 2 Cremetlo	(Specify)		A b	ington	Hills	Cer	netery 4	-17-93	Abingto	n To	wnship, PA	1.
	12	SIGNATURE OF FUNERAL	SERVICEAR	CENSEE			22. NAI	ME AN	D ADDRESS OF FA	CILITY	neral Ho			
	1	3. PART I. Enter the di	Mille				61	60	Oxon Hi	11 Rd.	Oxon Hi	11. 1	Md.20745	
	Sit	AMEDIATE CAUSE (Fin isease or condition pauliting in death) equantially list condition any, leading to immediate. Enter UNDERLY/ill AUSE (Disease or injunat initiated events soulting in death) LAST	ona, Iliata NG	b. INTERN DUE TO	OR AS A	CONSEQUENCE OF	TRIM			CACT UK	lê L êft	ANKL	interval Betwo	ath
מושלום ו	P	ART li. Other algnificat	nt condition	ns contributing to	daath bu	t not resulting	n tha under	rlying	cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	246	. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE	
										_ '	TES 2 MO		OF DEATH? 1 YES 2 NO	
	-	. WAS CASE REFERRED TO	HEDICAL											
	1	EXAMINER?	MEDICAL	HOSPITAL:	FR/Outpe	that 3 DOA	OTHER:		ACE DF DEATH (Ch					_
	27	MANNER OF BEATH		28a. DATE OF (Month, De	INJURY	28b. TIM		c. INJU	S Residence		E HOW INJURY OF	CURED	4	
		2 Accident	Pending riveatigation	APRIL	- //,/	1998 46	72	_ Y	ES 2 760	elipp	ed + fe	U-	drivens	7
			Could not be letermined.	28e. PLACE Of buildings	etc. (Specif	At home, tarm, s	treet, factory,	offica	- 1	City or Tox		1 ~	bute Number	
	29	. CERTIFIER 1 CERTI	FYING PHYSI	CIAN: To the best of			d at the time	dete		1103	VINGO		TOUGH	-
) end manner aa stated	
1	29	_	OF CERTIFIES		1	alle	WD		29c. LICENSE NUM				(Month, Day, Year)	_
2	L	200			Def	, med.	Exar	-1	D 2%	2501	► A	PRIL	14: 1993	2
		SAMIR	AZE	O COMPLETED CAUS	701	TH (ITEM 27) (Type,	nus/	28 m	79 RD	F	Tukus	(. n	180744	
	31.	DATE FILED (Month, Day,) △PR 1		32. REGISTRA	A'S SIGNAT	dron-Rand	all							
	31.	DATE FILED (Month, Day,) APR1	5 199	V 4	D'S SIGNAT	TURE doon-Rand	all .		1-0		,	//		



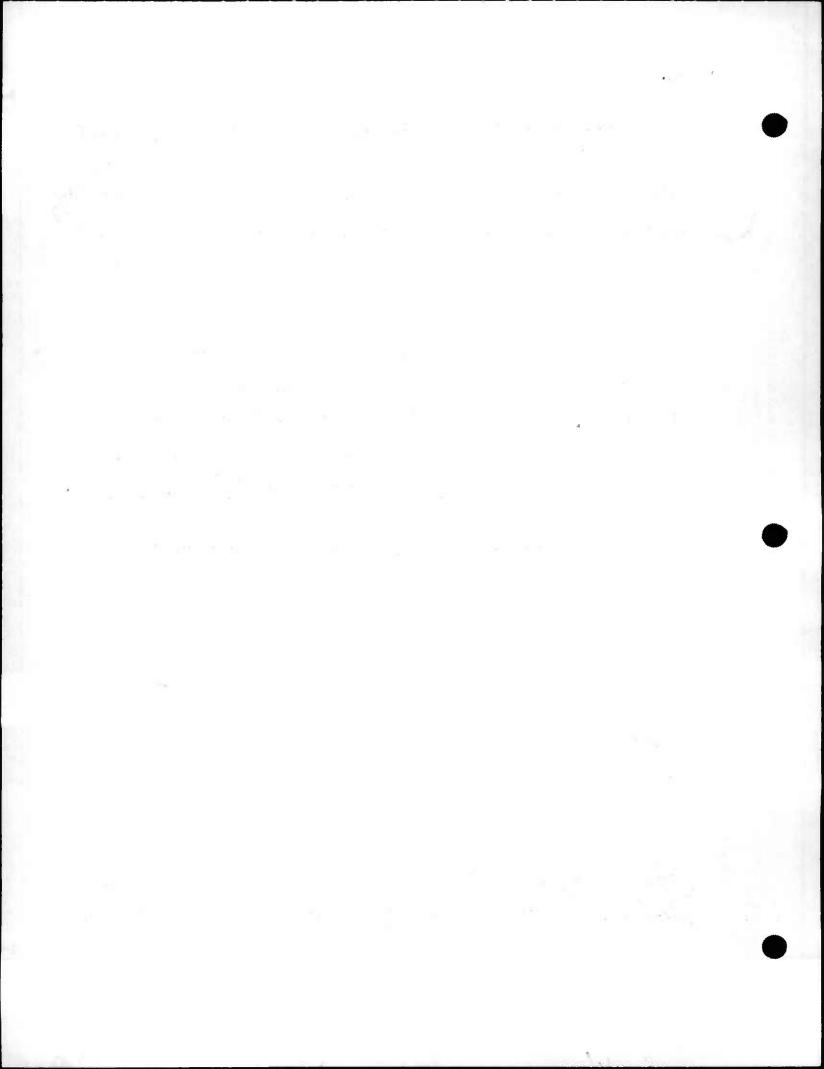
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIM	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPIAL DRIVENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	nay be retained by the hospital or attending physician.
1 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer permit	; page 5 should be detached for use as the bunal-transit permit
/ be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	It be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)	et O	Hav	Jees		2. DATE OF DEAT		VEAD	TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 214-32-9036	5. SEX 6. AGE (In yrs 1	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 03/10/1	ir)	a. BIRTHPL Country)	ACE (State or Foreign ryland	
E S	99. FACILITY NAME (If not institution, give sti 7927 Fiske Avenue			96. CITY, TOWN O	or Location of Di		9c. COUN	TY OF DEA		
DIMEG	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY Maryland Prince	e George's	L L	y, town on local 7 Fiske		lenarden	, Md.		od. INSIDE CITY LIMITS? YES 2 NO	
VERAL	100. STREET AND NUMBER 7927 Fiske Avent	ue		10	1. ZIP COOE 20706		10g. CITIZ		AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED K NO	If yes, sp		NIC ORIGIN? (Specifi on, Puerto Ricen, atc y:	y Yes or No	Specify	American Indian, white, etc.	
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION 16a. Completed) College (1-4 or 5+)	DECEDENT'S (Give kind of w life. Do NOT us HOUSE)		ON ost of working		BUSINESS/INDU			_
BE COMPL	17. FATHER'S NAME (First, Middle, Last) John Albert Newmo	an			France	ME (First, Middle, Ma ES Eliza	Proctor			_
10	Gloria Newman		19b. MAILING 7927	Fiske A	Avenue,	Route Number, City or Elenarden	Town, State, Zip (2070	6	
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremelion 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	cametery,	cramatory or oti	on Cemet	tery	4/14 Cl	inton,		State	
	Joseph B.	Jenglins	R.	J.B.	Landover	Funeral Rd., La	ndover,	Md.	20 7 85	
	23. PART i. Enter the diseases, or denock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	Dup TO (OR AS A CON	tu Cl	ander 1			1		Approximate Interval Betwee Onset and Deat	
N O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CON	SEQUENCE OF) :						_
CATI		DUE TO (OR AS A CON	SEQUENCE OF	7):						
SERTIFICATION	that initiated events resulting in death) LAST									_
MEDICAL CE	that initiated events	contributing to death but no	ot resulting is	n tha underlying	g cause given in	PER	S AN AUTOPSY FORMED?	AM CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	S
MEDICAL CE	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINEDS	HOSPITAL:		26. PL	g cause given in	1 TYE	FORMED?	AM CC OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?	\$
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINED 1 27. MANNED OF DEATH 1 Netural 5 Pending			26. PL OTHER: 4 Nursing Hom E OF 28c. INJ URY WO	LACE OF DEATH (Ch	PER 1 YE	FORMED?	AM CC OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?	s
BY PHYSICIAN: MEDICAL CERTIFIC	PART II. Other eignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINED 1 27. MANNED OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 □ Inpatient 2 □ ER/Outpatient 28e. DATE OF INJURY	3 DOA	26. PL OTHER: 4 Nursing Hom FOR 28c. INJ URY WO 1 1	LACE OF DEATH (Chi	PER 1 YE	FORMED? S 2MO W INJURY OCCU	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	s
PHYSICIAN: MEDICAL CE	that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINE BY LAST 1 FES 2 ND 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide a Could not be determined 290. CERTIFIER (Check only)	HOSPITAL: Inpatient 2	3 DOA 28b. TIME INJU home, farm, st	26. PL OTHER: 4 Nursing Hom Price 28c. INJ URY WO 1 V Otreet, factory, office	LACE OF DEATH (Ch. 10 5 Residence 10 FK7 17 FK7 17 FK7 18 2 NO 10 NO	PER 1 YE 1 YE 1 YE 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St. City or To	FORMED? S 2MO W INJURY OCCU eet and Number of late) menner as states	AMCCC OFF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	s

32. REGISTBAR'S SIGNATURE

Fisher Davidson-Randell

APR1 4 1993



447	B 61;	
9/3	-500	
21215-0020	tal or attending physician.	for up at the hard a ton the
MARYLAND	retained by the hospit	S chould be detached
BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be	in hy the funeral director name
RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	signed by the attendion objection and completely filled in by the financial diseases a change he desired on the standard of th

31. DATE FILED (Month, Day, Year)

4 1993

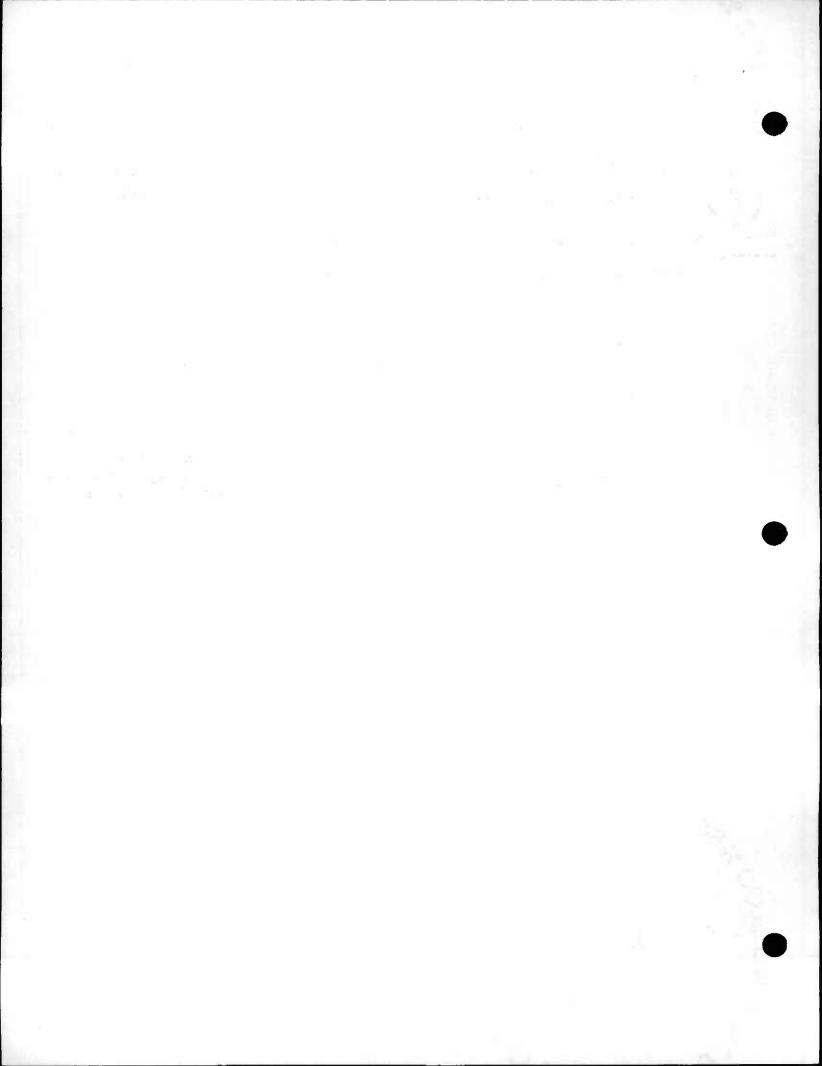
32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 93 **HYMES** ANNA 04 11 6:02PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 📈 F DAYS HOURS 578-48-5281 YRS 03 10 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH PRINCE GEORGES HOSPITAL CENTER PRINCE GEORGES CHEVERLY 10e, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland PRince Georges 1 YES 2 NO Mitchellville FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10321 Seapines Drive 20721 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. It yes, specify Cuben, Mexican, Puarto Rican, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried 2 NO IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced Specific Black ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) COMPL <u>Domestic Engineer</u> Private Once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Sumame) notified at Milton Davis Sr Posa Bryant

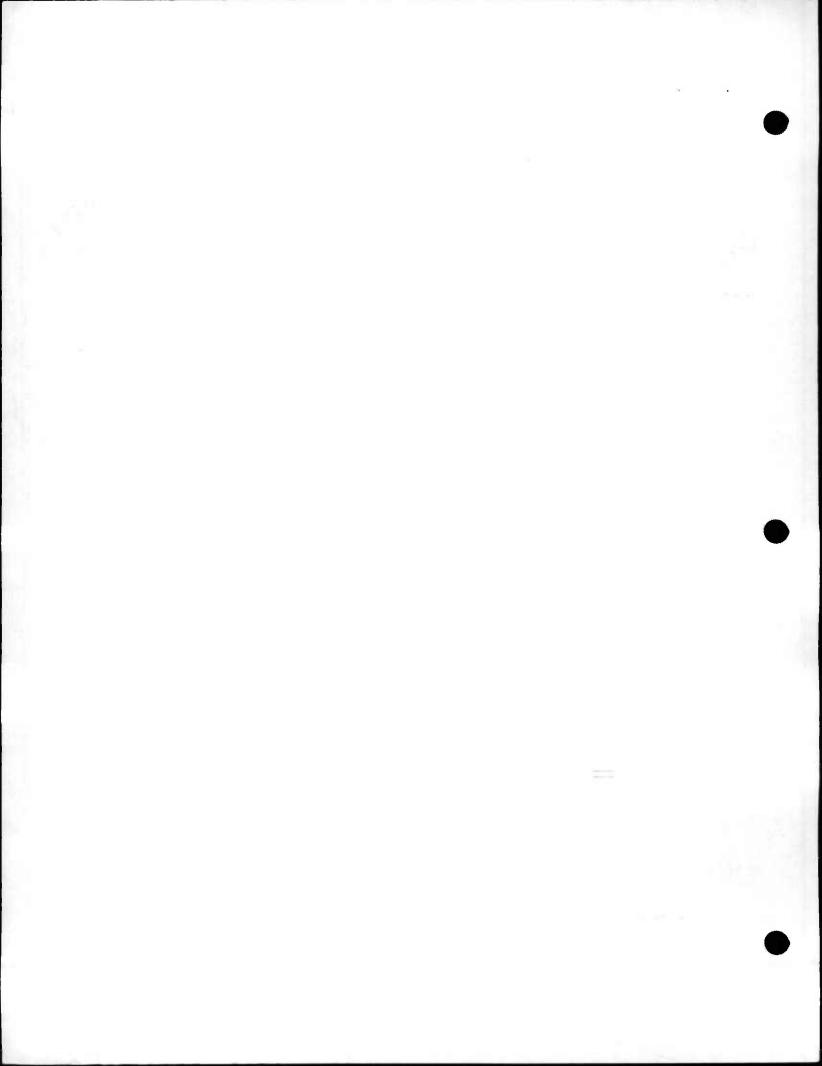
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Odell Lucas 10321 Seapines Drive
20b. PLACE AND DATE OF DISPOSITION (Name of Mitchellville Md 20721 must be 20e. METHOD OF DISPOSITION DATE 20c. LOCATION — City or Town, Ste 1 Surial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 4/17 Brentwood Md Fort Lincoln examiner 21. SIGNATURE/OF FUNERAL-SAMVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.M. Dudley Funeral Home B200 Rhode Island Ave Mt Rainier Md cremation, or removal. traumatic event, the medical 23. PART I. Enter the assesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart failure. List only one cause on each line Interval Betw **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition Stan resulting in death) DUE TO (OR AS A CONSEQUENCE OF) of Health and Mental Hygiene prior to burial, of PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury shows any injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DE DEATH? 1 TYES 2 T NO i: After this certificate has been redeath with the State Oept. o OR ATTENDING PHYSICIAN: The law DIVISION OF VITAL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 - YES 2 - NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide L OIRECTOR: A hours after di .00 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated.
2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cr THE FUNERAL (
Filed within 72 h THE HOSPITAL 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 42mis 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending dryp control.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF I	REALTH AND		YGIENE EG. NO.	
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF D		3. TIME OF OEATN
	MICHAEL	C.		TCH		0 4	08 199	93 8:18
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B. (Month, Day		6. BIRTNPLACE (State or Foreig Country)
	9a. FACILITY NAME (If not institution, give	1 XM 2 □ F	YRS.	3 15		Dec.	24 1992	Maryland
Œ		Contract of the second			OR LOCATION OF DI	EATN	1	NTY OF DEATH
CTOR	DOCTORS COMUN	ITY HOSPIT	AL	LANHA	<u>MM</u>		PR	GEORGE'S
7	10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
P.9	Maryland Prin	nce George's	Во	wie				1xx YES 2 □ NO
1	12310 Backus Dr	ive			0720			zen of what country? ited States
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENOENT OF NISPAI	VIC ORIGIN? (Sp	ecify Yea or No —	14. RACE — American Indian.
B H	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	OATES NO		ecify Cuban, Maxica 2 NO Specifi		etc.)	Black, White, etc. Specify:
8	15. DECEOENT'S ED	I I I I I I I I I I I I I I I I I I I						white
	(Specify only highest grad	de completed)	16a. OECEDENT'S U: (Give kind of wo life. Do NOT use	rk done during mo	ON ist of working	16b. KING	OF BUSINESS/INO	USTRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)		,				
COMPL	17. FATHER'S NAME (First, Middle, Last)				15. MOTNER'S NA	ME (First, Middle,	Maiden Surname)	-
FG 111	Michael George H	Hitch				net Su		Pope
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING A	DDRESS (Street a	nd Number or Rural I	Route Number, Ci	ly or Town, State, Zip	Code)
De no	Janet P. Hitch	1	12310	Backus	Drive Bo	wie Md.	20720	
must b	20g, METNOD OF DISPOSITION 1 A Burlai 2 Cremation 3 Res		b. PLACE ANODATE OF	DISPOSITION (Na			20c. LOCATION — C	Olty or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Wicomico 1				Salisbu	ry Md.
examiner	011	C	Pa		1-Evans		L Home, F	P. A.
medicai ex	23. PART I. Enter the disesses, or	_ Com	2 1846	1600	O Annapo	lis Rd.	Bowie M	(d. 20715
or other traumatic event, the ERTIFICATION	immediate Cause (Final disease or condition resulting in dasth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	b. OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):					Onset and D.
AL CE	PART II. Other significant condition	ens contributing to death	but not resulting in	Maria de de des		Part I 24a	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDIO
MEDIC				tna underlying	cause given in		PERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
23 shows any AN: MEDIC,	25. WAS CASE REFERREO TO MEDICAL	T				1/8	TIP OTIMED!	COMPLETION DF CAUS OF DEATH?
Item 23 shows any SICIAN: MEDIC		HOSPITAL: V 1 □ Inpetient 2 ♣ ER/Out	0	26. PL DTHER:	ACE OF DEATN (Ch	1/E	ÆS 2 □ NO	COMPLETION DF CAUS OF DEATH?
or item 23 shows any 4YSICIAN: MEDIC.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 5\times YES 2 \cap NO 27. MANNER OF DEATH	HOSPITAL: Y I I I I I I I I I I I I I I I I I I	tpatient 3 DOA 4	26, PL OTHER: Nursing Nom OF 28c, INJ	ACE OF DEATH (Che	ack only one) 6 Other (Spe	ÆS 2 □ NO	COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
or item 23 shows any 4YSICIAN: MEDIC.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 \(\text{N} \) YES 2 \(\text{N} \) NO	HOSPITAL: Y	tpetlent 3 □ DOA 4	26. PL OTHER: Nursing Nom OF 28c. INJI W	ACE OF DEATN (Cho	ack only one) 6 Other (Spe	YES 2 □ NO	COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
ZB IS MARKED, OF IREM Z3 Shows any TED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural Standard Pending	HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	tpetient 3 DOA 4	26. PL DTHER: Nursing Nom Nursing Nom Vi W0 1 1 1	ACE OF DEATN (Chu	sck only one) 6 Other (Specal Describe)	es 2 No	COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
em 28 is marked, of item 23 shows any LETED BY PHYSICIAN: MEDIC.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Natural Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 Inpetiant 2 OF INJURY (Morith, Day, Year) 26a. PLACE OF INJURY building, etc. (Spi	tpatient 3 DOA 4 28b. TIME (INJUR IV — At home, farm, streecity)	26, PL DTHER: Nursing Nom DF 28c, INJ, IV WO 1 1 V est, factory, office	ACE OF DEATN (Che 5 Residence WATER(?) (ES 2 NO	ack only one) 6 Other (Spe- 28d. DESCRIBI 28f. LOCATION City or Tow	City) E NOW INJURY OCCIO	COMPLETION DF CAUS OF DEATH? 1 YES 2 NO UREO Or Rural Route Number,
II ITEM 28 IS MARKED, OF ITEM 23 Shows any APLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Natural Investigation 3 Suicide 6 Could not be detarmined 4 Homicide Certifying PNYS	HOSPITAL: 1 Inpetiant 2 ER/Out 28a. DATE OF INJURY (Morith, Day, Year) 28a. PLACE OF INJUR building, etc. (Spi	tpatient 3 DOA 4 26b. TIME (INJUR IV — At home, farm, streediy)	26, PL DTHER: Nursing Nom DF 28c, INJ, INJ WO 1 1 V set, factory, office	ACE OF DEATN (Che 5 Residence WAT RK? (ES 2 NO	28d. DESCRIBI	City) E NOW INJURY OCCIO	COMPLETION DF CAUS OF DEATH? 1 YES 2 NO UREO Or Rural Route Number,
II ITEM 28 IS MARKED, OF ITEM 23 Shows any APLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Natural Investigation 3 Suicide 6 Could not be detarmined 4 Homicide Certifying PNYS	HOSPITAL: 1 Inpetiant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJUR building, etc. (Spo	tpatient 3 DOA 4 26b. TIME (INJUR IV — At home, farm, streediy)	26, PL DTHER: Nursing Nom DF 28c, INJ, INJ WO 1 1 V set, factory, office	ACE OF DEATN (Che 5 Residence WAT RK? (ES 2 NO	281. LOCATION City or Tow to the cause(a)	(Street and Number on, State) and manner as state lace, and due to the	COMPLETION DF CAUS OF DEATH? 1 YES 2 NO UREO Or Rural Route Number, et cause(a) and manner as states
IFURIANI: II 16m 28 IS marked, of 11em 23 Shows any BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YYES 2 NO 27. MANNER OF DEATH Natural Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetiant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJUR building, etc. (Spo	tpatient 3 DOA 4 26b. TIME (INJUR IV — At home, farm, streediy)	26, PL DTHER: Nursing Nom DF 28c, INJ, INJ WO 1 1 V set, factory, office	ACE OF DEATN (Chi	281. LOCATION City or Tow to the cause(a)	city) E NOW INJURY OCCI (Street and Number of n, State) and manner as state laca, and dua to tha	COMPLETION DF CAUS OF DEATH? 1 YES 2 NO UREO Or Rural Route Number, et cause(a) and manner as state. SIGNEO (Month, Day, Year)
HIANI: II 116m 28 18 marked, of 116m 23 shows any E COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YYES 2 NO 27. MANNER OF DEATH Natural Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetiant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Spi SICIAN: To the best of my known ER: On the basis of axamination	tpetiant 3 DOA 4 28b. TIME (INJUR Y — At home, farm, streedily) wiedge, desth occurred on and/or investigation,	26. PL DTHER: Nursing Nom Nursing Nom 26c. INJ WO 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ACE OF DEATN (Che 5 Residence URY AT RK? (ES 2 NO and place, and due seth occured st the 29c. LICENSE NUM O . C . M .	281. LOCATION City or Tow to the cause(a) time, data and p	city) E NOW INJURY OCCI (Street and Number of n, State) and manner as state laca, and dua to tha	COMPLETION DF CAUSOF DEATH? 1 YES 2 NO UREO or Rural Route Number, et cause(a) and manner as state. SIGNEO (Month, Day, Year) 4 - 0 9 - 1993



BALTIMORE, MARYLAND 21203-3146 E

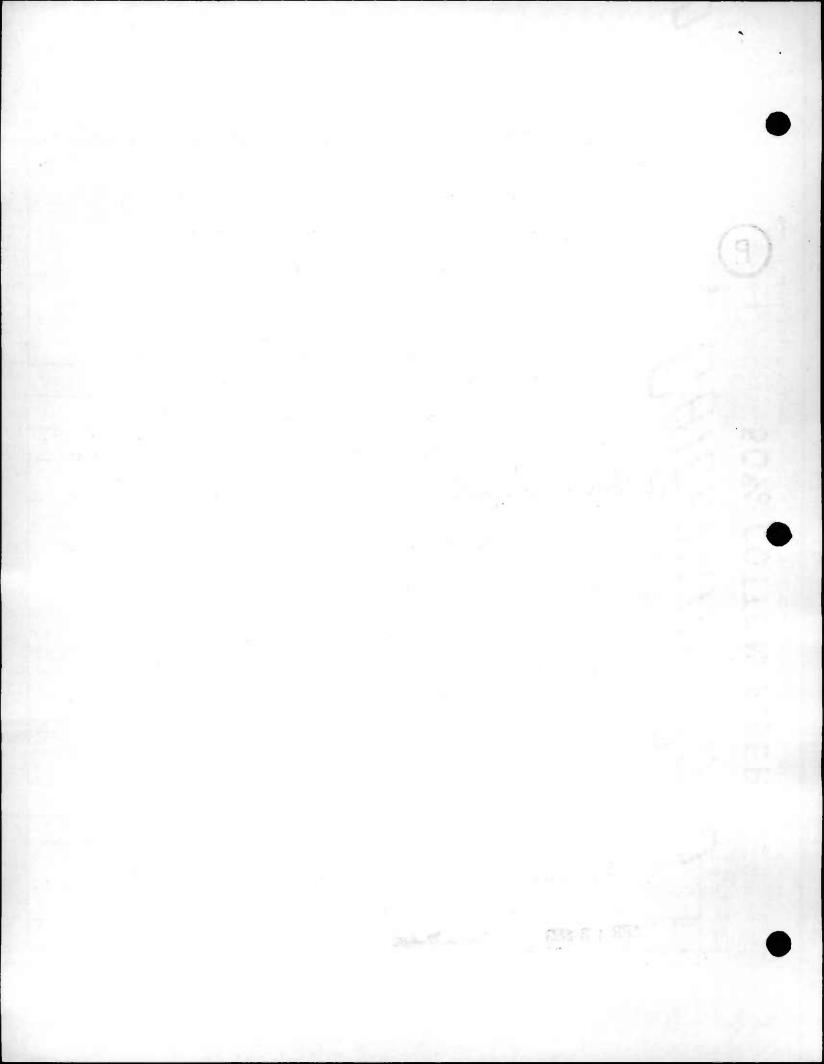
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within when a first death. Page 6 may be retained by the hospital or attending by THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

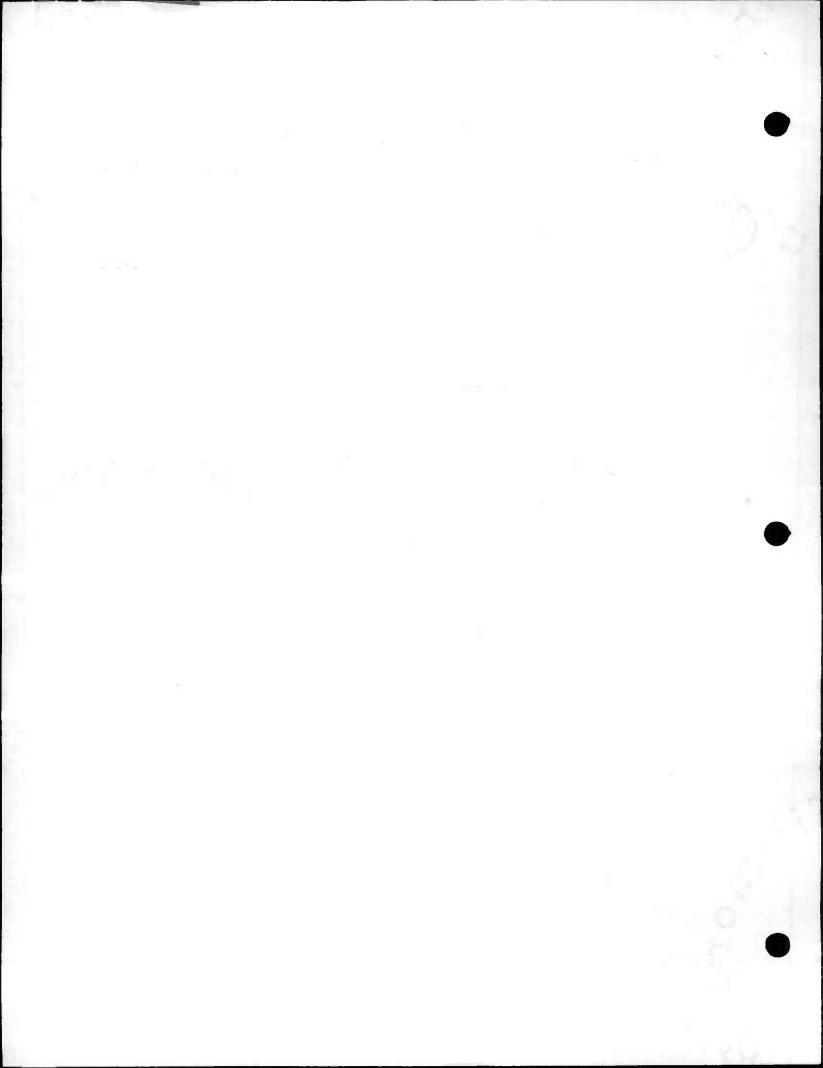
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

physician

	REGISTRAR			ENTIF	ICAL	E UF	DEAL	п	RE(G. NO.			
4	1. DECEDENT'S NAME (First, Middle, Last)	Harry	Fusco	Har	~				2. DATE OF DE.	OAY	YEAR		IME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	Eugene 6. AGE (In yrs. Ia		IF UNDER	4 VEAD	IF UNDER	0.4 1000	April		1993		1:05 A. M
1	413-10-3657	1 1 M 2 □ F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	June 17		Cou	intry)	OE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN (OR LOCATIO				9c. COUNTY OF DEATH		
8	Garrett County Ma	emorial I	lospital		08	akla	nd.				(Ga.r.	rett
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		I 40 - 00	Y. TOWN C								
DIRECTOR		ceston		10c, C11			Alt:						. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ESCOII			14		. ZIP COOL			10	0g. CITIZEN O		XYES 2 NO
RUNEHAL	805	Bast Stat	e Ave.					754		"	og. CITIZEN O	US	
3	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AF				ENDENT O	F NISPAN	IIC ORIGIN? (Spec		No- 14. R/		American Indien, ite, etc.
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 X	MO			ecify Cuba 2X NO		n, Puerto Rican, e	rtc.)		ack, Wh ecity:	White
	15. DECEDENT'S EDU	CATION	140 P	CORDENIZ IO	1	OCUPATION	201		401 1/015	05.0000			MILCE
1	(Specify only highest grade	completed)	(0	ECEDENT'S Sive kind of a. Do NOT u	work done se retired.)	during mo	on ost of working	ng	166. KIND	OF BUSINE	ESS/INDUSTRY		
P	Elementery/Secondery (0-12)	College (1-4 or 5	+)	ctri					C	oncti	ructio	n	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI		ME (First, Middle,				
BEC	V	Villiam J	_						rie Mae				
10	190. INFORMANT'S NAME (Type/Print) EVELYN V. Harr		19	BOS E	ast S	s (Street a	e Av	or Rural F	Poute Number, City Terra A	or Town, S lta,	WV 26	764	
1	20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (No	ime of cer	netery, crem	natory or	- 2	ec. LOCAT	ION — City or	Town,	State
	157 Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		I.O.C).F.	Cemet	tery				Ro	osemon	t, I	W.Va.
	21. SIGNATURE OF FUNDRAL SERVICE LIC		0 4		22.	NAME A	ND ADDRES	SS OF FA	ght Fun	ara1	Howe.	Tag	
	* Urthur b	- Wrie	aht						Ave. Te				
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	mic hear	ct di	seas		da ot dyl	ing, auci	h aa cardlac o	respirate	ory arrest,		Approximeta Interval Between Onaet and Death Years
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	С.	(OR AS A CONSE										
ERT	resulting in dasth) LAST	d											
	PART II. Other algoriticant condition	a contributing to	death but not	resulting	in the ur	nderiyin	g cause (lven in	Part I. 24e. V	WAS AN AU	TOPSY 2	4b. WEF	RE AUTOPSY FINDINGS
MEDICAL	renal failure								F	YES 2X		COR	ILABLE PRIOR TO APLETION OF CAUSE
MED	arthritis									120	,		DEATH?
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)				
YSI	1 YES 2 NO	1 Inpetient 2]		-	4 🗆 Nur	sing Hom		eldence	6 Other (Spec	lfy)			
ву РН	27. MANNER OF DEATH 1 The true of true of true of the true of the true of tru	28a. DATE Of (Month, D		28b. TIA	ME OF JURY M	WC	URY AT ORK? YES 2	□ NO	28d. OEŞCRIBE	NOW INJU	JRY OCCUREO		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building,	OF INJURY — At he etc. (Specify)	oma, farm,	atreet, fac	tory, offic	•		28f. LOCATION City or Town	(Streat and , State)	Number or Run	al Route	Number,
COMPLETE	29a. CERTIFIER (Check only one)												
	2 MEDICAL EXAMINE		Marintation engler	mvestigati	on, in my	opinion, c							
3 BE	296. SIGNATURE AND TITLE OF CERTIFIES						D15	333	MBER		od. date sign ▶ 4-12		nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WAS Thomas G. Johnson	n, M.D.	311 N 4	ith S	t.	Oak	land	, MD	21550				
4	31. DATE FILED (MOP ROY, Year) 2 199	32. REGISTRA	AR'S SIGNATURE	Burker									
1		1//		- Parket									



	_	REGISTRAR		CERTIFIC	ATE O	F DEATH		REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)	Christine	Higg	genbot	hem .Halsell	2. DATE OF MONTH	DEATH DAY	YEAR 93	3. TIME OF DEATH
됮		4. SOCIAL SECURITY NUMBER 264-84-3410	1 □ M 2 X F 10		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS.	7. DATE OF (Month, D		8. BIRT	HPLACE (State or Foreign try) Orgia
3 ann	TOR	96. FACILITY NAME (If not institution, give so O PESIDENCE OF DECEDENT	/	PITAL	_	GINTON		9c.	COUNTY OF I	
(E	a di		e George's		own or Loc oper M	arion Jarlboro				10d. INSIDE CITY LIMITS? 1 YES 2 NO
L	NERA	11902 North Marl				10f. ZIP CODE 20772		10g.	U.S.	WHAT COUNTRY? A.
21215-0020 al or attending private for use as the burnel	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 (100	If yes, s	ECENDENT OF HISPAP specify Cuban, Maxica ES 2 XXO Specify	n, Puerto Rica	Specify Yes or No in, etc.)	Spec	E — American Indian, ck, White, stc. city: Casian
AND 2121; the hospital or attendetached for use as proces.	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re HOMEMA]	done during n tired.)	FION most of working	16b. KI	ND OF BUSINESS	S/INDUSTRY	
at ga	I I	17. FATHER'S NAME (First, Middle, Last) Andrew Jack	son Higgenbo	them		18. MOTHER'S NA Americ		lle, Maiden Surnai	me)	
	TO B	Mike Ambrose		19b. MAILING AD	oness (Street	and Number or Rural is 10 A-F	Poute Number,	City or Town, State	e, Zip Code)	
TORE, e 6 may be rector, page must be		26s METHOD OF DISPOSITION VX Buriel 2 Cremation 3 Remo 4 Denetion 5 Other (Specify)	wal from State 200	PLACE AND DATE OF D selecy, crematory or amer EXTERCEMENT	placej	erveren.	5 93	ZOC. LOCATIO	-	own, Stata Le Florida
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		21. SIGNATURE OF POHERAL SERVICE LIC	ENSEE		22. NAME /	AND ADDRESS OF FA	CILITY Le	e Funer	al Hon	ne, Inc. inton, Md207
760, divithin 24 hours after ompletely filled in by th i, cremation, or remove event, the medical		23. PART Enter the diseases, or capacity, or heart feiture. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A	SCLER	OTTC	HEA	RT	DISEA		Approximate interval Between Onset end Death
O. BOX 687, ertificate be executed ng physician and corgine prior to burial, other traumatic e	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	PNEW DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):						
Endi Hy	CERT	resulting in death) LAST		BROVASC				SE		
w requires that the been signed by the pt. of Health and M shows any injury.	ME	PART II. Other eignificent conditions	contributing to deeth b	ut not resulting in t	te underlyli	ng cause given in		n. Was an autor Performed?		D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
F VITAL SICIAN: The lar certificate has the State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	PLACE OF DEATH (Che				
OF V PHYSICIA this certif with the Ked, or	PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. IN	me 5 🗆 Rasidence		BE HOW INJURY	OCCURED	
DING P After death	ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Speci	- At home, tarm, stree		YES 2 NO	281. LOCATIO	ON (Street and Number, State)	mber or Rural F	Route Number,
TAL DR TAL DIR 72 hour	COMPLET		PIAN: To the best of my knowler. On the basis of examination							N
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	O BE CC	29b. SIGNATURE AND TITLE OF CENTIFIER	r Erku	ND PACC		29c. LICENSE NUM				(Month, Day, Year)
6	ř	30. NAME AND ADDRESS OF PERSON WHO		3 PISC		VAY R	P	CLIN	TON	MO
		31. DATE FILED (Month, Day, Year) APR 1 2 1003	32. REGISTRAR'S SIGNA	NOW- Pandall						



1 -

FOR STATE REGISTRAR

19

Jones

1 - M 2 X F

SHIVETEDER

200

6. AGE (In vrs. last birthday)

enter

Arundel

MONTHS

10c. CITY, TOWN OR LOCATION

VDS

DAYS

FAMILY.

HOURS

5. SEX

10b. COUNTY

In by the 1 0 cremation. that the death certificate be executed within prior to burial, the attending physician Mental Hygiene prior to and t signed Health a t of I has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law After the

31. DATE FILED (Month, Day, Year)

5 1993

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: phys 1 Never Married 2 Merried ВУ Wildowed 4 Divorced urs after death. Page 6 may be retained by the hospital or attending the use as t COMPLETED 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high jo Elementary/Secondery (0-12) College (1-4 or 5+) Housewife detached f 17. FATHER'S NAME (First, Middle, Last) RANK page 5 should be notified at BE 19a. INFORMANT'S NAME (Type/Print) 2 one must be 1 20e. METHOD OF DISPOSITION
1 Separtel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cre. funeral director, Wood [Cem 4 Donetion 5 Other (Specify) medical examiner 21, SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Let ausenso 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heert feilure. List only one ceuse on sach line IMMEDIATE CAUSE (Finel the disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) event, injury, or other traumatic CERTIFICATION Sequentielly list conditions, If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events reaulting in deeth) LAST PART ii. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL any Shows 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h EXAMINER? HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked. Natural 5 Pending 1 YES 2 NO BY 2 Accident TO THE HOSPITAL OR ATTENDIN
TO THE FUNERAL DIRECTOR: Aff
be filled within 72 hours after der
IMPORTANT: It Item 28 is it 28e. PLACE OF INJURY — All home, farm, street, facto building, atc. (Specify) 3 Suicide 60 COMPLETED 8 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the lims, date end place, end due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BRADAZIK

> 32. REGISTRAR'S SIGNATURE Achia Davidson Bordate

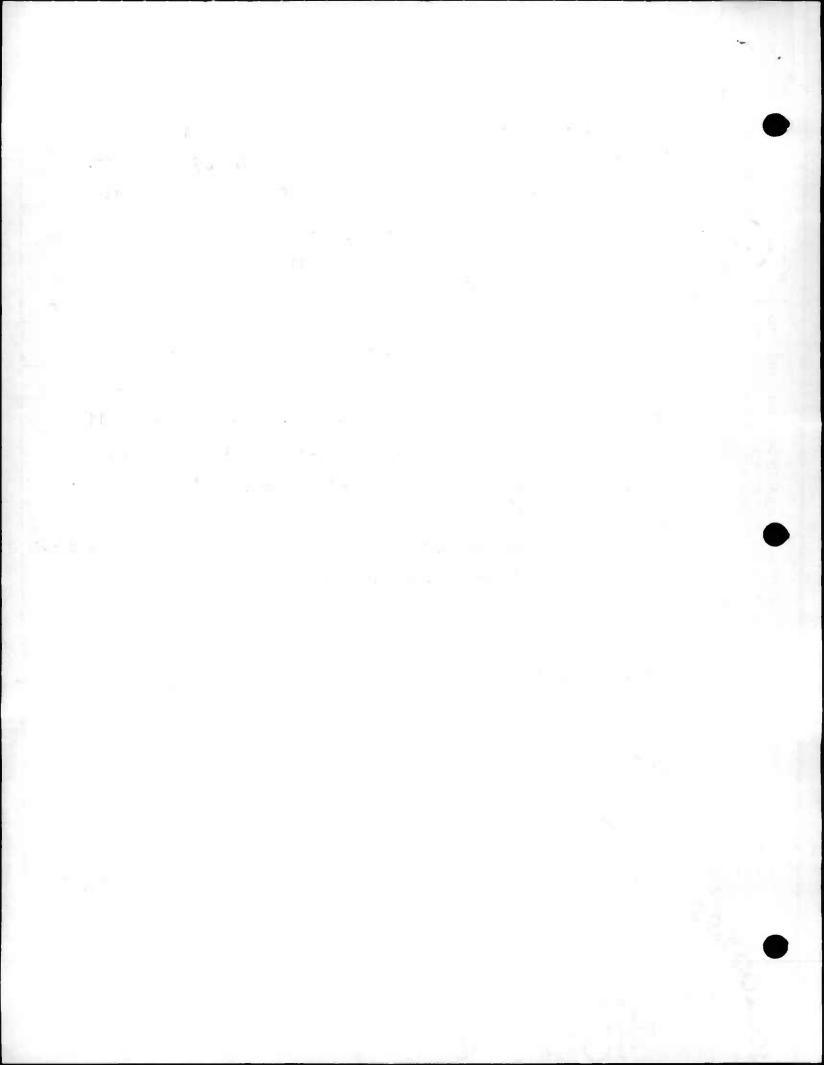
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 3. TIME OF DEATH 93 4 10 10 PM 6. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH BALTI MOTE MO 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundo -Rownsville IOd. INSIDE CITY ROWUS Ville 1 TES 2 NO 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1 14. RACE — American Indian, Black, White, etc. specify: white 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Malden Surname) Stuerna Approximete Interval Between **Onset and Death** 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 | YES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUREO 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Month, Day, Year) 2 PRATTICE 269

Cantil World

1 - FOR STATE REGISTRAR

		1. DECEDENT'S NAME (First, Middle, Last) Doroti	ov C.	Janney				2. DATE OF DEATH	MY	YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 219-36-7596	-3	6. AGE (In yrs. last	birthday) IF UNDI	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	18 9	B. BIRTHPLA	500 p M CE (State or Foreign
2, 3 should	pR	90. FACILITY NAME (If not institution, give 3800 Wine 1	street and number)		9b. CIT		or LOCATION OF I			Mass ry of DEATH rrol	н
(6)	DIRECTOR	10e. STATE 10b. COUNT		Westminster					10d.		
U	FÜNERAL	100. STREET AND NUMBER 3800 Wine Rd		-	101. ZIP CODE 21158			8 IOg. CITIZEN O			YES 2 1 NO
ing physican mejautains	6	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 XIN	MED 13	If yes, sp		ANIC ORIGIN? (Specify Yecan, Puerto Rican, etc.)	s or No 1	4. RACE — A Black, Wh Specify:	American Indian, hite, etc.
ID 21215-0 spital or attending hed for use as the	COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv	EDENT'S USUAL to kind of work done Do NOT use retired.	during m	ON pst of working	schoo		STRY	
MARYLAND retained by the hospital 5 should be detached frontilled at once.	BE CON	17. FATHER'S NAME (First, Middle, Lest) Edgar	lifford	Cros	sby		Winn	AME (First, Middle, Maider efred		arcey	T
E, MAR be retained age 5 should be notified	10	Richard Janney		19b.	3800	Win	end Number or Rura e Rd. I	Aoute Number, City or To- Westminst	er, State, Zip C	VId 21	15 8
MORE, age 6 may be director, page		20a. METHOD OEDISPOSITION 1 Surial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		20b. PLACE A	ND DATE OF DISPO	ema	tion	4/19 Ha	mpste		
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home, 412 W: Westminster, Md 23. PART I. Enter the placeses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,									
SOX 68760, te be executed within 24 hours systeian and completely filled in b prior to burial, cremation, or res traumatle event, the medi	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Chaseses or injury)	a. Recto	OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CON	UENCE OF):	TU	ode of dyling, su	ch as cardiac or resp	iratory arre	st,	Approximate interval Between Onset and Death 3 Mon MLS
ORDS, P.O. B that the death certificated by the attending phy th and Mental Hygiene is any Injury, or other		PART II. Other significant condition	d.	OR AS A CONSEQUENCE OF THE PROPERTY OF THE PRO		nderlyin	g cause given in	n Part I. 24a. WAS AN			RE AUTOPSY FINDINGS
REC requires een sign of Heat	N: MEDICAL	INANITIO	<u> </u>					1 TYES :	. /	OF C	MPLETION OF CAUSE DEATH? YES 2 NO
OF VITAL PHYSICIAN: The iaw this certificate has with the State Dep xed, or item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 [DOA 4 Nu	A:	LACE OF DEATH (C	theck only one)			
	ву Рн	27. MANNER O DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF II (Month, Day	(Year)	28b. TIME OF INJURY M	1 🗆	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED	
DIVISION DR ATTENDING F DIRECTOR: After hours after death	ETED	3 Suicide 6 Could not be determined	building, et	ic. (Specify)	ne, ferm, street, fe			281. LOCATION (Street City or Town, State			Number,
절로	COMPLET	2 MEDICAL EXAMINI	ER; On the besis of exe					e to the cause(s) and me e time, date and place, e			i menner as stated,
TO THE HOSPI TO THE FUNER be filed within	TO BE	30. NAME AND ADDRESS OF PERSON W	taken n				DZY8	660	29d. DATE	SIGNED (Mon	nth, Day, Year) -93
		31. DATE FILED (Month, Day, Year)	har.	Class	Pari		RD	Reiste	rsto	un	21136
		APR 19	'93	Julie Davi	deon-Rand	482					DHMH-18 Bey 1/8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

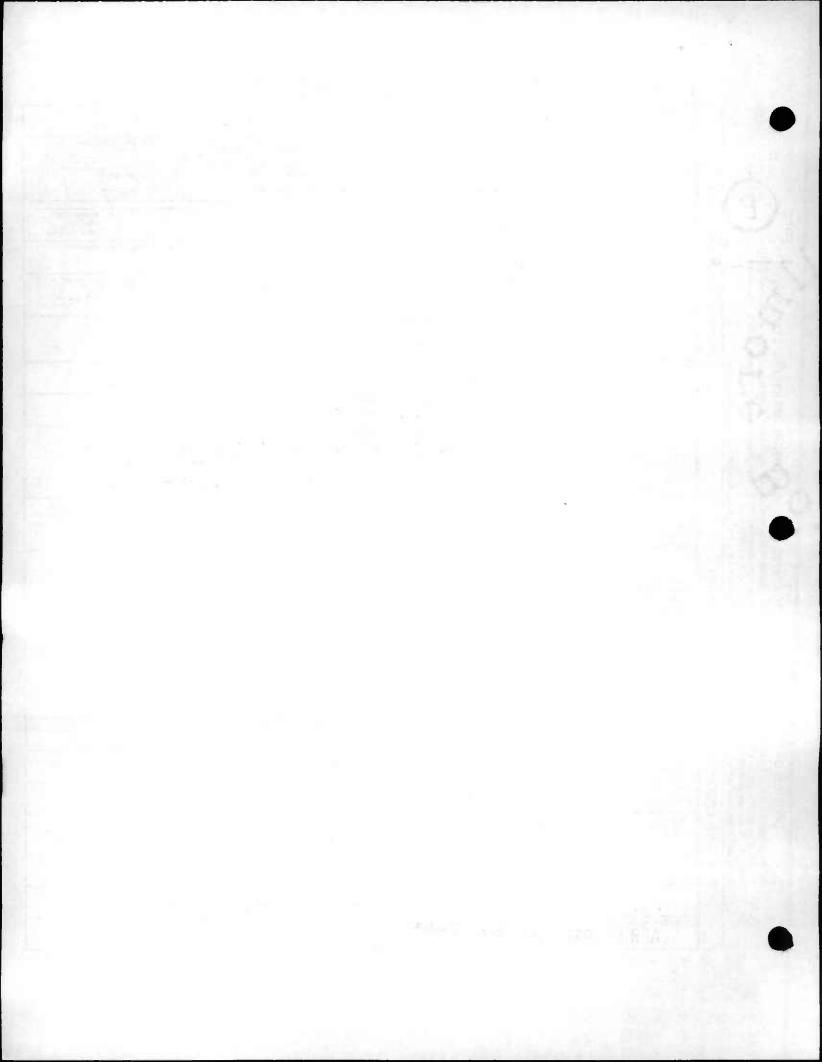


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	I OR ATTENDING DHYSICIAN: The law requires that the death certificate he executed within 24 hours
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OF	PHYSIC
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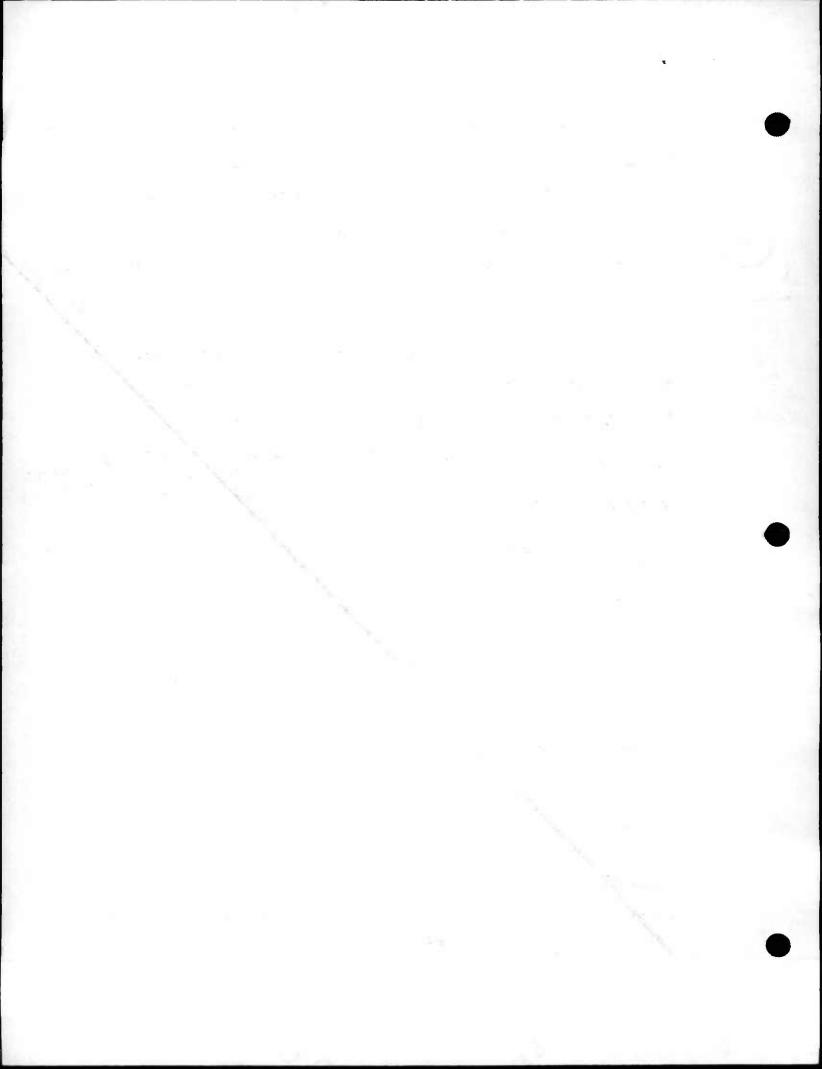
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

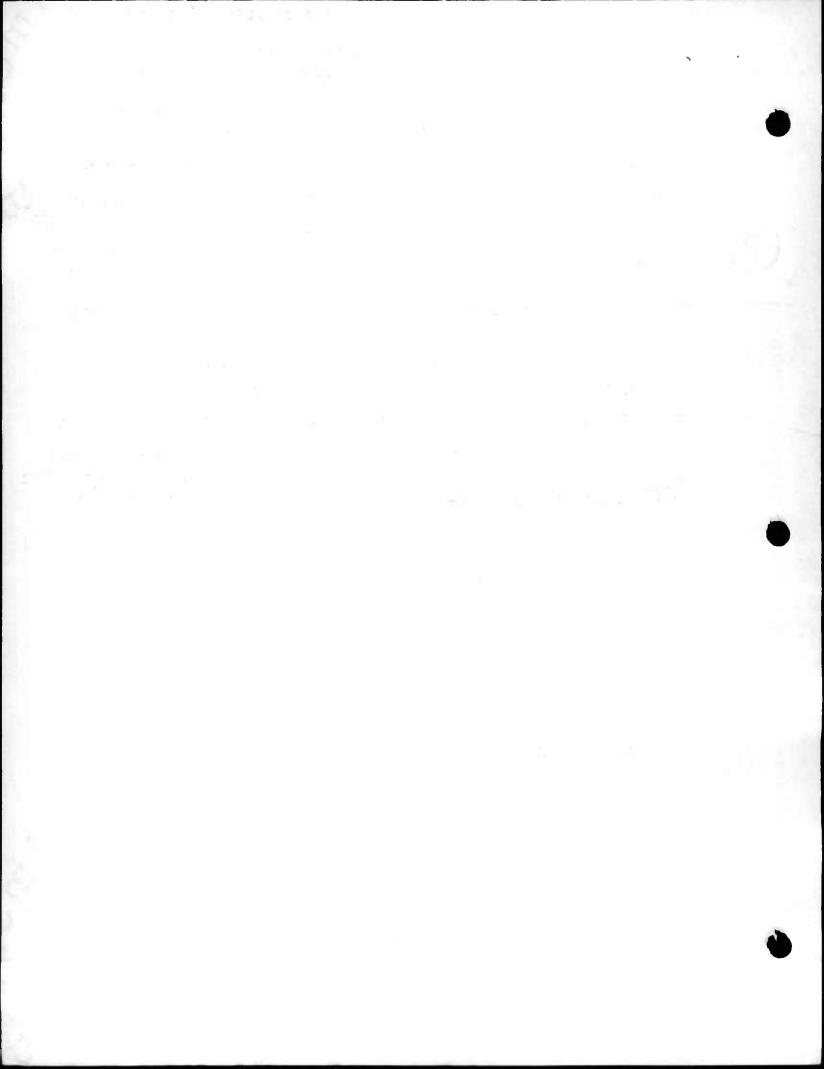
	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMENT	OF H	EALTH A	AND ME	NTAL HYGI			
	1. OECEDENT'S NAME (First, Middle, Lest)	amin	Levi		Jone			2.	DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. less	t birthday)	IF UNDER		IF UNDER 2		pril DATE OF BIRTH		993 8. BIRTH	11:45 a M
A.	216-01-6445	1 X M 2 F	74	YRS.	MONTHS	DAYS	HOURE	ми.	(Month, Day, Year ay 2, 1)	Count	"Maryland
	9a. FACILITY NAME (If not institution, give						R LOCATION			9c. COUN		
6	Solomons Nurs		<u>c</u>				Frede	erick		l Ca	a1ve	rt
)IRE	Maryland 10b. count	v Calvert			v, rown d Iunti	2,7						10d. INSIDE CITY LIMITS?
A	10e. STREET AND NUMBER	Carvert		1	iuiici	-	ZIP CODE			10g. CITIZ	EN OF V	1 TYES 2 NO
FUNERAFOIRECTOR	2960 Pondswoo	-						20639			US	SA
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WI	YES 2 N	MED IO		If yes, sp	cify Cuban,	, Maxican, P	ORIGIN? (Specify uarto Rican, etc.)	Yes or No-	14. RACE Black	— American Indian, c, White, etc.
Э ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA	H OH DATES			1 [] YES	2 XNO	Specify:			Speci	™ Black
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	e completed)	(Gi	Ve kind of v	USUAL O	CCUPATIO	on st of working		16b. KIND OF	BUSINESS/INDU	STRY	
PL	Elementary/Secondary (0-12)	College (1-4 or 5+)		Labo								
00	17. FATHER'S NAME (First, Middle, Last)								First, Middle, Maid		-	
H	William 190. INFORMANT'S NAME (Type/Print)	Jone			100050	. (01	-	eana	Number, City or		rsel	.1
2	Dorothy Jones		I	2.0.	Box	901			ngtown,			
	20a. METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Ran	noval from State	20b. PLACE A	ND DATE O	of DISPOS	ITION (Na	me of		OATE 20c.	LOCATION - C	ty or To	wn, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	St. I	Edmon	ds (hr.	Cem.	04/2	1/93 C	hesapea	ake	Beach, MD
	> Spercer	8. Se	المالي									.,MD 20678
	23. PART I. Enter the diseases, or shock, or heert failure.	complications that	caused the de	eth. Do n	ot anter	tha mo	da of dyln	g, such as	cerdiac or re	spiratory arre	st,	Approximete
	IMMEDIATE CAUSE (Final disease or condition		,									Onset and Death
	resulting in death)	a. DUE TO (OR AS A CONSEC	UENCE OF	D:							a days.
Z	Consensation that are detained	b			,							
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	UENCE OF	7:							
EI.	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	UENCE OF	7:							
CERTIFICATION	resulting in death) LAST	d										
	PART II. Other significant condition	ns contributing to d	leath but not re	sulting i	n the un	derlying	cause giv	ven in Par		AN AUTODET	24b.	WERE AUTOPSY FINDINGS
DIC	Severe 3	reneli-	C F	Isl	Ln	4			1	2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N.	District 17	12heir	res s	10 L	m							1 Nes 2 No
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	1,000	Xui,			28.40	ACE OF DEA	ATH (Check o	anly one)			
YSIC	1 YES 2 D	HOSPITAL: 1 inpatient 2	ER/Outpatient 3	□ DOA	4 Nun	1			Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF II (Month, Day		26b. TIME	E OF URY		RK?		d. DESCRIBE HO	W INJURY OCCU	JRED	
BY	2 Accident Investigation	28a. PLACE OF	INJURY — At hor	ne, farm, a	treet, fact	1 🗌 Y			LOCATION (Stra	et and Number o	r Rumi R	pute Number
Ë	4 Homicide 6 Could not be determined	building, a	tc. (Specify)						City or Town, Sta			
COMPLETED		ICIAN: To the best of n										
S	2 MEDICAL EXAMIN		minetion and/or is	rvestigatio	n, in my o	pinion, d	eath occured	f at the time	, data and place,	and due to the	cause(a)	and manner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIE	$M \cdot D$	Allen	-las	Ph	mid	29c. LICEN	SE NUMBER	a 7	29d. DATE	SIGNED	(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE	OF DEATH (ITEN	27) (7) be,	Print)	7		- 1	- 1		1	.1112
	A. T. Munshi, N				P	rinc	e Fre	ederi	ck, MD	20678		
1	APR 1 9 1993	gulia David	'S SIGNATURE L	22_								



	1 - STATE REGISTRAR		STATE OF N					DEAT		MENTAL	. HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Min									2. DATE	OF DEATH	v	- YEAR	3. TIME OF DEATH
i	George	King								April	8, 7	993	- TEAN	4:25 P. M
	4. SOCIAL SECURITY NUMBER	1.	S. SEX	8. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE ((Month	Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	578-32-7549 9e. FACILITY NAME (If not institu		W M 2 □ F	85	YRS.						0-190			ryland
Œ				4 a. 4.		9b. CITY		OR LOCATIO		ATH			NTY OF D	
5	Anne Arundel	DENT	eac cent	er			An	napol	is			Anne	2 Aru	ındel
DIRECTOR		b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
0		Anne A	Vrundel		Aı	nnap	olis							1 TES 2XXNO
RAI	10e. STREET AND NUMBER	0	1.0.1				101	ZIP CODE						HAT COUNTRY?
FÜNERAL	4000 River			T EVER IN U.S. AR	450	- 10		214				Ur		l States
B	1 Never Married 2 KMar 3 Wildowed 4 Divorced	rried	FORCES? 1	YES 2	MEO		If yes, sp	endent of cuber 2 V NO	F HISPAN n, Mexican Specify	n, Puerto R	? (Specify Yes licen, etc.)	or No—	Black	.— American Indian, , White, atc. ^{ty:} White
Ħ	15. DECEDE (Specify only hig	NT'S EDUCAT		16a. DE (Gi	CEDENT'S	USUAL O	CCUPATIO	ON st of workin	a	16b.	KIND OF BUS	INESS/IND	USTRY	
اڐ	Elementary/Secondary (0-12)		College (1-4 or 5+	,					-					
COMPLETED	17. FATHER'S NAME (First, Middle	a Lest)			ost i	maci	jsis	40 14071	5000 114		civil:		ce	
	Joseph Fran		cobi					18. MOTH			liddle, Meiden: Les Kü	,		
) BE	19e. INFORMANT'S NAME (Type/			198	. MAILING	AODRES	S (Street e	nd Number			er, City or Town		Code)	
2	Donald G. Ki	umer												1 20764
	20a. METHOD OF DISPOSITION W D Burlal 2 Cremetton 4 Donation 5 Other/Sor	3 - Remove	I from State											
	21. SIGNATURE OF JUNEAU SE	7.77		St. Me	viy!	s Cer	nete	ry C	14-12	2+93	Anno	ipoli	s. N	laryland
	Jeffy s	190	ry h			1,,	+ / V	ire o	0 00	couce	sier:	ot. A	ınnap	Maryland Juneral Home Polis, MD
	21 PART . Emer the disea shock, or hear	ses, or con t failure. Lie	picetions that	ceused tha de	ath. Do r	not enter	the mo	de of dyl	ng, such	as cerdi	ec or respir	atory erro	eet,	Approximete
	iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)			Le MORLE		D.								interval Between Onset and Death
CERTIFICATION	Sequentially list conditions if any, leeding to immediat	, f b.		OR AS A CONSEC										
	cause. Entar UNDERLYING CAUSE (Disease or Injury	C	OUE TO	OR AS A CONSEC	NIENCE OF	D.								
Ē	that initiated eventa resulting in deeth) LAST				OLNOL O	,.								i
	PART II Other electricent of	u.			-								_	1
PHYSICIAN: MEDICAL	PART II. Other significent of	conditions	ontributing to	death but not n	eculting i	in the un	nderlying	ceuse g	iven in 1	Part i.	24a. WAS AN / PERFORI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
				*						-	1 - YES 2	(XNO		COMPLETION OF CAUSE OF DEATH?
≥										- 1				1 TYES 2 NO
Ř∥	25. WAS CASE REFERRED TO ME	EOICAL			-		28. PL	ACE OF OE	ATH (Che	ck only one)			
) Si	EXAMINER?	H 1	OSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Rec	idenca i	8 🗆 Other	(Specify)			
E	27. MANNER OF DEATH		28a. DATE OF (Month, Da		28b. TIM		28c. INJU	JRY AT	T		RIBE HOW IN	JURY OCC	URED	
⋒	1 Natural 5 Pend 2 Accident Inves	ding stigation				М	1 🗆 Y	ES 2 🗌	NO					
		ld not be rmined	28e. PLACE Of building, e	INJURY — Al hor rtc. (Specify)	ne, farm, s	treet, fact	ory, office			281. LOCA City o	TION (Street ar r Town, State)	nd Number (or Rural R	oute Number,
COMPLETED				my knowledge, des amination and/or is										end manner ee stated.
w II	296. SIGNATURE AND TITLE OF							29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
10 B	Allen MC	Mille	you -	us				03	070	8		14	-9-	83
-	40. NAME AND ADDRESS OF DE	RSON WHO C	OMPLETED CAUS	E OF DEATH (ITEM				1.	-					
	JOHN D. 31. DATE FILED (Month, Day, Year)	110	32 REGISTRAT	1833	1-0.	281	- 1	IR,	AR	Non	eccis	, de	0 -	21401
	APR 1 3 19			~ Randa	L									1



			REGISTRAR		CERTIFI	CATE O	DEATH	TO ARREST	REG: NO	D			
		3	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3	TIME OF DEATH	_
			CHARLES 1	RI CHARD .	JESSUP			Ant	il 9.	1993	YEAR	2.10	ות
			4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		BIDTHDI	2:10 ACE (State or Fore	L'
			226-05-6997	XX M 2 □ F 74		MONTHS DAYS	HOURS MIN.	(Mont	h, Day, Year)		Country)		ryn.
	DII O		9a. FACILITY NAME (If not institution, give si			OF OFFICE PROPERTY		Dec	. 26		Virgi		
	3 should	œ					OR LOCATION OF D	PEATH		9c. COUN	TY OF DEA	ГН	
	N .	DIRECTOR	Anne Arundel Med	ical Center		Anna	polis			Ann	e Ari	ındel	
-	-	8	10e. STATE 10b. COUNTY	1	10c, CITY	TOWN OR LOC	ATION				1	M. INSIDE CITY	
1	13	E	MD Anne	Arundel	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							LIMITS?	
lk	2)	2.0200	10e. STREET AND NUMBER	TYBUTUEC			polis			_		YES 2 N	<u> </u>
1		A	31 Silopanna Roc	~ J		1	of. ZIP CODE					AT COUNTRY?	
5		WERAL					21403				ted S	states	
020	9	-5	1t. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? YES IF YES, GIVE WAR OR D.	N U.S. ARMED	13. WAS DE	CENDENT OF HISPA specify Cuban, Maxic	NIC ORIGINATO	17 (Specify Ye	a or No—	4. RACE -	American Indian	,
21215-0020 of or attending physics	e e	BY	X⊠ Widowed 4 □ Divorced	IF YES, GIVE WAR OR D	ATES		S 2 KNO Speci				Specify:		
215-0	Se		701	1937 - 196								White	
da da	nse	ETED	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of we	ork done during n	TON nost of working	16b	. KIND OF BL	ISINESS/INDU	STRY		
	ē		Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use			1					
AND he hospit	ğ e ğ	M			Lt. Comm	ander			U.S. 1	lavy			
A a s		COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First,	Middle, Maider	Sumame)			
A A		BE	Lloyd L. Jessup				Nel	lie 1	Borden	l			
MAR retained	notified	0	19a, INFORMANT'S NAME (Type/Print)		19b, MAJLING	ADDRESS (Street	and Number or Rural	Route Num	ber, City or Tox	wn, State, Zip (Code)		
2 2 4	n 2	F	Jacqueline A. Jes	sup	31 S.	ilopanr	ıa Road	Anna	oolis	Mari	Pand	21403	
W > 2	t be		20a. METHOD OF DISPOSITION	200	. PLACE AND DATE OF	DISPOSITION //	Vame of	DAT		OCATION — C			_
MOR age 6 m	must		X Surial 2 Cremation 3 Ramo	ovel from State cerr	netery, crematory or oth Blcrest	er place)		1 041	1				
Page 6 may			21 SGNATURE OF FUNERAL SERVICE LIC	ENSEE /	georesi	22. NAME	AND ADDRESS OF F	CHITY	An	mapox	LS, M	aryland	
ALTI teath. Pa	examiner		1	V + 1		140	AND ADDRESS OF F	~	John N	1. Tay	lor F	uneral	Ho
after death.			Devola 9	1. WHTO	2	14/1	Puke of G	louce	ester	St. A	ınapo	lis, MD)
s aft	or remove		23. PART I. Enter the diseases, or c	omplications that caused	d the deeth. Do no	t enter the m	ode of dying, suc	ch es card	flec or resp	liratory arre	st,	Approximate	
hour pa	- B		enock, or neert tellure. I	Liet only one ceuse on e	ech line.					1000		Intervel Bet	ween
24 v fill	the the	1	disease or condition	100								Onset and [Jeatr
Mithir O	cremit,	H	resulting In death)	DUE TO (OR AS A	PONCEONENCE OF	ach.						-	
executed within	e.	_ 1					1 1						
Sector Sector	p pri	CERTIFICATION	Sequentially list conditions,	DUE TO JOR AS A	ASJA	nel a	orgic or	-yes	ym.			-	
3 . E	au to	F I	if sny, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS A	CONSECUENCE OF			12	•				
certificate	e p	유	CAUSE (Disesse or injury	DUE TO (OR AS A	CONSEQUENCE OF)								
ing certific	Spie	Ē	thet initiated events resulting in deeth) LAST	DOE TO (OR AS A	CONSCOUENCE OF)	•						! 	
death death	H tal H	5		1									
U a de	d Menta Injury,		PART ii. Other eigniticant condition	s contributing to deeth b	out not resulting in	the underlyle	ng cause given in	Part i	24a. WAS AN	AUTOPSV	24b W	RE AUTOPSY FIND	MACC
that the	2 2	EDICAL			•		.g caree groun in		PERFO		AM	AILABLE PRIOR TO	
S the Dallo	We an								1 TYES	XX NO		MPLETION OF CAL DEATH?	ISE
* requir	shaw	Σ									1 [YES 2 NO	1
AL. P		PHYSICIAN:											
VIIAL AN: The law		5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			PLACE OF DEATH (C)	eck only on	e)				
SICIAN: Th	or It	Š	1 TES 2 NO	HOSPITAL:		OTHER: Nursing Ho	me 5 🗀 Residence	6 🗆 Othe	r (Specily)				
L Sic	d, or	ξI	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, IN	JURY AT			INJURY OCCU	RED		_
D F F			1 Netural 5 Pending	(Month, Day, Year)	INJU		ORK? YES 2 NO						
ON STENDING PHYSICIAN: The law requires DIRECTOR: After this certificate has been stone	death is mai	B	2 Sulaida	26a. PLACE OF INJURY	- At home, term, str	eet, fectory, offi	Ce	281 LOG	ATION (Street	and Number of	Quest Doub	a Mumber	
	after 28		4 Homicide B Could not be detarmined	building, etc. (Spec	effy)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City	or Town, State,)	norar noon	o rearriber,	
OR AT	hours		29a. CERTIFIER					L					_
ם אַ	2 2	<u>F</u>	(Check only	CIAN: To the best of my knowl									
SPIT	be filed within 72 ho IMPORTANT: If It	COM	2 MEDICAL EXAMINER	R: On the basis of examination	n end/or investigation.	In my opinion,	death occured at the	1ime, data	end place, ar	nd due to the	cause(s) an	d menner aa state	ed.
오르	HA W		296. SIGNATURE AND TITLE OF CERTIFIER)			29c. LICENSE NU	MBER		29d DATE	SIGNED (M	onth, Day, Year)	
EE	₹ 2	BE	Vall 4	<u> </u>			1550	137~		D 2	+ Los		
2 2	2 8 ≥	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH OTEM 27 (See - 5	Print)				7	111	15	
			RICISAIN RS.	ENSTEIN ((i i i con zi) (iype, r	10 1 -	,_ 4	, ,	10				
	ł	1	31. DATE FILED (Month, Day, Year)	00010000	60011	1300	-JAC	5	HANC	Capoul.	s p	19218	10
*			ΔPR 1 2 400	32. BEGISTRAR'S SIGN	Bindell								
_	- 1	100	P1 1/ 1 : 100	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT	77 - W L								



TO BE COMPLETED BY FUNERAL

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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4 Homicide

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FOR	STATE OF MA	RVI AND	DEDART	MENT	r ne u	EAITU	AND I	MENTAL HYGIENI	-		
1 - STATE REGISTRAR	OINIE OI IIIA		ERTIFIC					REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	v	YEAR	3. TIME OF DEATH
JOHN JACKSON			_					APRIL 12,	1993	TEAH	6:15p.m. M
570 16 6044		AGE (In yrs. le:		IF UNDER	L YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 07/19/192		8. BIRTH Count	IPLACE (State or Foreign
	M 2 □ F	72	YRS.						1	Was	hington, D.C
9e. FACILITY NAME (If not institution, give stree			1		, TOWN O					INTY OF D	
DOCTORS COMMUNIT	Y HOSPI	TAL		LANI	HAM-	SEAB	ROOK		PRI	NCE (GEORGE'S CO.
10a. STATE 10b. COUNTY			10c. CITY,	TOWN C	OR LOCAT	ON					10d. INSIDE CITY
Maryland Prince	George'	S	Lot	hiar	n						LIMITS?
10e. STREET AND NUMBER			-		101.	ZIP CODE	E		10g. CIT	IZEN OF V	WHAT COUNTRY?
4933 Sands Road						20	0711		Uni	ted S	States
III	FORCES? 1			13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Yes	or No-		E — American Indian, k, White, etc.
1 Never Married 2 Married 3- Widowed 4 Divorced	IF YES, GIVE WAR				1 YES			n, Puerto Rican, etc.)		Speci	
15. DECEDENT'S EDUCAT	ION	40.00	CEDENT'S U	1				Touristance			lack
(Specify only highest grade cor	npleted)	/G	ive kind of wo	rk done i	during mos	t of worldr	g	16b. KIND OF BUS	INESS/INI	DUSTRY	
12th	College (1-4 or 5+)	Co	mpute	r I i	hraz	ri an		U.S. Gov	70 2 22	nont	
17. FATHER'S NAME (First, Middle, Last)		1 00	прасс		DIAI			ME (First, Middle, Maiden 3		Hent	
Harry Jackson						_		Goodwin	,		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DORESS	S (Street ar		_	Route Number, City or Town	, State, Zij	p Code)	
Robert Jackson		8	06 Boo	oker	P1,	Sea	at Pi	leasant, MI). 2	20743	3
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remova	from State	20b. PLACE	AND DATE OF	DISPOS	ITION (Ner					City or To	
4 Donation 5 Other (Specify)		Mt.	Olivet	: Ce	mete			4/17 Wash	ningt	con,	D.C.
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE D	19			Alex			Pope Fune	ral	Uome	
alle !). Tope	·	7.		5538	Mar	lboi	o Pk, Dist	rict	Het	. MD 20747
23. PART I. Enter the diseases, or com	plications that co	aused the de	eth. Do no	t enter	the mod	le of dyl	ng, suci	h as cerdlec or reapir	atory er	rest,	Approximate
ehock, or heart failure. Lia IMMEDIATE CAUSE (Final	t only one cause	of each line	i.								Onset and Death
disease or condition resulting in death)	CA	RD/06	ENIC	SHO	ock	ISE	PSI:	SAUE TO P	WEU	MONIA	2 24 homes
	DUE TO (OF	AS A CONSE	DUENCE OF):					saue to Pi Lure			
Sequentielly list conditions, b.		CHR	ONIC	K	EN	AL	FAI	LURE			2
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	AS A CONSE				Sec. 1	,				many
CAUSE (Disease or injury that initiated events	DUE TO (OF	R AS A CONSE	H YPE	KT	EN.	9/0 W					4 yrs
resulting in death) LAST	302 10 (01	1 73 7 00102	active or j.								'
d											
PART II. Other algorificent conditions of	ontributing to de	eth but not i	esulting in	the un	derlying	cause g	jiven in	Part I. 24a. WAS AN / PERFORI		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
CATCUIOMYDPATTY	CONG	estiv	CAT	2016	te f	MU	125	1 YES 2	NO		COMPLETION OF CAUSE OF DEATH?
CHRONIC AN	EMIA,	R	Elle	N C	2057	has	This	_ ′	•		1 YES 2 NO
						1					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHER	_	ACE OF D	EATH (C/N	ock only one)			
1 TYES 2 NO 1	Inpatient 2 - EF		□ DOA 4	☐ Nun	sing Home		sidence	8 Other (Specify)			
1 Natural 5 Pending Investigation	(Month, Day,		28b. TIME INJUI		28c. INJU WOF	IRY AT RK? ES 2	NO	28d. DEŞCRIBE HOW IN	JURY OC	CURED	
3 Suicide 6 Could not be	28e. PLACE OF IN building, atc.	IJURY — At ho . (Specify)	me, farm, str	eet, fact	ory, office			261. LOCATION (Street at City or Town, State)	nd Number	r or Rural F	loute Number,

29c. LICENSE NUMBER

MD.

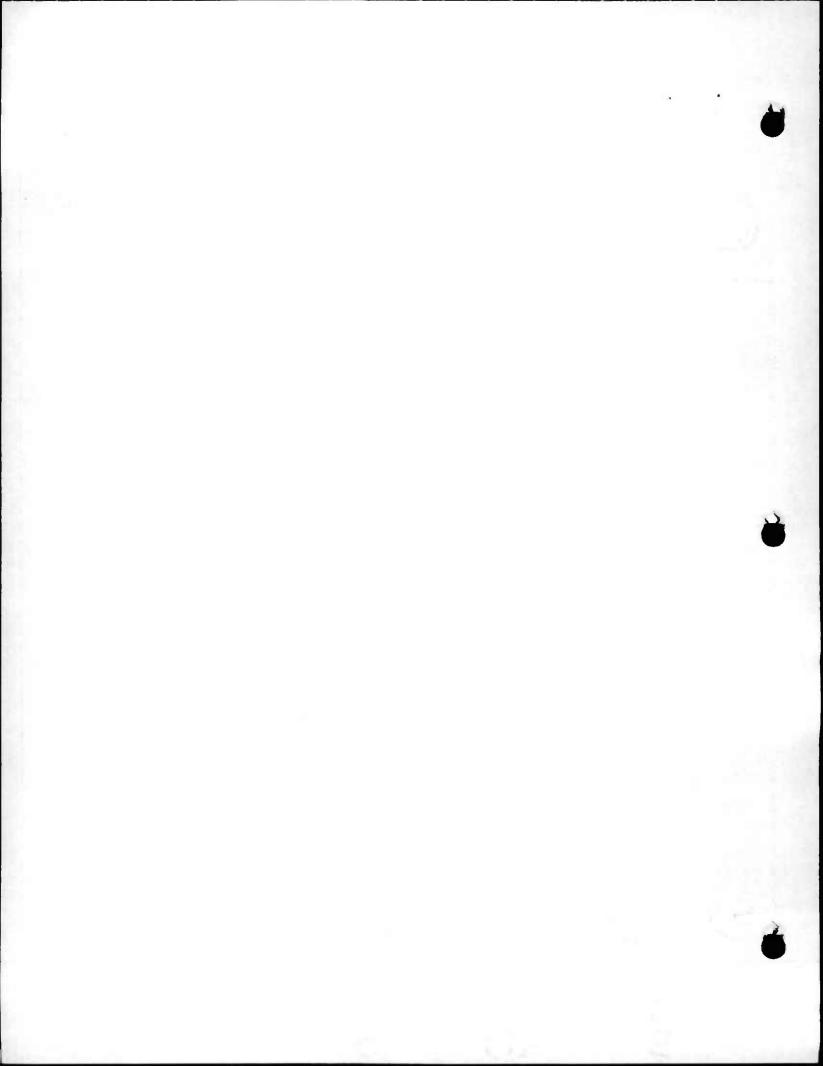
330503

20770

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

A 1 1 3 1 9 3



BALTIMORE, MARYLAND 21215-0020	rs after death, Page 6 may be retained by the hospital or attending physicia	n by the funeral director, page 5 should be detached for use as the bunal-t	removal.
	4 hou	filled I	30, Or
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attending physicis	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-r	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,

notified at

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s certificate has be th the State Dept. d, or item 23 s

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DIRECTOR: A hours after d .22

FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1

HOSPITAL OR ATTENDING PHYSICIAN: The

MEDICAL.

PHYSICIAN:

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93 12604 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0.7 YEAR 93 JACQUELINE LOUELLA 0.4**JONES** 4:30 P.M 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year 1 M 2 7 F 178-48-1762 35 Feb 26 1958 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH YOUGH RIVER OFF KISNER ROAD Friendsville GARRETT COUNTY RESIDENCE OF DECEDENT DIREC 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Garrett Oakland 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt. 3 Box 268 21550 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yas or No-14. RACE — American Indian, Black, While, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 XDIvorced White COMPLETED 15. OECEOENT'S EOUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Receptionist Doctor Office 17. FATHER'S NAME /First Middle Leat! 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Rov Jones Lola Marv Upperman 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rt. 3 Box 2022 Danville, VA 24540 Rev. John R. Jones 20a. METHOO OF DISPOSITION
1 © Burlal 2 Cremelion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata OATE 4 Donation 5 Other (Specify) 4/9 arrett Co Mem. Gardens Oakland Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home trankling 32 South Second Street Oakland, MD 21550 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or haart failura. List only one caus intarvai Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) MINNO DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

PART ii. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i.

24a. WAS AN AUTOPSY PERFORMED? YES 2 - NO

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

▶ 4-8-1993

25. WAS CASE REFERRED TO MEDICAL 1 X YES 2 | NO 27. MANNER OF DEATH

5 Pending

8 Could not be determined

Investigation

1 Natural

2 ___Accident

Suicide 4 Homicide

1 | Inpatient 2 | ER/Outpatient 3 | DOA 28s. DATE OF INJURY

HOSPITAL:

OTHER: 4 Unursing Home 5 Residence 8 M Other (Specify) GOUGH RIVER

28c. INJURY AT WORK? 1 YES 2 NO

26. PLACE OF OEATH (Check only one)

28d. DESCRIBE HOW INJURY OCCURED

28a, PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

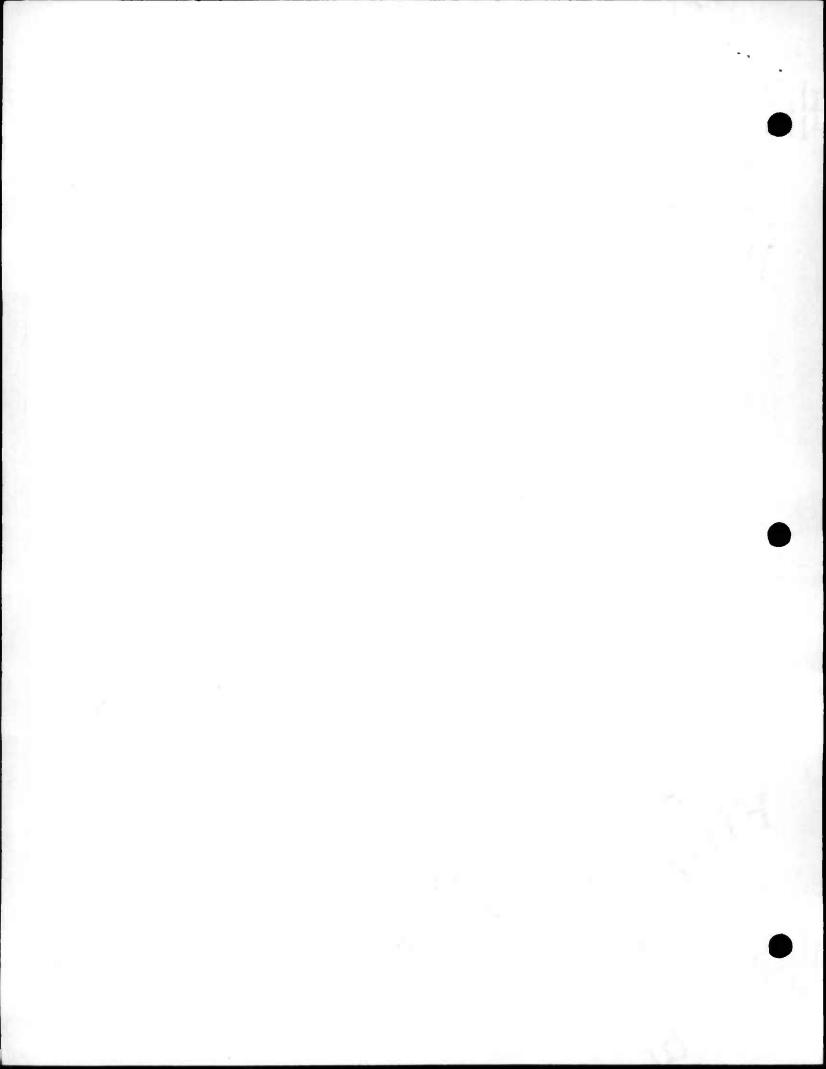
is of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. HE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER

ME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland

O.C.M.E.

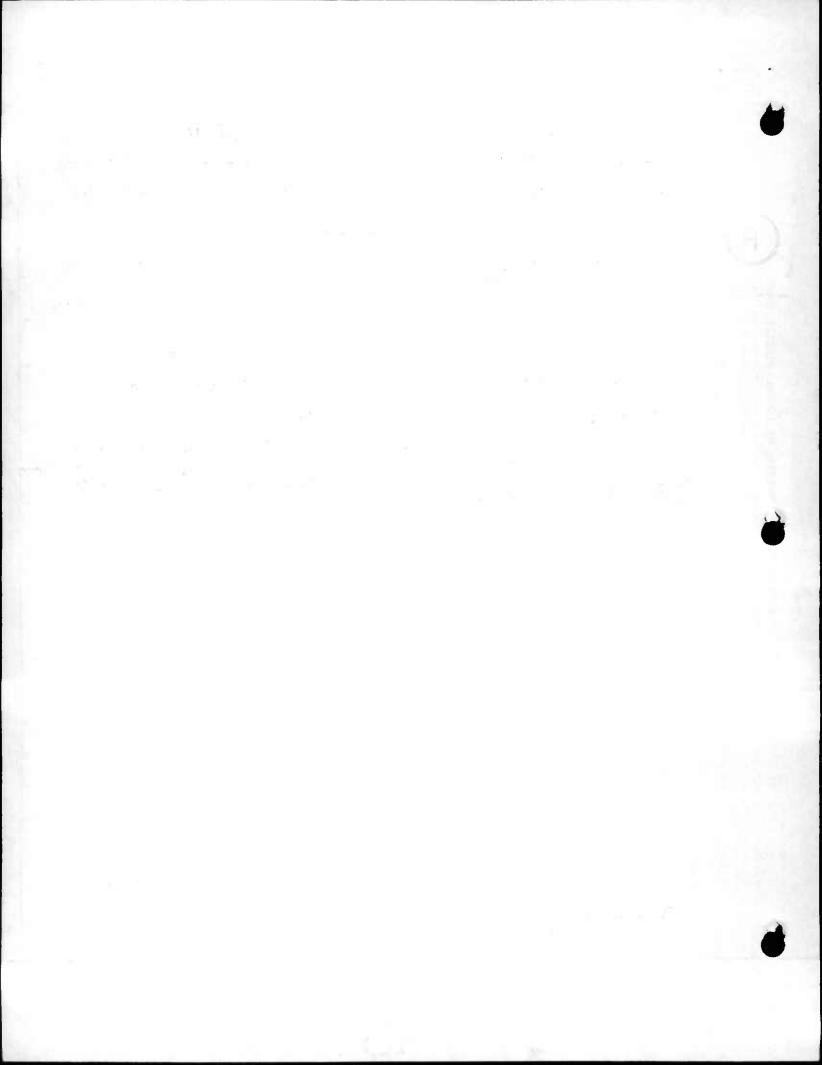
32. REGISTRAR'S SIGNATURE



FOR 1 - STATE

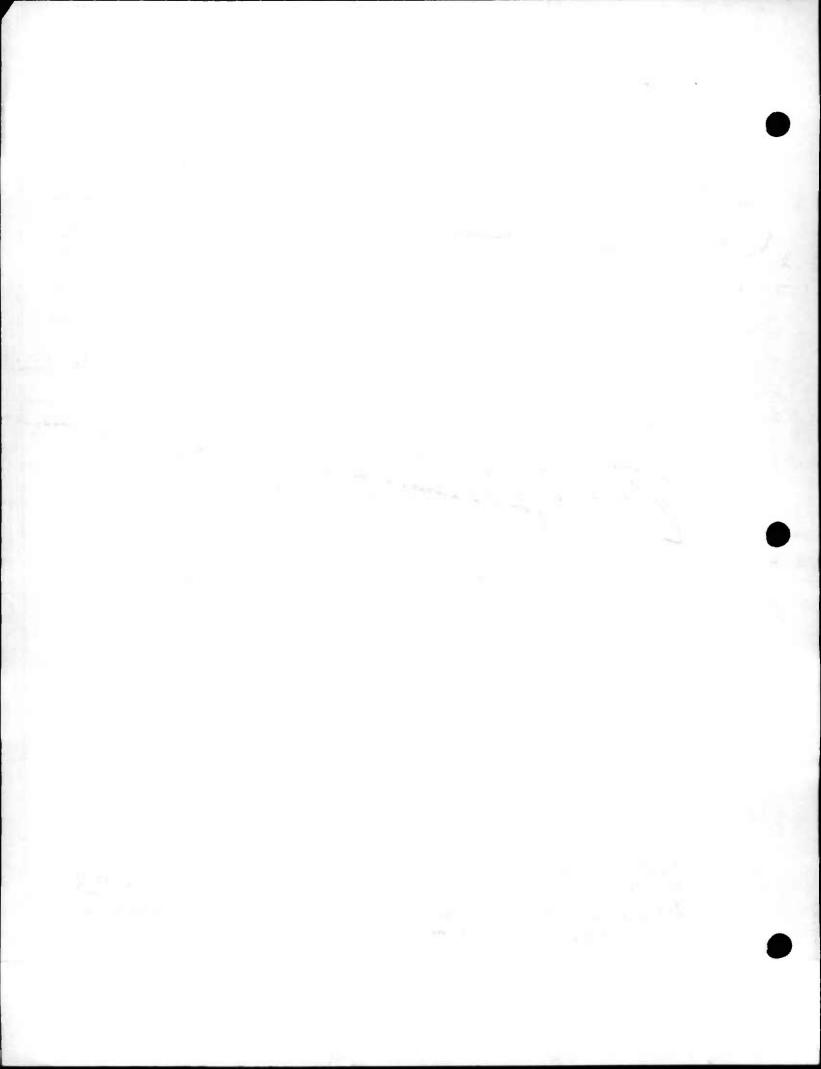
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR		CERTIFIC	ALE OF L	DEATH	RE	G. NO.		
Į.	1, DECEDENT'S NAME (First, Middle, Lest) REBECCA J.	KENNEY				2. DATE OF DI	EATH DAY 190	3 YEAR	3. TIME OF DEATH 7:45 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE			IF UNDER 24 HRS.	7. DATE OF BH (Month, Day, 09-07-	DTH	8. BIRTH	PLACE (State or Foreign
	217-14-4634 To struction, give stre								ryland
OR BO	Anne Arundel Medi		9	ь. city, то w н оп Аппа	LOCATION OF DE LPOLIS	ATH		inty of di Le Aru	undel
[I	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CITY 1	OWN OR LOCATIO	NAI .				
DIRECTOR	MD Anne A	rundel		ınapolis					10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO} \) NO
.¥	10e. STREET AND NUMBER			101. 2	ZIP CODE		10g. Ci	IZEN OF W	HAT COUNTRY?
Ü	630 Americana Dr	ive #104			21403		Ur	ited	States
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DECEN	IDENT OF HISPAN	IC ORIGIN? (Spe	city Yes or No-	14. RACE	- American Indian, , White, etc.
BY FUNERAL	3 Widowed 4 Divorced	IF YES, GIVE WAR OR E	MTES		XIO Specify		wit)	Specif	
	15. DECEDENT'S EDUCA (Specify only highest grade or	TION ompleted)	16a, DECEDENT'S US	UAL OCCUPATION	of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)		done during most stired.)	or working				
WP	8		Homemake	er			Home		13-
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI				
BE (George Wesley S	ciese			Bes.	sie Ret	pecca Pr	yor	
0	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and					
F	Michael J. Kenne	y	3845 H	tally Dr	rive Ed	gewater	L. MD 21	037	
	204 METHOD OF DISPOSITION	201	D. PLACE AND DATE OF E	DISPOSITION (Name	e of	DATE	20c. LOCATION -	City or Tox	wn, State
	XX Buriel 2 Cremation 3 Remov	al from State Cer	netery crematory or other	place)	04-	15-93	Augus augus 0		1-4-10-1
	ZT SIGNATURE OF FUNERAL SERVICE/LICE	MSEE /	moiesi (22. NAME AND	ADDRESS OF FAC	HLTY Tohu	1 M Tay	Par 1	Maryland Funeral Home
	Strald S.	Luthe/		147 Du	ike of G	loucesa	ter St.	Anna	solis, MD
	23. PART i. Enter the diseases, or co	implications that cause	d the death. Do not	enter the mode	of dying, such	as cardiec o	r respiretory a	rest.	Approximate
	shock, or heart failure. Li IMMEDIATE CAUSE (Final	et only one cause on e	each line.						Interval Between
- 1	disease or condition	Arit	o ma	Cort	11.	les to	2.		Onset and Death
- 1	resulting in death) a.	DUE TO (OR AS	A CONSEQUENCE OF:	Com	100				
_			or of the second						i i
CERTIFICATION	Sequentially list conditions,	DUE TO (DR AS	CONSEQUENCE OF):						
ķΙ	if any, leading to immediate cause. Enter UNDERLYING								İ
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						-
E	resulting in death) LAST								1
빙	a.								1
EDICAL	PART II. Other significant conditions	contributing to deeth it	out not resulting in t	he underlying o	cause given in i	Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS
S							YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE
									OF DEATH?
2						_			1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			28. PLAC	CE OF DEATH (Che	ock anly age)			
5		HOSPITAL:		THER:					
¥	27. MANNER OF DEATH	280. DATE OF INJURY	28b. TIME O	Nursing Home F 28c, INJUR			HOW INJURY OC	OUNCE	
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	WORK	(7	200. DESCRIBE	HOW INJUNT OU	CURED	
BY	2 Accident Investigation	28a DI ACE OF IN HID	/ — At home, term, stre-		S 2 NO				
	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Spe	city)	it, factory, office		281. LOCATION City or Town	(Street and Numbern, State)	r or Rural Re	oute Number,
ᄪ									
로	(Check only 1 CERTIFYING PHYSICIA								
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of examination	n and/or investigation, i	n my opinion, deal	th occured at the	time, data and p	lace, and due to t	he cause(a)	and manner as stated.
ВС	29b. SIGNATURE AND TITLE OF CERTIFIER	1)		2	9c. LICENSE NUM	BER	29d DA	E SIGNED	(Month, Day, Year)
0		De	-		1700	1/1	.	21/	11/03
임	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Pri	nt) 4	1000	007		1/	0/-/
	R Bieco	900 Best	ate Ro	1 Anno	i silm	mi a	IUNI		
	1. 4/6//	100 00010	410 100	111110	40113	1111 0	1701		
	31. DATE FILED (MOPR) 2017 13 1993	32. AEGISTRAB'S SIG	ATURE						



attendin	se as th		
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	HE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the true of the complete of the		a
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y be	age		he
6 ma	ctor, p		Dust
Page	dire		ner n
death.	e funera		ORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be mutified at once
s after	₹ #	emova	dicai
hours	ed in	0 .	med
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certi	ding	Hygie	r oth
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	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	RTMEN'	T OF H	IEALTH AND	MEN	NTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		6			12 A			DATE OF DEATH		YEAR	3. TIME OF DEATH
	Grace Trene K 4. SOCIAL SECURITY NUMBER 173-20-5531		S. AGE (In yrs. les	st birthday) YRS.	IF UNDER	T YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. 0	DATE OF BIRTH Month, Day, Year)		Countr	
	9e. FACILITY NAME (If not institution, give		30		9b. CITY	, TOWN (OR LOCATION OF D		-13-199	9c. COUN		<u>isylvania</u>
dis	Chesapeake Ma	nor				Arı	nold			Anı	ne A	Arundel
FUNERAL DIRECTOR	Maryland An	ne Arund	e1	10c. CIT	Y, TOWN		no1d					10d. INSIDE CITY LIMITS 7 1 YES 2 NO
RAL	10. STREET AND NUMBER College Parkw	Za v				101	ZIP CODE	112		10g. CITIZ	ZEN OF W	HAT COUNTRY?
UN	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	RMED	13.	WAS DEC	ENDENT OF HISPA	NIC OF	RIGIN? (Specify Yes	or No—	14. RACE	— American Indian
ВУ	1 Never Married 2 Merried 3 XWIdowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	R OR DATES	NO		If yes, sp	ecity Cuben, Mexico 2X NO Specia	en, Pu	erto Rican, etc.)		Specia	y:
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade	JCATION e completed)	18e. DE	CEDENT'S	USUAL O	CCUPATIO	ON st of working		18b. KIND OF BUS	INESS/IND		ıcasain
IPLE	Elementary/Secondary (0-12) 12+	College (1-4 or 5+)		ecre					Edi	acat:	ion	High Sch
	17. FATHER'S NAME (First, Middle, Last)	*							irst, Middle, Malden	Sumame)		
H	John Thomas C	corbett	199	h MAILING	ADDRESS	C (Cton et a			Haywor			
٩	Mr. Lester Dr	ugmond								-		4D 21012
	20e. METHOD OF DISPOSITION 1 Duriel 2 Commetter 3 Rem	noval from Stale	20b. PLACE of cometery, cre	AND DATE O	OF DISPOS (her place)	ITION (Na	me of			CATION — C		
	4 Donation 8 Other (Specify)	CEMPER	Met	ro C				CILITY		owns		
	Fames &	2. Ala	yan	28	4	95 1	Ritchie	H		vern	a Pa	me ²¹¹⁴⁰
	23. North I. Enter the diseases, or shock, or heart failure.	complications that of List only one ceuse	aused the de	ath. Do r	ot enter	the mo	de of dying, suc	h aa	cerdiec or respi	ratory arre	st,	Approximete interval Between
	disease or condition resulting in death)	. Conge	the	- 6	Her	ert	Pe	2	lune			Onset end Death
N	Sequentially list conditions,	b. Atemo	R AS A CONSECUTION	OUENCE OF	Ca	soh	Wescul	م	lune 1 Dr.	carl	2	
CATIC	if any, leading to immediate cause. Enter UNDERLYING		R AS A CONSEC									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEC	DUENCE OF	7):							
	PART is Other elemisticant condition	d										
ICAL	PART II Other significent condition	Culcular to a	ter la la la la la la la la la la la la la	esulting i	n the un	deriying	cause given in	Part	PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC								_	1 🗌 YES 2	(NO		OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL											
SICI	EXAMINER?	HOSPITAL:	R/Outpetient 3	□ DOA	OTHER	t:	ACE OF DEATH (Ch 5 ☐ Residence					
PH	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,	JURY	28b. TIM		28c. INJU	JRY AT		DESCRIBE HOW IN	JURY OCCI	URED	
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could get be	28e. PLACE OF I	N II IDV At he		М	1 🗌 Y	ES 2 NO					
	8 Could not be determined	building, et	(Specify)	ine, term, t	Arwei, INGI	ory, ornica			LOCATION (Street a: City or Town, State)	nd Number o	or Runal Ro	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 COERTIFYING PHYSIC DESCRIPTION ON 1 DESCRIPTION OF THE CHARLES	ICIAN: To the best of m	/ knowledge, de nination and/or i	ath occurre	d at the ti	me, date	end place, end due	lo lhe	cause(s) and man	ner ee state	d.	and menner ee stated.
BE C	296/SIGNATURE AND TITLE OF CERTIFIE		- 1	1			29c. LICENSE NUM					(Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WH	Here	idip	D	oct	W	D2	169	84	•	4	9/9%
	DR-C-V-CYRI	O COMPLETED CAUSE A LEGISTRAD	1600	CRA	Print)	a	34 Qui	32	BURNIB	, M	D 2	106/ -
	31. DATE FILEUAPPR 1 15 1993	3 File Delle	REMITA	1000								



BALTIMORE, MARYLAND 21215-0020

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29a. CERTIFIER

after death. Page 6 may be retained by the hospital or attendin	by the funeral director, page 5 should be detached for use as the moval.	ical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dect, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

93 12607 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 EAR DAVID PRESTON KELLEY APRIL 10, 10:20A M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
DEC. 17,1952 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign 1 🕅 M 2 🗌 F YRS. 212-56-2135 40 MARYLAND Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BY FUNERAL DIRECTOR APT. B-102 101 MORGNEC RD. CHESTERTOWN KENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? VIRGINIA FALLS CHURCH **FAIRFAX** 1 X YES 2 - NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2905 JOHN MARSHALL DR. APT. 302 22044 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 TES 2 NO Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EOUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 10 TREE TRIMMER TREE & LANDSCAPING 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) PRESTON STERLING KELLEY DORIS LEA CARROLL BE 19a. INFORMANT'S NAME (Type/Print) 9 DORIS L. FLETCHER morgnec rd. APT. B-102 CHESTERTOWN, MD. 20g, METHOD OF DISPOSITION
1 M Burlal 2 Cremetion 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE WESLEY "CEMETERY 4-14-1993 ROCK HALL, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME ANO ADDRESS OF FACILITY FELLOWS-WELLS FUNERAL HOME 413 HIGH ST. CHESTERTOWN, MD. 21620 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in deeth) cute DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 - YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: 1 YES 2 NO 5 Residence 6 Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 I Num 27. MANNEB-OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 033514 4-13-93

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE PRED Inder, og 300

29b. SIGNATURE AND TITLE OF CERTIFIER

6 Could not be

m

182 AEGISTAAR'S SIGNATURE TUNA DAVIDSON-HANDER

AND THE STREET

- 1	1. OECEDENT'S NAME (First, Middle						2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Russell 1	n, Knopp						5 1	993	7:00 F
	4. SOCIAL SECURITY NUMBER		GE (In yrs. les	MO	UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
	218-22-0942	1 Ø M 2 □ F	68	YRS,			4/27/1	924	MA	RYLAND
or.	9a. FACILITY NAME (If not institution					N OR LOCATION OF DE	ATH	9c. CO	UNTY OF	
gron	RESIDENCE OF DECEDER	ty General Hos	pital		we	stminster			Car	roll
A B	10e. STATE 10b. C	COUNTY		10c. CITY, TO	OWN OR LOC	CATION				10d. INSIDE CITY
ā	MARYLAND	BALTIMORE		UP	PERC)				LIMITS?
14	10e. STREET AND NUMBER					101. ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?
J.E	15503 DOVER	R RD.				21	155	1		USA.
72	11. MARITAL STATUS	12. WAS DECEDENT EVEN	ER IN U.S. AR	RMED	13. WAS D	ECENDENT OF HISPAN	IIC ORIGIN? (Specify	Yes or No-	14. RAC	E — American Indian,
15	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR O		10		specify Cuban, Mexica ES 2X NO Specify			Spec	elfy:
ED B	15. DECEDENT	E SOUCATION								WHITE
	(Specify only highee	t grade completed)	(GI	CEDENT'S USL live kind of work Do NOT use re	done during i		16b. KIND OF	BUSINESS/IN	OUSTRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)	-	DO 1101 USE 161		ARMER	ACDT	CULTU	IDE	
COMPLET	17. FATHER'S NAME (First, Middle, La	nst)			LI		ME (First, Middle, Mai		JKE	
		JOSEPH R.	KNO	PP		ia. MOTHER S NA			ZE D	TCK
TO BE	19a. INFORMANT'S NAME (Type/Print	1)	198	b. MAILING ADI	DRESS (Stree	of and Number or Rural I				TCR
2	CATHERINE M	. Knopp								
	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATEOFD	ISPOSITION (RA UP		LOCATION -	Cltv or Tr	
	Burial 2 Cremation 3 4 Donation 5 Other (Specify	Removal from State	MT _	matory or other		ETERY	1			
4	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	- 111	ALVIN		LERI	4/19	P R P. P. I	AND	MARYLAI
		41 11 1		1	22. NAME	AND ADDRESS OF FAC	CILITY			
1	1 K Lan	Malton	- l	[]			CILITY	934		MAIN ST.
•	23. PART I. Enter the disease	s, or complications that call	Fall the de	esth. Do not	ELIN	NE FUNER	AL HOME	934 HAMI	STE	AD, MD.2
		a, or complications that out	sed the den	eath. Do not o	ELIN	NE FUNER	AL HOME	934 HAMI	STE	AD, MD.2
	shock, or heart to IMMEDIATE CAUSE (Final disease or condition	llure. List only one cause o	n each line.	path. Do not o	ELIN	NE FUNER	AL HOME	934 HAMI	STE	AD, MD.2
	shock, or heart far IMMEDIATE CAUSE (Final	llure. Liat only one cause o	n each ilne.	Cer	ELIN	NE FUNER	AL HOME	934 HAMI apiratory e	PSTE.	AD, MD.2
	shock, or heart to IMMEDIATE CAUSE (Final disease or condition	llure. List only one cause o	n each line.	OUENCE OF):	ELIN	NE FUNER	AL HOME	934 HAMI apiratory e	PSTE.	AD, MD.2
	immediate cause (Final disease or condition resulting in death) Sequentially list conditions,	a. Could DUE TO (OR A	n each line.	Cer	ELIN	NE FUNER	AL HOME	934 HAMI apiratory e	PSTE.	AD, MD.2
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MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation of the immediate of the immediate of the investigation of the immediate of the imme	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A A DUE TO (OR A	n each line. I CL C IS A CONSECT IS A CONSECT IS A CONSECT IS A CONSECT IN TO THE CONSECT IS A CONSECT IN TO THE CONSECT IN TO THE CONSECT IN TO THE CONSECT IN TO THE CONSECT IN TO THE CONSECT IN THE CONSECT	DUENCE OF): QUENCE ELINenter the menter t	Ing ceusa given in PLACE OF DEATH (Che WORK? YES 2 NO	Part I. 24a. WAS PERI 1 YES PERI	934 HAMI AN AUTOPSY ORMEO? 2 NO	24b	AD, MD 2	
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) ATPO. Print)

Claudio A.

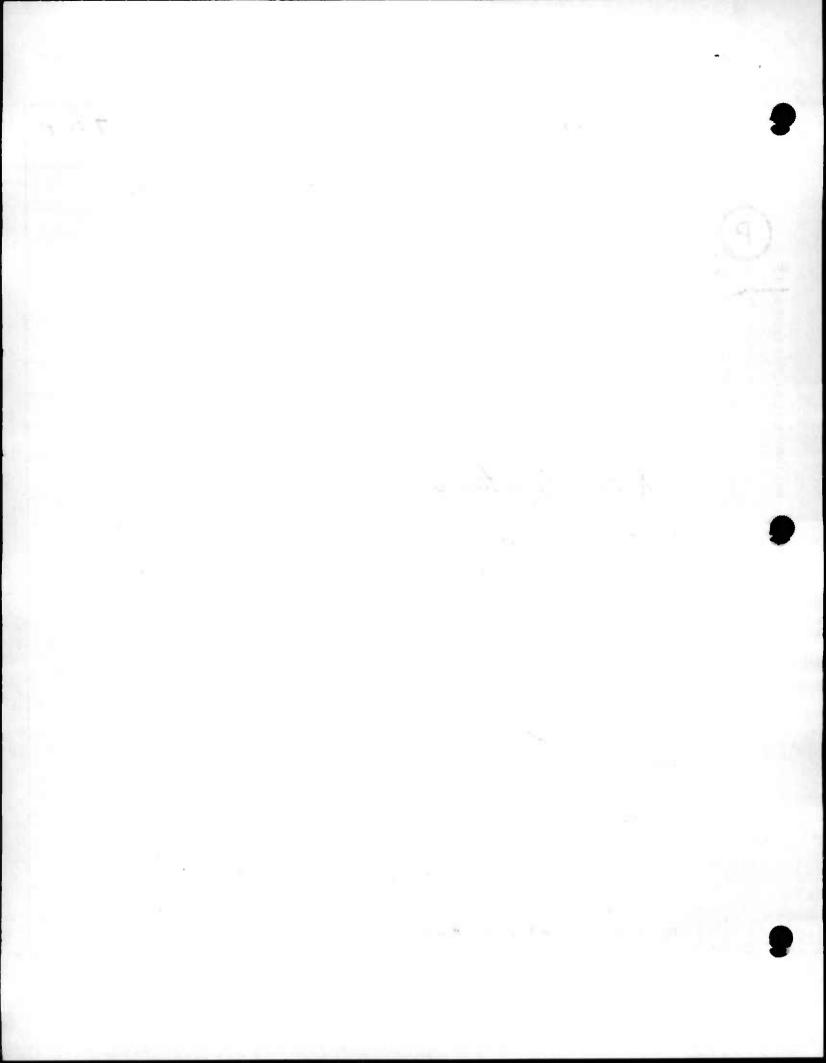
31. DATE FILED (Month, Day, APR 2 0 '93

LevinM. D. 10219 S. Dolfield Road

32. REGISTRAR'S SIGNATURE

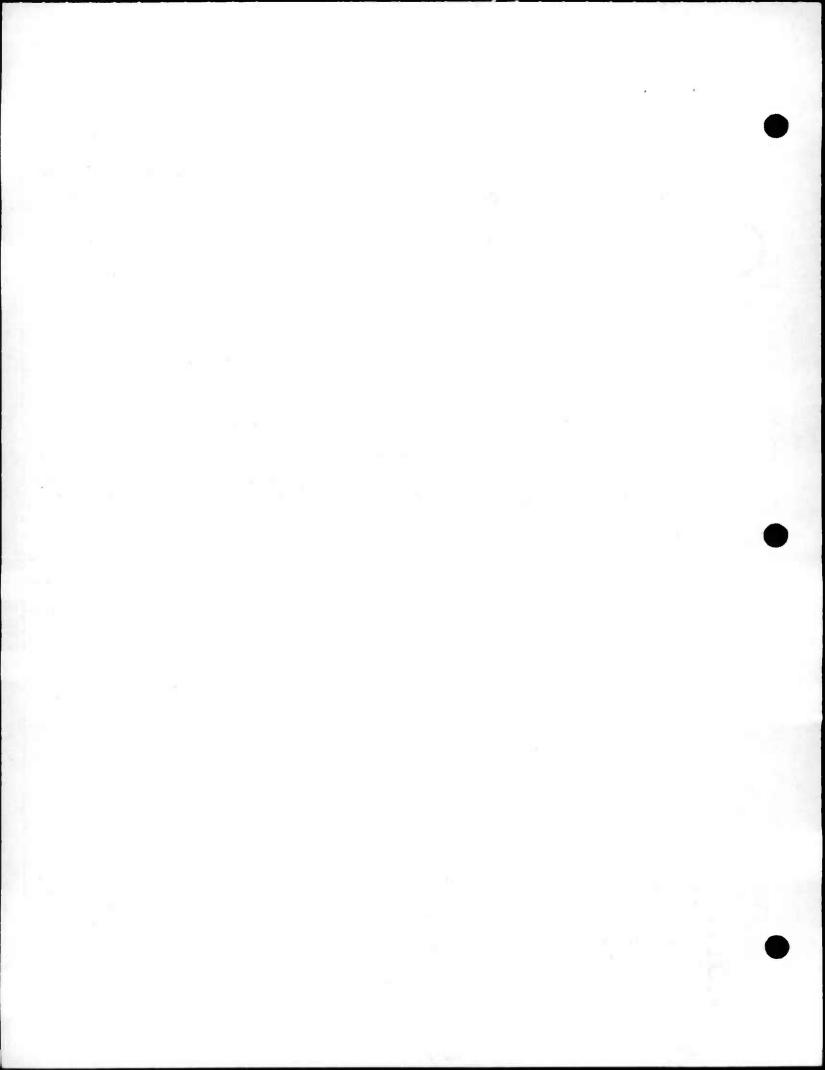
The Davidson-Trade

Owings Mills, Md.



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AECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	urs after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
the at	Ment
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After	death
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	1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND OF DEATH	MEN	NTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)					2.1	DATE OF DEATH			3. TIME OF DEATH		
	JOANNE CATHE	RINE KOLESA	R				MONTH DA		YEAR	12:10	A _H	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	_	OATE OF BIRTH		BIRTHE	PLACE (State or Forek		
9	181-34-3176	1 □ M 2 🔀 F 4	Q YRS.	MONTHS DA		1	(Month, Day, Year)		Country	1)		
	9a. FACILITY NAME (If not institution, give	1 1		ah CITY TO	WN OR LOCATION OF	DEATU	04 - 15 - 4	9c. COUNT		nsylvania		
E	Prince George's					DEATH						
5	RESIDENCE OF DECEDENT	Hospital		Chev	erry			Prii	nce	George's		
2	10e. STATE 10b. COUNT	ſΥ	10c, CIT	Y, TOWN OR L	OCATION				Т	10d. INSIDE CITY	-	
ē	MARYLAND PRI	NCE GEORGES	CI	IEVERI	LY	LIMITS?						
k l	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZE		HAT COUNTRY?		
FUNERAL DIRECTOR	2416 59th PLAG	CE			2078	5		U.S	Α			
콺	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS	DECENDENT OF HISP	ANIC O	RIGIN? (Specify Yea				-	
-01:54	1 Never Married 2 Married	FORCES? 1 YES	2X NO	It yes	yes 2 X NO Spec	can, Pu	erto Rican, etc.)			- American Indian, White, stc.		
B	3 Widowed 4 Divorced				TES I MINO Spec	ыну.			Specify	White	- 1	
COMPLETED	15. DECEOENT'S EOU (Specify only highest grad		USUAL OCCU	PATION		18b. KIND OF BUS	NESS/INDUS	TRY		\dashv		
<u>ا</u> ي	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during se retired.)	g most of working	- 1						
Ē	12	2	Tutor				P.G. C	ommui	nity	College		
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (F	First, Middle, Maiden S				_	
BEC	Henry Kaminski				Helen	Ha	ajbura					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	Number, City or Town	State, Zip Co	ode)						
일	Joseph D. Koles	ar			Place, Ch					785		
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ran	206.	PLACE AND OATE	OF DISPOSITIO	N /Name of		DATE 20c. LOC	ATION CIT				
	4 Donation 5 Other (Specify)	F F	etery, crematory or o ort Linc	oln Ce	metery 4	/12	12/93 Brentwood, Marylar					
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE ~	- 1	22. NAM	E ANO ADDRESS OF F	FACILITY	Y					
	> Vach	VI		Fra	ncis Gasc	h's	Sons Fι	ineral	Ho	me, P.A		
	23. PARY I. Enter the diseases, or	complications that caused	the death Do s	4/3	Baltimor	e /	Avenue,	нуатт	SVI			
	snock, or neert fellure.	List only one ceuse on ea	nch line.	or enter the	mode or dying, su	icn as	cardiac or respir	atory arres	τ,	Approximate Interval Betw	reen	
	IMMEDIATE CAUSE (Final	12- P	`	4	1	1				Onset and D	eeth	
	resulting in death)	· arac	oc	a	ver				Morentar		2710	
		DUE TO (OR AS A	CONSEQUENCE OF	FIR 1		(7		
NO I	Sequentially list conditions,	n ffelas	CONSEQUENCE OF	W. C	arce	n	oma			120	0	
F	If any, leading to immediate ceuse, Enter UNDERLYING	Bron	a The	25 0	1					15		
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO JOR AS A	CONSEQUENCE OF		nerry	a				100	1	
CERTIFICATION	resulting in death) LAST									j		
		d.								+	\dashv	
S	PART II. Other significant condition	na contributing to death bu	ut not resulting i	n the under	ying ceuse given i	n Pert	I. 24a. WAS AN A			WERE AUTOPSY FINDI	NGS	
							1 YES 2	4	1 (COMPLETION OF CAUS OF DEATH?	E	
闄							1 '			1 TES 2 NO		
PHYSICIAN: MED												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			S. PLACE OF OEATH (C	check on	nly one)					
Š	1 TES 2 NO	1) Inpatient 2 ER/Outpu	stlent 3 🗆 DOA	OTHER:	Home 5 - Residence	6 🗆	Other (Specify)					
ΞI	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM		INJURY AT WORK?	_	OEŞCRIBE HOW IN	JURY OCCUR	RED			
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO							
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci	- At home, ferm, a	treet, factory, e	office	28t.	LOCATION (Street an	d Number or	Rural Ro	ute Number,		
	4 Homicide determined		,,				City or Town, State)				- 1	
٦ ا	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my knowle	edge, death occume	d at the time,	data and place, and du	a to the	cause(a) and mans	er en stated				
COMPLET	one) 2 MEDICAL EXAMINI	ER: On the basis of axamination	and/or investigation	n, in my opinio	n, death occured at th	e time,	data and place, and	due to the c	ause(a)	and mattner as state		
_	296. SIGNATURE AND TITLE OF CERTIFIE		11		29c, LICENSE NIL							
8	James	EMI.	11		DAM	49	2	LA LA		Month, Day, Year)	2	
2	30. HAME AND ADDRESS OF PERSON WIT	O COMPLETED CAUSE OF DEA	ITH (ITEM 27) (Type,	Prings	1007	/	,	- /		/ / _		
	geneseal	el 6001	Lan	dove	rkl.	C	lever	le.	1	no		
	HAPR 192 1998	Jedia Davidse	TURE Mandall	-			0	2	0	785		



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Page	dire	
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	TDR; After this certificate has been signed by the attending physician and completely filled in by the funeral direct	
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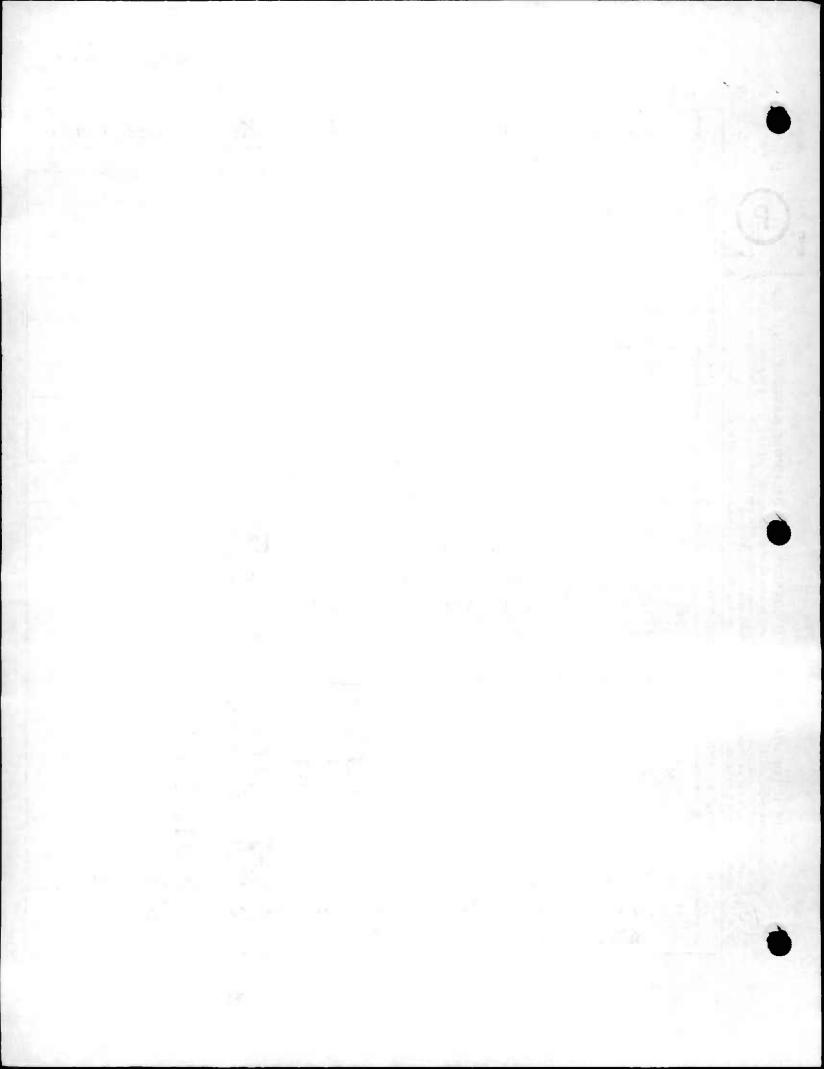
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART					GIENE G. NO.) J			
W.	1. DECEDENT'S NAME (First, Middle, Last)	FOWARD	KIN				2. DATE OF DE		1993	3. TIME OF DEATH		
OR	4. SOCIAL SECURITY NUMBER 218 38 5430 96. FACILITY NAME (If not institution, give st Bowie Health Care	1 M 2 □ F 50	YRS.	9b. CITY, T	YEAR IF UNDAYS HOUR TOWN OR LOC		7. DATE OF BIF (Month, Day, June	9c. 0	Wa COUNTY OF	shington D.C		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Maryland Prince	e George's	10c. CITY,	TOWN OR BOW	LOCATION					10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO} \)		
BY FUNERAL	10e. STREET AND NUMBER 2618 Kingsley Lat 11. MARITAL STATUS 1 Never Merried 2 K Merried 3 Widowed 4 Divorced		2NO	Hy		15 IT OF HISPAI	NIC ORIGIN? (Spe in, Puerto Rican, y: N.C	Ur city Yea or No etc.)	ited - 14. RA Blo	WHAT COUNTRY? States CE — American Indian, cock, White, etc. White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Techr	retired.)	ring most of w		16b. KIND	of BUSINESS	rnmeı			
BE	William Edward K: 19a. INFORMANT'S NAME (Type/Print)	ing, Sr.	19b. MAILING	ADDRESS (Carlen			n		
2	Judith E. King 2618 Kingsley Lane Bowie Md. 20715 20a. METHOD OF DISPOSITION 1											
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interpretations and considerable of the mode of dying, such as cerdiec or respiratory arrest, interpretations on the mode of dying, such as cerdiec or respiratory arrest, interpretations on the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, interpretations of the mode of dying, such as cerdiec or respiratory arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dyin											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CHRONIC (DUE TO (OR AS A C. CORONA R DUE TO (OR AS A HYPER CH	Y ARTE	RY	DISEA	T FA	IURE					
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	e contributing to death b						WAS AN AUTO PERFORMED? YES 2 . No		4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:			heck only one)	cify)				
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 2	28c. INJURY A WORK? 1 YES	т	28d. DESCRIBI		OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, at	treet, factor	ry, offica		281. LOCATION City or Tow		mber or Rure	al Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.											
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R MJ)				29c. LICENSE NUMBER D 25925 D 4 Pn 2,1993 D 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

205, 7720 WISCONSIN AVE, BETHESDA, MD

DHMH-16 Rev 1/89

2084



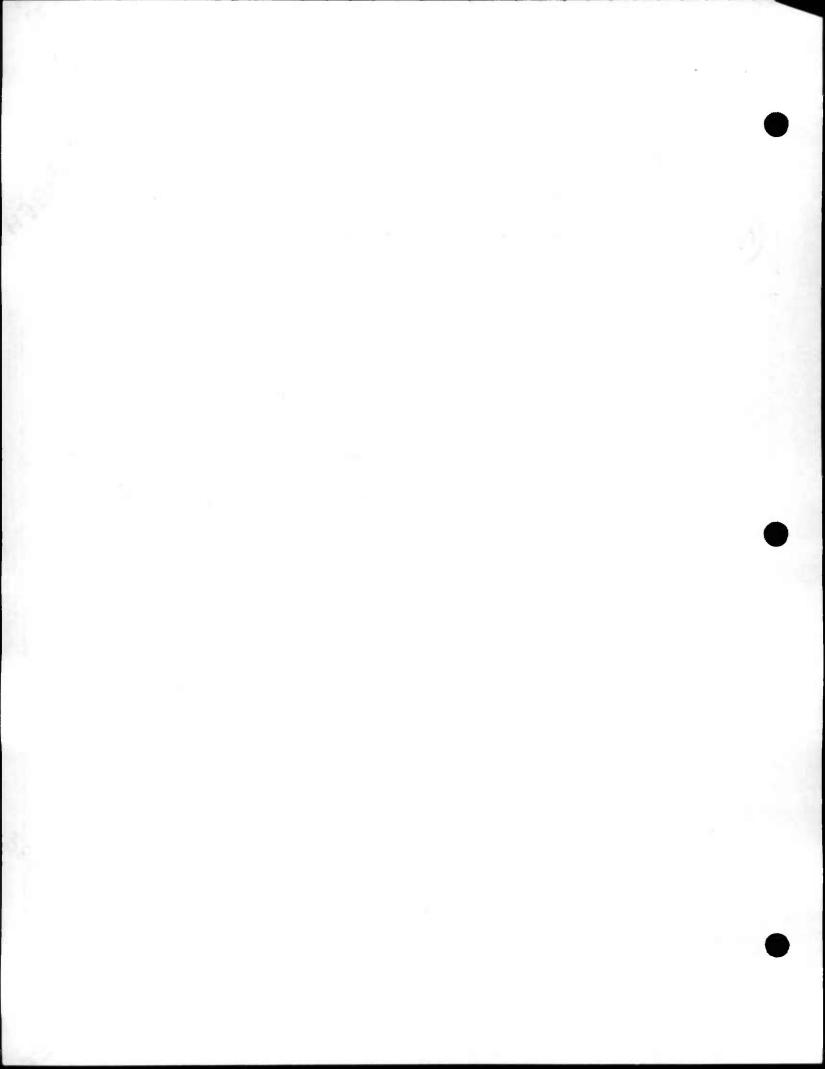
		1 - FOR STATE REGISTRAR		STATE OF N	IARYL					HEALTH F DEA		MENTA	L HYGIEN			
	1	1. OECEDENT'S NAME (First,	Middle, Last)										OF DEATH		WEAR	3. TIME OF DEATH
		Gordon Wi	lliam	Kelley								MgH [*]	т р. 11	1	993	3:35 P
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE	(In yrs. les	t birthday)	IF UNDER	DAY:		R 24 HRS.	7. DATE	OF BIRTH		8. BtRTH Count	IPLACE (State or Foreign
포	1 1	214-03-3782		1 🔀 M 2 🗆 F	7	5	YRS.	MONTHS.	CMI	HOOKS	min.	10-	m, Day, Year) -06-191	.7	Mar	ÿ1and
should	m	9n. FACILITY NAME (If not in:								N OR LOCAT					NTY OF O	
Mar- N	CTOR	4208 Colleg		ghts Driv	/e			Un	1Ve	ersity	Par	·k		Pr	ince	George's
	/ Si	10e. STATE	10b. COUNT	Υ			10c. CIT	, TOWN C	OR LO	CATION					10d. INSIDE CITY	
(P	声	Maryland	Prin	ce George	e's		Uni	vers	ity	Park	ς.					LIMITS?
	13	10e. STREET AND NUMBER	. –						Т	10f. ZtP COO				10g. CIT	ZEN OF	VHAT COUNTRY?
N = F	FUNER	4208 Colleg	ge Hei				20782							U.S	.A.	
ZO yysicić urial-ti	5	11, MARITAL STATUS 1 Never Married 2 🔀	Married	12. WAS DECEDENT FORCES? 1						Specify Cub			N? (Specify Yea	or No-		E — American Indian, k, White, atc.
1215-0020 r attending physician use as the bunal-tra	B	3 Widowed 4 Divo		IF YES, GIVE W	AR OR D	ATES	1 ☐ YES 2 🙀 NO Speci						, , , , , , ,		Spec	White
Z1ZT	ETED	(Specify only	highest grade	completed)	completed)				CCUP/ during	TION most of worki	ing	16	b. KIND OF BU	SINESS/INC	DUSTRY	
d bital N	1	Elementary/Secondary (0- 12	-12)	College (1-4 or 5+)		dica		cto)r		1	Private	Dra	otio	0
the hospital or detached for u	COMPL	17. FATHER'S NAME (First, Mi	ddle, Last)				urcu	I DO		_	THER'S NA		Middle, Maiden		CLIC	.e
8 6 6 A	ш	George Wil:	Celley						-			a Safí				
MARYLAND retained by the hospi S should be detached notified at once.	B	19a. INFORMANT'S NAME (7)				191	. MAJLING	AODRESS	S (Stree				ber, City or Tow		Code)	20782
be ret	유	Lillian F.	Kelle	y		4	208	Co11	ege	e Heig	ghts	Driv	re, Uni	vers	ity	Park, MD
. Page 6 may be rail director, page		20a. METHOD OF DISPOSITI 1 ☐ Burlet 2 🔀 Crematto		oval from Stata	20t	D. PLACE	ND DATE O	F DISPOS	SITION	(Name of		OAT	7E 20c. LO	CATION -	City or To	wn, Stata
age 6 direct		4 Donation 5 Other	1111		M	letro	poli			mator			3 A1e	xand	ria,	Virginia
death fune exam		21. SIGNATURE OF FUNERAL	1	Fine	1	1		F	rar		Gasch	ts S				me, P.A.
24 hours after of filled in by the fon, or removal															Approximate	
hours after a in by the or remover the medical		shock, or he IMMEDIATE CAUSE (Fin	art failure.	List only one cau	se on a	ach Ilna				and the same of th						Interval Between
		disease or condition	- -	P	DUE TO (OR AN A CONSEQUENCE OF) Carrier of Laryn									Onset and Das		
ted within completely ial, cremati		resulting in death)		DUE TO	(OR AS	A CONSEC	UENCE OF	1								-
executed within and completely to burial, cremat	z	A second state of the second state		b. C	ine	cer	a of Laryni									
	CATION	Sequentially list conditi if any, leading to immed	ilate	DUE TO	(OR AS A	A CONSEC	DUENCE OF):		0						
cate to cate t	호	cause. Enter UNDERLYii CAUSE (Disease or Injur		C	(00.40.4	COMOF	UENCE OF									
the death certificate be the attending physician d Mental Hygiene prior Injury, or other trau	RTIF	that initiated events resulting in death) LAS		DOE 10	(UH AS A	CONSEC	DUENCE OF);								ł
the death certif the attending of Mental Hygier			-	d	-											
hat the deat f by the att and Mental ny Injury,	CAL	PART II. Other signification	nt condition	na contributing to	death b	out not r	eauiting i	n the un	nderly	ing cause	given in	Part I.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY PINDING AVAILABLE PRIOR TO
puires that signed by Health an DWS any	음												1 TYES 2			COMPLETION OF CAUSE OF DEATH?
requires seen sign of Heal	MEDI															1 TES 2 NO
ATENDING PHYSICIAN: The law requires the ECTOR. After this certificate has been signed to the Cath with the State Dept. of Health 128 is marked, or Item 23 shows an	ä															
N: The licate h State E	SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHER		PLACE OF C	DEATH (Che	eck only o	ne)			
SICIAN: The certificate to the State	PHYS	1 TYES 2 NO		1 Inpatient 2 I		patient 3	DOA 28b, TIMI		_	ome 5 R	lasidenca					
NG PHYS ther this cath with marked		1 Netural 5 🗆 I	Pending	(Month, De			INJ		,	INJURY AT WORK? YES 2 [¬ мо	28d. DE	SCRIBE HOW 1	NJURY OC	CURED	
After death	ВУ	3 Sulaida	nvestigation	28e. PLACE O	F INJURY	/ — At ho	ma, farm, s	treet, fact			_ 110	261 LO	CATION (Street a	and Number	or Primal F	South Number
TTEN TOR: after	ETED	, _ ,	Could not be letermined	butiding,	etc. (Spec	cify)						City	or Town, State)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Or Travari	wate framasi,
# Po Ha Pa	ا تا ا	29a. CERTIFIER 1 CERT	FYING PHYS	tCIAN: To the best of	my know	rladna 💤	eth occur-	d at the s	lme d	ata and size:		to the s			0.5	
Z Z Z Z	COMPL) end manner so stated
		29b. SIGNATURE AND TITLE			R: On the beals of axamination and/or investigation, in my opinion, death occured at the 29c. LICENSE NUM											
THE BOW	BE	Pinolem	1	nuanos	n	P				D	20	19	6			/1993

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. L. Pimol, M.D. 7721 Belle Point Drive, Greenbelt, Maryland 31. DATE FILED (MOGNITURE) 5 1993 32. RECISTRATE SIGNATURE FUND Jundoon—Randelle.

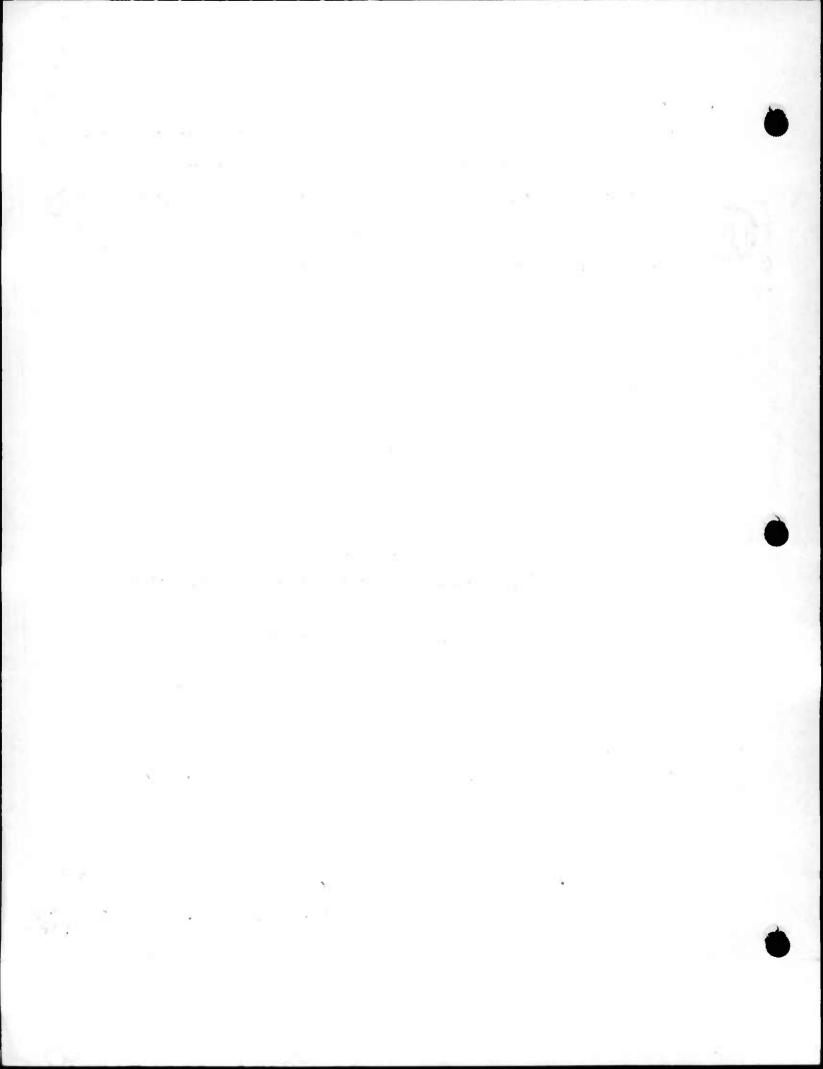
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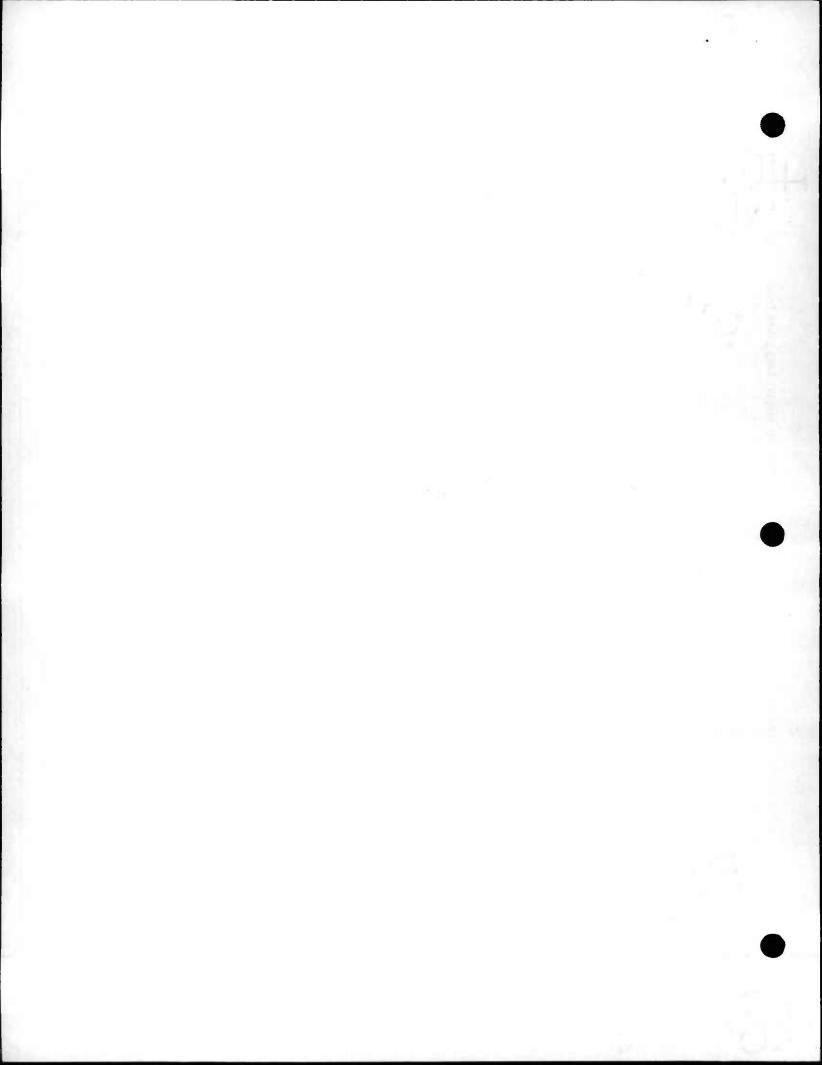


DIVISION OF VITAL RECORDS, P.O. BOX 68760, S. BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burilla strained and within 20 hours after death with the State hand of Health and Mental Handang and remarks or competent of the state
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

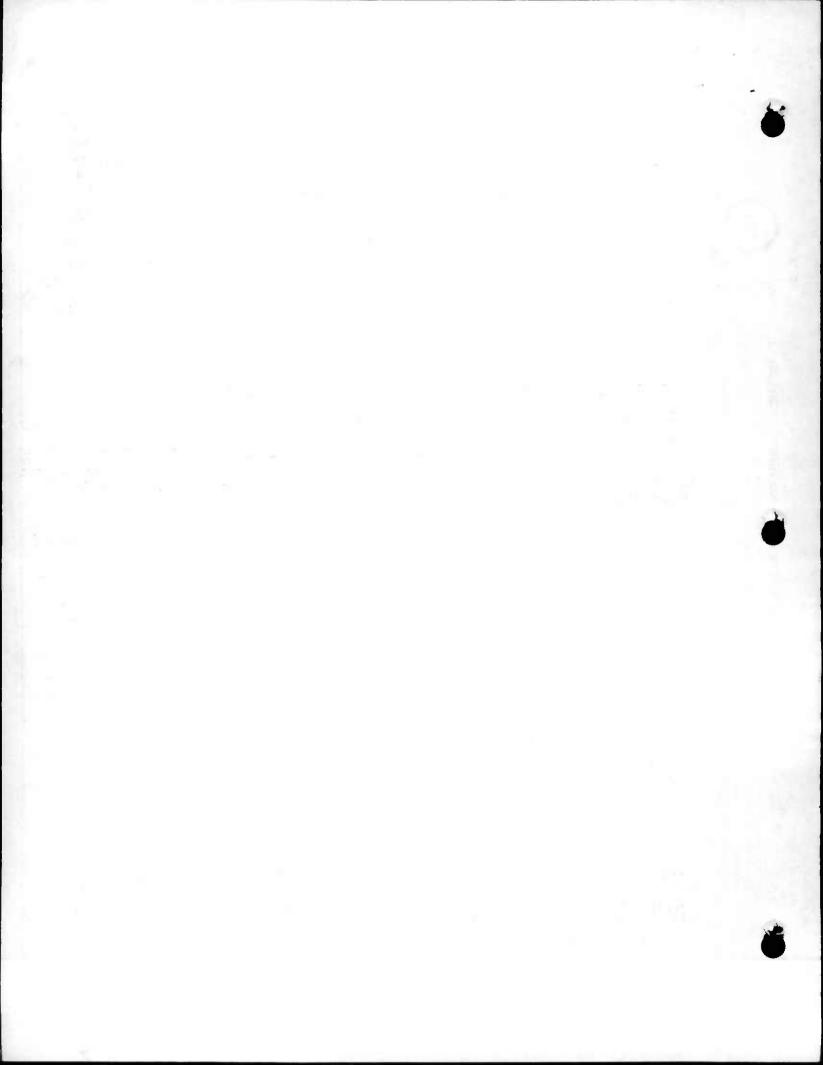
	1 - STATE STATE REGISTRAR		TIMENT OF HEALTH									
	1. DECEDENT'S NAME (First, Middle, Last)		OATE OF BEA	2. DATE OF DEAT	Н	3. TIME OF DEATH						
	Bok Soon Kim			04	11 19	YEAR						
	4. SOCIAL SECURITY NUMBER 5. SEX 6	. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER	24 HRS. 7. DATE OF BIRTH	11	8. BIRTHPLACE (State or Foreign						
	216-25-7390 ¹□M²∇F	56 YRS.	MONTHS DAYS HOURS	MIN. (Month, Day, Yea		Korea						
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATE			ITY OF DEATH						
CTOR	FORT WASHINGTON MEDICAL CE	NTER	FORT WASHIN	IGTON MD	PRIM	CE GEORGES						
15	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10114 110	[11010							
1	MD Prince George'	S	Y, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?						
1	10e. STREET AND NUMBER	OXC	N HILL 101, ZIP COD		40 0000	1 N YES 2 NO						
TE	6273 OXON HILL RD #103		20745	7		TEN OF WHAT COUNTRY?						
FUNER	11. MARITAL STATUS 12. WAS DECEDENT I	VER IN U.S. ARMED		F HISPANIC ORIGIN? (Specify								
	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR		if yes, specify Cubs 1 ☐ YES 2 ☐ NO	n, Mexican, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:						
BY	3 Wildowed 4 Divorced		A		(Oriental, Korean						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S (Give kind of	USUAL OCCUPATION work done during most of working re-retired.)	16b. KIND OF	BUSINESS/INDL	JSTRY						
1 5	Elementary/Secondary (0-12) College (1-4 or 5+)	Homemak		ath	OME							
×	17. FATHER'S NAME (First, Middle, Last)	110meman										
	Moon Chan Chang			er's name (First, Middle, Mei Soon Lee	den Surname)							
BE	19e. INFORMANT'S NAME (Type/Print)	19h MAII ING	ADDRESS (Street and Number									
2	Hyang Dong Kim	same	as item 10	or Hursi House Number, City or	Iown, State, Zip (Code)						
	20s. METHOD OF DISPOSITION 1	20b. PLACE AND DATE	OF OISPOSITION (Name of	DATE 20c	LOCATION — C	Sty or Town, State						
	1 Donation 5 Other (Specify)		Tan Cremator									
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	/	22. NAME AND ADDRES	SS OF FACILITY	7 77							
	George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745											
	23. PART Letter the diseases, or complications the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate											
	Interval Between											
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Onset and Death Onset and Death											
	OUE TO (OI	R AS A CONSEQUENCE OF	P):									
Z	S. TI-OM	LAKE N	FIRSTA	TIC (A)	Cido	MA						
CERTIFICATION	ii ally, leading to inimediate	AS A CONSEQUENCE OF	7:									
일	cause. Enter UNDERLYING CAUSE (Disease or injury	R AS A CONSEQUENCE OF										
Ē	that initieted events resulting in death) LAST	CA CONSECUENCE OF	1 WIGH									
	d	1.11										
DICAL	PART ii. Other significent conditions contributing to de	sth but not resulting i	n the underlying cause g		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
					2 NO	COMPLETION OF CAUSE OF DEATH?						
ME						1 TES 2 NO						
ä												
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF DE	EATH (Check only one)								
l⊀S	1 ☐ YES 2 ☐ NO 1 ☐ Inpetient 2 ☐ EI 27. MANNER OF DEATH 286. DATE OF IN.	R/Outpatient 3 DOA	4 Nursing Home 5 Re									
	1 Netural 5 Pending (Month, Day,		URY WORK?	28d. DEŞCRIBE HO	W INJURY OCCU	JREO 1						
В	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF III	JURY — Al home, ferm, s	T TES 2		-	7						
윤	4 Homicide S Could not be building, etc	(Specify)	crowt, ractory, office	City or Town, St	et and Number o ete)	or Rural Route Number,						
"	290. CERTIFIER 1 TO CERTIFYING PHYSICIAN: TO the	1	THE STATE OF THE S									
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the balls of					d. cause(s) and menner se steted.						
	29b. SIGNATURE AND TITLE OF CERTIFIED	/										
B	7/4//	6 m	29c. LICE	NSE NUMBER	29d. DATE	SIGNED (Month, Day: Year)						
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (OF DEATH (ITEM 27) (Type.	Print)		1-4	-1)-1)						
	ALY SMITEILA	2	1701.1.10	161501	Rol.	Counsinas						
	31. DATE FILED (Month Day, Year) 32. REGISTMAR'S	SIGNATURE Pane	1.00			(, WASIFA)						
	APR1 5 1993 Julia											



	1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF		MENTA	L HYGIENI	E				
- 8	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		YEAR.	3. TIME OF DEATH		
ij	Uretta O Kenna	ard				Apr		, 199	YEAR	7:40 P.M. M		
			rs. lest birthday)	IF UNDER 1 YEAR		(Monti	OF BIRTN h, Day, Year)		6. BIRTNI	PLACE (State or Foreign		
- 6	Z13-10-3300	□ M 2 🔀 F 96	YRS.	MONTHS DAYS	moons mm.	May	22, 18	396		yland		
	Se. FACILITY NAME (If not institution, give street	,			OR LOCATION OF D	EATH		9c. COUN	TY OF DE	EATH		
2	Carroll Manor Nursi	ing Home		Hyatt	sville			Prir	nce Georges			
眉	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY				
=	Maryland Prince	e Georges		Hyattsv	ille					LIMITS?		
AL,	10e. STREET AND NUMBER	- UCUI GCO			of, ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?		
EH	4922 LaSalle Road				20782			Ur	nite	d States		
FUNERAL, DIRECTOR		. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN	17 (Specify Yes	-	_	— American Indian, White, atc.		
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE			S 2 NO Speci		nican, etc.)	- 1	Specif	y:		
	15. DECEDENT'S EDUCATI	ION I	A DECEDENT'S	USUAL OCCUPA	TION	165	. KIND OF BUS	DIFOC (NIC)		Black		
	(Specify only highest grade con			work done during i		160.	KIND OF BUS	INESS/INDU	SIRT			
P	2.011.21.27.33.00.00.27	onege (F4 or 5+)	TT	nknown								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			HKHOWH	18. MOTHER'S N	AME (First, I	Middle, Malden S	Sumame)				
BE C	Louis Waters				Ada	C1	ash					
D B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	and Number or Rural			, State, Zip (Code)			
-	Frederick Stanley		4512	Sargent	Road, N	.E.,W						
	20a, METHOD OF DISPOSITION PLABuriel 2 Cremation 3 Removal	I from State 20b.PL	ry, cremetory or o	OF DISPOSITION (1	100	CATION — C				
	4 Donation 5 Other (Specify)	Waugh Church Cemetery 4/13/9B Cambridge, M										
	1 TOL	1			ART FUNE		OME					
- 3	John 1, Ste	war III		4001	Benning	Road	. N.E.	.Wash	inat	ton, D. C.		
	23. PAPT I. Enter the diseases, or com shock, or heart failure. List	plications that caused the	ne death. Do r	not enter the n	ode of dyling, suc	ch as card	flac or respli	ratory arre	st,	Approximate Interval Between		
- 1	IMMEDIATE CAUSE (Final Onset and De											
	resulting in death)	Theum	0110									
_ 1		DUE TO (OR AS A CO	ONSEQUENCE O	F):								
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A CO	ONSEQUENCE OF	n:								
₹ I	if any, leading to immediate cause. Enter UNDERLYING			,						j		
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	INSEQUENCE OF	F):								
ᇤ	resulting in death) LAST											
2	PART II. Other significant conditions c	ontributing to death but	not resulting	in the underlyi	ng cause given in	Part I	24s. WAS AN	MITTOPSY	245	WERE AUTOPSY FINDINGS		
SE SE	5 lygose	Intolera	200	Reno	/	25111	PERFORI	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
밃	Jacob Fielen	Infolera	ment	کم	.,	_	1 YES 2	□ - MO	1	OF DEATN?		
2				7-		- 1				1 Tes 2 TNO		
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (C	heck only on	10)					
PHYSICIAN: MEDI		OSPITAL: inpatiant 2 ER/Outpatie	ent 3 🗆 DOA	OTHER:	me 5 🗆 Rasidence	6 Other	r (Specify)					
F	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. II	IJURY AT	T .	CRIBE HOW IN	JURY OCC	JRED			
ВУ	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO							
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, factory, of	ice	261. LOC	ATION (Street or or Town, State)	nd Number o	or Rural Ro	oute Number,		
립		N: To the best of my knowledg										
COMPLETED	2 MEDICAL EXAMINER: O	On the basie of examination an	nd/or investigation	n, in my opinion,	death occured at the) lime, date	end place, and	due lo lhe	ceuse(e)	end manner ee stated.		
BE (290. SIGNATURE AND TITLE OF CERTIFIER	04	Correr	1179	29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Morith, Day, Year)		
2	you get	4 401	Phy51	cian	D31	00/			4(9	143		
	30. NAME/AND ADDRESS OF PERSON WHO BE STORY 31. DATE FILED (Month, Day, Year)	LETED CAUSE OF DEATH	(ITEM 27) (Type,	Print) 750	enbelt,	- M	d- 2	077e	7. 7	7430		
	ADD	32. REGISTRAR'S SIGNATU	ME Do	doll								
- 1	APR 1 3 1993 Julia Davidson-Randalle											



		1 - STATE REGISTRAR	SIALE OF MARYL	CERT	IFICATE	OF DEA	H AND ME	NTAL HYGIE REG. N			
3	- į	1. DECEDENT'S NAME (First, Middle, Last)				0. 02.		DATE OF DEATH		3. TIME OF DEATH	,
		Clara Dawson	Lemons				A	pril 14,	1993	7:44	A
		4. SOCIAL SECURITY NUMBER	= 4	In yrs. last birthde	MONTHS	YEAR IF UND	_	DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Fore Country)	ign
목		213-12-8578		3 YRS			J	an 13 19		Maryland	
3 should	4	9a. FACILITY NAME (If not institution, give str				OWN OR LOCA		н		ITY OF DEATH	
1	18	Anne Arundel Media	cal Center		An	<u>napoli</u>	<u>s</u>		Ann	e Arundel	
(P)	DIRECTOR	10a. STATE 10b. COUNTY		10c.	CITY, TOWN OR					10d. INSIDE CITY LIMITS?	
U	□	MD QUEEN 100. STREET AND NUMBER	Anne		Barcla					1 🗆 YES 🗶 N	0
T all	ERA	1631 Barclay Roo	ad			101. ZIP CO	de 607			ZEN OF WHAT COUNTRY?	
train.	FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13 W			ORIGIN? (Specify Y		ted States	_
21215-0020 or attending physic for use as the buring	BY FL	1 Never Married 2 Married 3 W Widowed 4 Divorced		2 100	H y	YES 2 X	ben, Mexican, P	Puerto Rican, etc.)	BS OF NO.	14. RACE — American Indian Black, Whita, etc. Specify: White	,
215 attencise as	윤	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDEN	T'S USUAL OCC of work done dur	UPATION	kina	16b. KIND OF B	USINESS/IND		
24	Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NO	T use retired.)	ing most or won	ung				
LAND 2 the hospital e detached fo	COMPL	12		Homen	naker				ome		
		17. FATHER'S NAME (First, Middle, Last)	4.4					(First, Middle, Maide			
	BE	William E. Tarbu: 190. INFORMANT'S NAME (Type/Print)	ton	19b. MAIL	ING ADDRESS (. Sadler to Number, City or To		Cords	
Z 5 5	임	Lynn Lemons			Barcl			clay, Ma			
RRE may	8	20a. METHOD OF DISPOSITION 1) X Burlel 2 Cremation 3 Remo	20b	PLACE AND DA		ON (Name of			_	City or Town, State	
LTIMOR ath. Page 6 ma meral director, p		4 Donation 5 Other (Specify)	-//1	etery, crematory c akemont	Cemet	eru	04-16	-93 Da	vidso	wille, Mary	lar
ALTIN death. Pag tuneral dis f.		21. SIGNATURE OF FUNERAL SERVICEALCE	NSEE /		22. NA	ME AND ADDR	ESS OF FACILI	TY John M	. Tay	<u>rville, Mary</u> lor Funeral I	Hor
9		TIMONOUSI-L	LyTu							Annapolis, M	D
urs aff		23. PART i. Enter the diseases, or consher the shock, or heart fellure. L	omplications that caused ist only one cause on e	the death. D	o not enter th	e mode of d	ying, such a	s cerdiac or res	piratory arr	est, Approximat	
		iMMEDIATE CAUSE (Final disease or condition	Pinn	1	0.					Onset and	
t mater 1		resulting in death)	DUE TO (ORAS A	CONSEQUENCE		~				juni	14
2 8 6 % S	,		m	0 1 4	. or):					Week	~
OX 68 e be execut slician and c infor to buri	CERTIFICATION	Sequentieity list conditions, if any, leading to immediate	DUE O (OR AS A	CONSEQUENCE	QF):					1	
	S	CAUSE (Disease or injury		RIP						year	~
O. E certifica ding phy lygiene cother other	Ë	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEDUENCE	20 6	Lessi	_ //	Teffer		00~	
death death attendental Hi	E E			700		/				ing	
ORDS, that the dea ed by the art th and Menta any Injury,	DICAL	PART II. Other significant conditions	contributing to death b	ut not resultir	g in the unde	erlying cause	given in Par		N AUTOPSY	24b. WERE AUTOPSY FING AVAILABLE PRIOR TO	
S E =	Ö	- Omeon	1					1 🗌 YES	2 NO	COMPLETION OF CAL OF DEATH?	USE
w requires been signification of Health	: MEC	- mm	your is	m.				- '	•	1 TYES 2 NO)
N e s e	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF	DEATH (Check	only one)		1	
F VITA SICIAN: The certificate h the State E t, or Item	SIC	EXAMINER?	HOSPITAL:	atlent 3 DO/	OTHER:			Other (Specify)			
OF V PHYSICIA this certif with the with the	F	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)			Bc. INJURY AT WORK?		d. DESCRIBE HOW	INJURY OCC	URED	
	BY	1 Netural 5 Pending Investigation				1 YES 2	□ ND				
0 0 4 0 00		3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	- At home, fen	m, streat, factory	, offica	28	of. LOCATION (Stree City or Town, State	t and Number e)	or Rural Route Number,	
DIVISION DIRECTOR: bours after Item 28 I		AN OFFICE OF THE PARTY OF THE P						-			
	COMPLETED	(Check only	IAN: To the best of my knowl								
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P	8		On the basis of examination	and/or investig	ition, in my opir				and due to the	cause(a) and manner as stat	red.
물 물을 등	BE	SIGNATURE ANDITITLE OF GERTIFIED	set on Ata 1	1		29c. U	CENSE NUMBER	38	29d. DATE	SIGNED (Month, Day, Year)	
2 2 3 X	2	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DE	ATH (ITEM 27) AT	rpe, Print)	1	119	2	1	711712	
		MICHAR J. Lat	ENTA UM	LOOR	10GELY	ME :	HIW.	ANNY	POUS!	Nd 21401	
-		31. DATE FILED (Month, Day, Year) APR 1 5 1993	32. REGISTRAR'S SIGN	ATURE DO	-						
	1	MER I D 1993 3	there mentages -	1000							



3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 YES 2 XXNO

Approximeta

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TYES 2 T NO

29d. DATE SIGNED (Month, Day, Year)

16

interval Between

Onset and Death

8. BIRTHPLACE (State or Foreign

MARYLAND

10g, CITIZEN OF WHAT COUNTRY?

WHITE

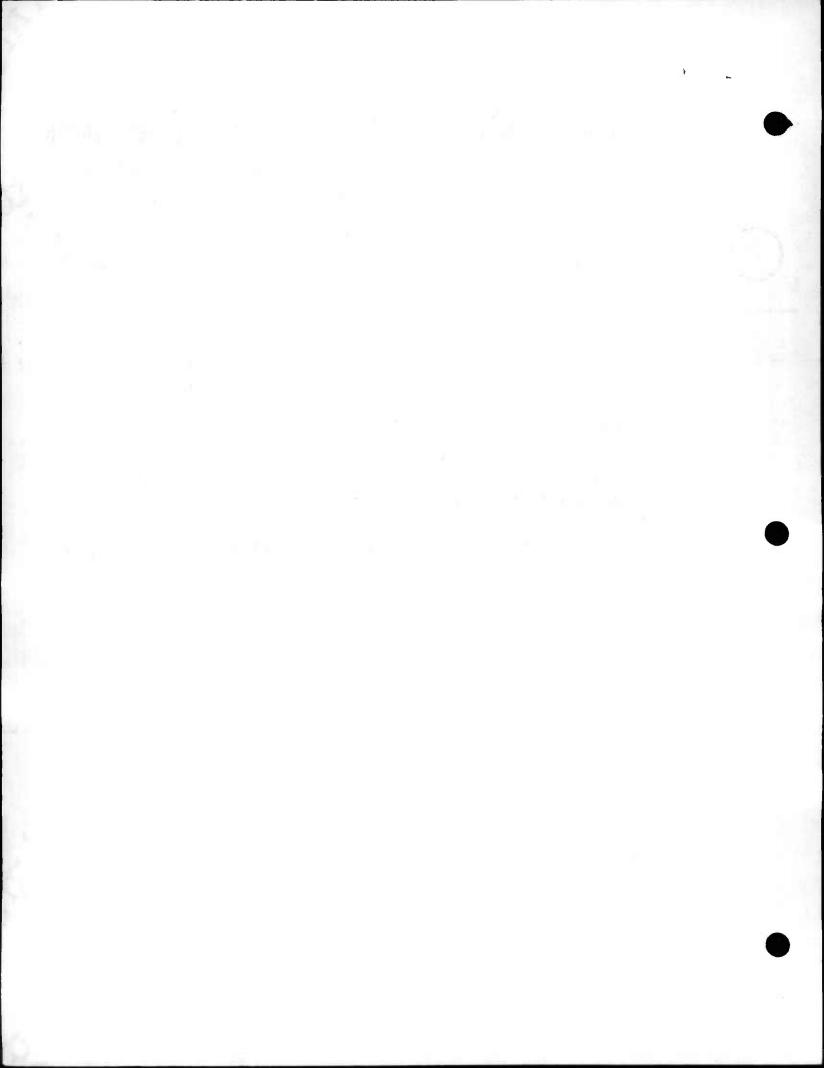
UNITED STATES

9c. COUNTY OF DEATH

CHARLES

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-18 Rev 1/89



FOR STATE REGISTRAR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or utending physician and completely filled in by the funeral director, page 5 should be detached for use as the burgal-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

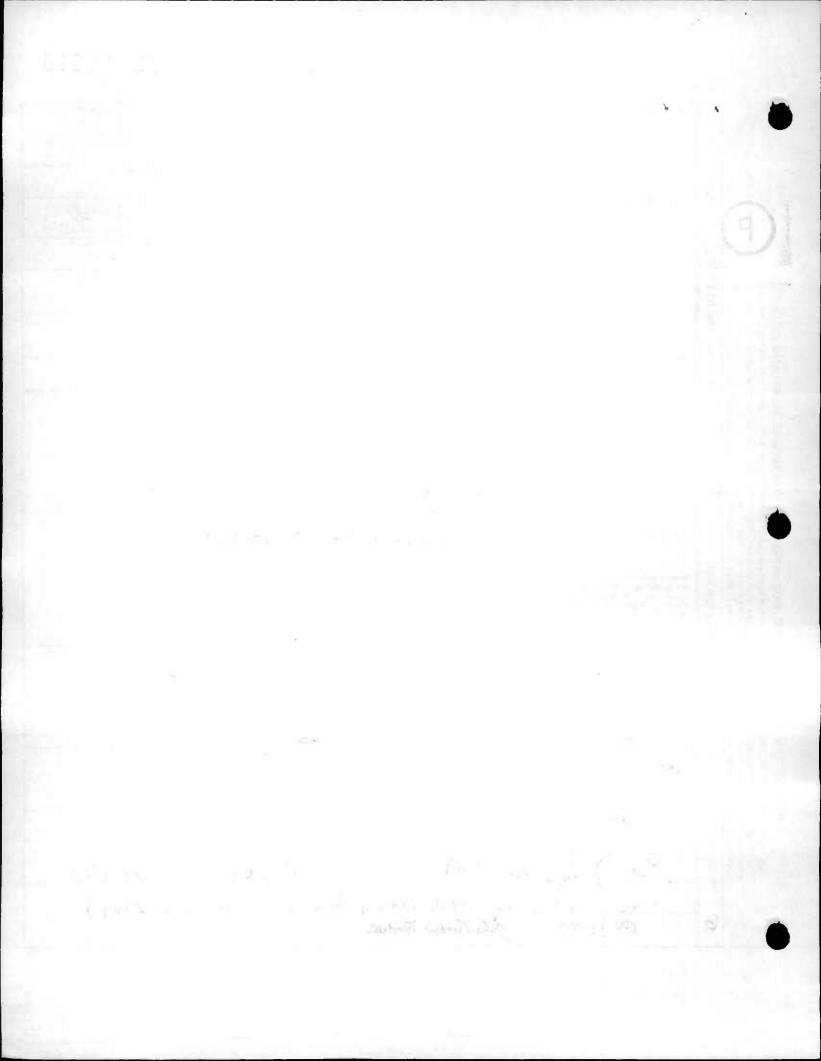
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. I	NO.		
	1. DECÉDENT'S NAME (First, Middle, Last)			. = .	2. DATE OF DEATH			3. TIME OF DEATN
	Mable Virginia Lee				04	89	53	1:00 Pm
	4. SOCIAL SECURITY NUMBER 220 01 7588 S. SEX 1 \square M 2 \nwarrow F	AGE (In yrs. last birthday) 97 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1895	Mary	LACE (State or Foreign
OR BO	9e. FACILITY NAME (If not institution, give street and number) (102 Dixon Tavern Rd. XXXXXX RESIDENCE OF DECEDENT	At Home)	96. CITY, TOWN OF		EATN Barclay	9c. COUNT		annes
DIRECTOR	10e. STATE Maryland 10b. COUNTY Queen Annes		y, town on Location	ON XDGNOX	XIVENIX		- 1	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
EBAL	100. STREET AND NUMBER 102 Dixon Tavern Road			ZIP CODE 21607			U.S.	A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS OECEOENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	It yes, spec	CITY Cubert, Maxica 2 2 NO Specify	NIC ORIGIN? (Specify in, Puarto Rican, etc.) y:	Yes or No—	4. RACE - Black, Specify Black	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S	USUAL OCCUPATION	N .	16b. KIND OF	BUSINESS/INDU		
COMPLETED	Elementary/Secondary (0-12) Li College (1-4 or 5 +)		work done during most se retired.) .c Worker	t or working	Dome	stic		
	17. FATHER'S NAME (First, Middle, Lest) Samuel T. Gibbs				ME (First, Middle, Maid Or V. Wri			-
BE	19a. INFORMANT'S NAME (Type/Print)	19b, MAILING	ADDRESS (Street and	d Number or Rural I	Route Number, City or	Town State 7in (Code l	
2	Victoria G. Berry	PO Bo	x 398 Cl	hester,	Pa 1901	6		
	14 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE	"Ceneter	y 4-1	L7-93	Location – ci Hayden,		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE William L. King	1 Land		, Maryl		21651		
	23. PART I. Enter the diseases, or complications that cannot ahock, or heart fellure. List only one couse	nused the death. Do r	not enter the mod	e of dylng, suc	h as cardiac or re	spiratory arre	st,	Approximate
	IMMEDIATE CAUSE (Final	on each lipe.						Interval Between Onset and Deeth
- 1	disease or condition resulting in death)	Consent	e has	and b	cilure			
		AS A CONSEQUENCE OF						
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF	F):					
RTIFICATION	CAUSE (Disease or Injury C.	AS A CONSEQUENCE OF	F):					
S	d							
DICAL	PART II. Other algnificent conditiona contributing to de	eth but not reaulting i	in the underlying	cause given in	PERI	AN AUTOPSY FORMED?	6	VERE AUTOPSY FINOINGS : WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
뿔					_		1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLA	CE OF DEATH (Che	ack naty one)			
S	EXAMINER? 1 YES 2 In the partient 2 In the part	VOutpatient 3 DOA	OTHER:					
Ĭ	27. MANNER OF DEATN 28e. DATE OF INJ		4 Numing Home E OF 2Sc, INJUI		6 ☐ Other (Specify) 28d. DESCRIBE HO	W IN HIRT OCCU	BEO	
ВУР	1 Natural 5 Pending (Month, Day, 1	(bar) INJ	URY WOR		THE SECONDE TO		NEO	
		IJURY — At home, farm, a (Specify)	street, factory, office		28t. LOCATION (Stree City or Town, Str	et and Number or ite)	Rural Roc	ite Number,
"	29e. CERTIFIER							
COMPLETED	(Check only one) 1 DERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basis of axam							and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CRETIFIER	.0		29c. LICENSE NUN	MBER	29d. DATE S	SIGNED (A	Aonth, Day, Year)
	march (br	~)		033	2036	1 (1/10	1/83
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OF OEATH (ITEM 27) (Type,	lvin Au	e aux	when	m1:	216	FD
2	31. DATE FILED (MOPI) DO 1601 93 32. REGISTRAN'S	SIGNATURE Daydson-Rand	loss				- 0	1



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF DEATH P 1993 E Levengood 12 William 12:30 April 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) DAYS MONTHS HOURS 1 📈 M 2 🗆 F YRS 181-10-0193A 86 11-20-06 PA 9e. FACILITY NAME (If not inetitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH sc. county of DEATH Kent DIRECTOR The Kent and Queen Anne's Hospital, Inc Chestertown 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
1 YES 2 NO Maryland Kent Rock Hall FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5837 Main Street 21661 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried Specify 1 TES 2 NO Specify: 3 Widowed 4 Divorced White 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest of Elementary/Secondary (0-12) College (1-4 or 5+) 12 Cabnet Maker Carpentry 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Daniel N. Levengood Mary Wood Levengood 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jean Willson 5837 Main St. Rock Hall 20a. METHOD OF DISPOSITION 3 GRamoval from State 4 Donation 5 Other/South 21661 Md 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata Wesley Chapel Donation 5 Other (Specify) Cemetery4/15 Rock Hall MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Helfenbein Funeral Home Rt#20 ne that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, 23. PART I. Enter the diseases, or complications that caused the de shock, or heart failure. List only one cause Dn each line. Approximate interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disesse or condition_ COPD resulting in death) Sequentially list conditions, DUE TO (OR & CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events with. resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the Underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 GINO 1 YES 2 THO 25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 TES 2 NO etlerit 2 - ER/Outpatient 3 - DOA 27. MANNED OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, offica building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 🔲 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the beele of axamination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and menner as stated. THE SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Monft, Day, Year) and 3605 93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WASBINGTON OVERTENION mil 21627 31. DATE APR 16 '93 32. REGISTRAR'S SIGNATURE Like Davidson-A

hours after death. Page 6 may be retained by the hospital or attending this certificate has been signed by the attending physician and completely filled in by in with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remo HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760, L DIRECTOR: After the hours after death w TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

BALTIMORE, MARYLAND 21215-0020

ВҰ

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Dept. of Health and Menta 23 shows any Injury,

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED 28

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n by the funeral director, page 5 should be detached for use removal,

514-19-41-19-1 T 8.1 TEN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

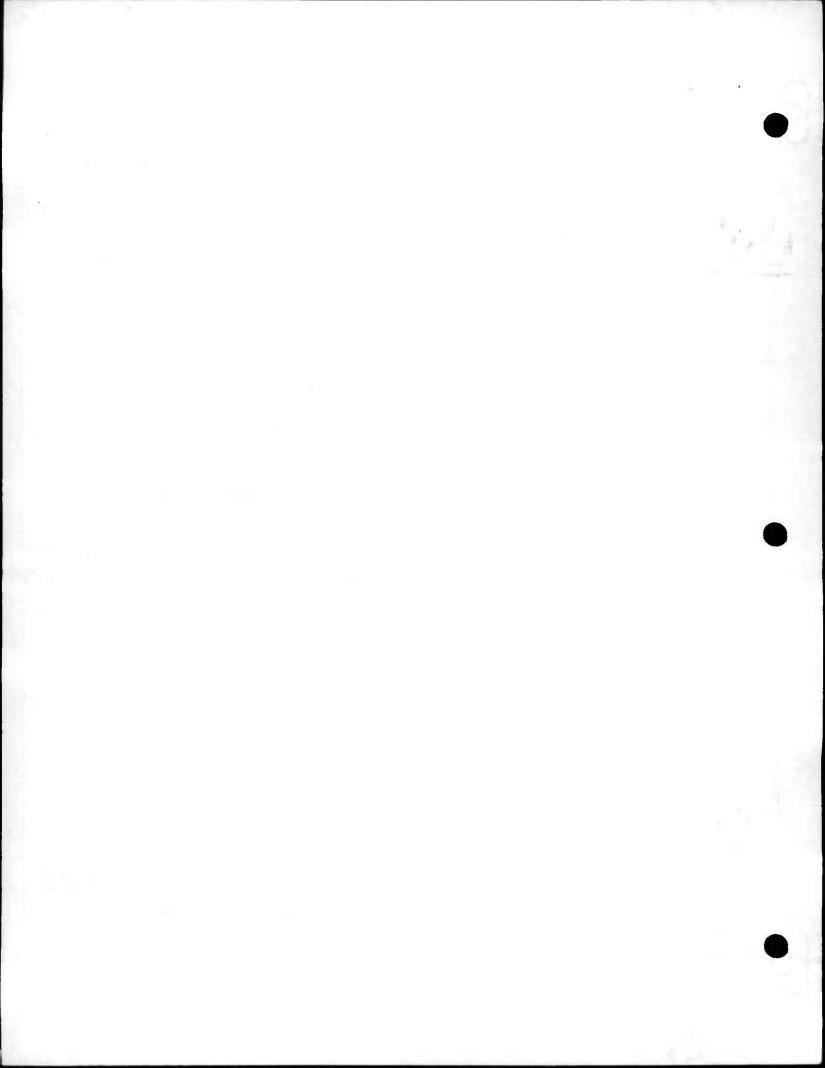
	- REGISTRAR		CEF	TIF	ICATE (OF D	EAT	H	III II	REG. NO)		
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE	OF DEATH			3. TIME OF DEATH
	GUY PALMER LEIG	SHTON							APR1	ĽL 8,	1993	YEAR	1:10 A m
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest bit	rthday)	IF UNDER 1 YE	AR IF	UNDER :	24 HRS.	7. DATE	OF BIRTH	1775	a BIRTH	IPLACE (State or Foreign
	196-20-8167	1 XM 2 F		YRS.	MONTHS DA		DURS	MIN.	(Mont	h, Day, Year)	1929	Count	NSYLVANIA
	9e. FACILITY NAME (If not institution, give s	street and number)	- 03		9b. CITY, TO	WN OR I	OCATIO	N OF OF		27,			
万里	96. CITY, TOWN OR LOCATION OF DEATH NIH, THE CLINICAL CENTER BETHESDA, MARYLAND 9c. COUNTY OF DEATH MONTGOMERY												
15	RESIDENCE OF DECEDENT												
H	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?												
aβF	PENNSYLVANIA ALLE	EGHENY	M	10 NR	COEVIL	Ę							1 X YES 2 NO
附	10e. STREET AND NUMBER						CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
BY FUNERAL DIRECTOR	1254 OLD CONCORD	ROAD				151	46				USA		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMEI	D	13. WAS	DECEND	DENT OF	HISPAN	IIC ORIGIN	? (Specify Ya	a or No-	14. RACE	- American Indien,
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				YES 2				Rican, etc.)			k, White, etc.
	M-10-10-10-10-10-10-10-10-10-10-10-10-10-												WILLE
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEE	DENT'S kind of w	USUAL OCCU vork done durin e retired.)	PATION g most of	f working	,	16b	KIND OF BU	SINESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +	,										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	5+	Prof	ess	ional				_	Engin		ıg	
	WORTH E. LEIGHTO	M								Middle, Maiden	Sumame)		
WORTH E. LEIGHTON MARGARET PALMER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
2	SALLY ANN LEIGHTO) NT											1.6
	20a. METHOD OF DISPOSITION)IN	_		LD CON			D, MC	1				
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND cemetery, cremeter	ory or of	her place!				471	20c. LC	CATION -	City or To	wn, Stata
1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE //2/CO	Metropo	11t				OF FA	1199	3 Ale	xandr	ia,	Virginia
1	Metropolitan Funeral Service, Inc.												
_	23. PART I. Enter the diseases or compilations that caused the deeth Do not only the send of the send												
	23. PART i. Enter the diseases, or compileations that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feliure. List only one cause on each line.												
	interval Between Onest and Death												
	disease or condition / \lambda \tau A \alpha \alpha A \alpha \lambda \												
	DUE TO (OR AS A CONSEQUENCE OF):												7 7
z	Sequentially list conditions, PROSTATE CA 3 years												3 years
Ĕ	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQUE	NCE OF	7:								
2	cause. Enter UNDERLYING CAUSE (Disease or injury	a DIC											2 wks
1	thet initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUE	NCE OF	7):								
CERTIFICATION		d											
	PART II. Other significant condition	s contributing to	death but not resu	ilting li	n the under	lying ca	use gi	ven in i	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL										PERFOI			AWAILABLE PRIOR TO COMPLETION OF CAUSE
밀									_	THES :	I NO		OF DEATH?
2									- 1				1 X YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL				2	B. PLACE	OF DE	ATH (Che	ock only on	e)			
BY PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆		OTHER:								
₹	27. MANNER OF DEATH	26a. DATE OF	INJURY 26	8b. TIME	OF 28c	INJURY		Idence		CRIBE HOW	NJURY OC	CURED	
7	1 Natural 5 Pending	(Month, Di	ay, Year)	INJU		WORK?		NO					
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At home,	farm, st					28f. LOC	ATION (Street	and Numbe	r or Rumi R	loute Number
Ĕ	4 Homicide determined	building,	etc. (Specify)						City	or Town, State,			,
1 1	29a. CERTIFIER 1X CERTIFYING PHYSI	CIAN: To the heat of	my knowledge door	000	d as sh- **-	dete	al					AT)	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												
			The state of the s	yandi	-, at my opinic					and place, at			
BE	29b. SIGNATURE AND TITLE OF CERTIFIEF		_			296	Nat	ise NUM Lona	BER		29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	eyev	E OF DEATH STEAM	D //E	0.5.0		Fac:	iona ilit	У			4/0	17175
	C 4	- / LETEU CAUS				T.T.E	рті	ZF.	ВЕТЦ	IECD 4	МАРХ	יוא א די	20892
ŀ	31. DATE FILED (Month, Day, Year)	32. REEISTRA		_		خلا لبد لبد	T T1	ونلہ	DEID	, AUGE	TIME!	LAND	20092
	APRI 6 1993	Julia	Day don- Pa	nace	6								

THE PURENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-rise ment within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

MINIORIANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

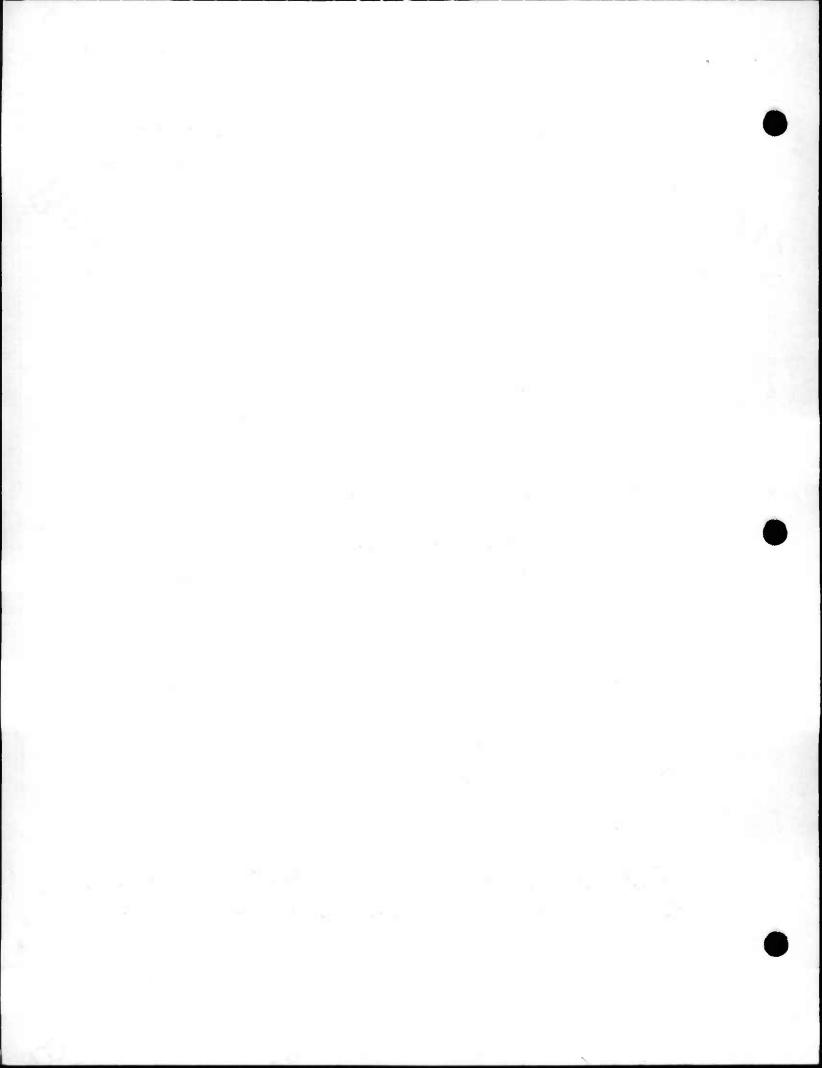


death. Page 6 may be retained by the hospital or attending physician. Stuneral director, page 5 should be detached for use as the burial-top. Examiner must be notified at once.	TO BE COMPLETED BY FUNERAL PIRECTOR	4. SOCIAL: 212- 9a. FACILIT Was RESIDE: 10a. STATE Mar' 10a. STREE 5999 11. MARITAI 1 Never 3 XWidov Element 17. FATHER' Cha 19a. INFORM GOre 20a. METHO 1XBurlai 4 Donett 21. SIGNATU
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ty be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART IMMEDIAT displace o resulting life any, lea cause. En CAUSE (D that initiat resulting li PART II. O 25. WAS CAS EXAMIN 1

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR		STATE OF MAKYL		ARTMENT OF	HEALTH AND	MENTAL	HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First						2. DATE O				3. TIME OF DEATN
MARGARE'	T LUCI	LLE LYDIC	K			Монтн	ril 12	, 199	3	12:03 P M
4. SOCIAL SECURITY NUMBER	BER	5. SEX 6. AGE	'In yrs. last birthda			7. DATE O	F BIRTH		. BIRTHE	PLACE (State or Foreign
212-24-403	4	1 🗆 M 2 💢 F	85 YRS	MONTHS DAYS	HOURS MIN.	Dec.	9 , 1	907	Jose	phine, PA
9a. FACILITY NAME (If not in	etitution, give stree	et and number)		9b. CITY, TOWN	OR LOCATION OF DI			9c. COUNT		
RESIDENCE OF DEC	Adver	ntist Hospit	al	Takon	na Park			Mont	gom	nery
10a. STATE	10b. COUNTY		10c. C	CITY, TOWN OR LOC	ATION					10d, INSIDE CITY LIMITS?
Maryland 10a. STREET AND NUMBER	Prince	George's	В	Bladensbu					_	1X YES 2 NO
5999 Emers	son Str	eet			Of. ZIP CODE 2071	n			U.S.	HAT COUNTRY? Δ
11. MARITAL STATUS		2. WAS DECEDENT EVER I	U.S. ARMED	13. WAS DI	ECENDENT OF HISPAI		(Specify Yea			- American Indian,
1 Never Merried 2		FORCES? 1 YES		If yes,	specify Cuban, Maxica S 2 X NO Specif	in, Puerto Ric			Black, Specify	White, etc.
3 Widowed 4 Dive	rced				Дио ороси	·			Specify	White
(Specify only	EDENT'S EDUCAT	mpleted)	(Give kind a	T'S USUAL OCCUPAT of work done during in T use retired.)	TION nost of working	16b. F	KINO OF BUS	INESS/INDUS	STRY	
Elementary/Secondary (0	I-f2)	College (1-4 or 5 +)		ewife			Own H	ome		
17. FATHER'S NAME (First, M	iddle, Last)				18. MOTNER'S NA	ME (First Mic				
Charles Ha	rrison	Grumbling			Sylvia				1	
19e. INFORMANT'S NAME (7	ype/Print)		19b. MAILI	NG ADDRESS (Street	and Number or Rural					
Gordon R.	Lydick				II Lane,					715
20a METHOD OF DISPOSITI 1. Burlel 2 Crematio 4 Donation 5 Other	n 3 🗌 Remove	al from State cen	PLACE AND DAT	TE OF DISPOSITION /	Name of	DATE	200 100	ATION - CI	tu or Tow	
21. SIGNATURE OF FUNERA		SEE	OI L LII	22, NAME	AND ADDRESS OF FA	CILITY	bre	entwoo	oa,	Maryland
Jac	le &	Friend	1	Fran 4739	cis Gascl Baltimor	h's So e Ave	ons Fr enue,	unera Hyat	l Ho tsvi	ome, P.A. He. MD
23. PART / Enter the d	seases, or cor	nplications that caused	the death. Do	o not enter the m	ode of dying, auc	h as cardia	ac or reapir	atory arres	st,	Approximate
		st only one cause on e	ach ilne							
anock, or heart failure. List only one cause on each line.								Interval Between Onset and Death		
distase or condition	→ .			he There	4					Interval Between Onset and Death
dispase or condition resulting in death)	• a			hy Mine	6					
distase or condition resulting in death)	a.			hyppine on Caro	L.	u di	16/14			
dispase or condition resulting in death) Sequentially list condition in any, leading to imme-	iona, b.	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE	hyphmi On: The Could	to	ue bic	IEA-SE	2		
dispase or condition resulting in death) Sequentially list condition	iona, dilate NG	OUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE	- Or j.	es NO VISCOLA	u bic	IEA-FE	2		
disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events	iona, diate NG c.	CARDINE DUE TO (OR AS A ANTENOS	CONSEQUENCE	- Or j.	ts NO VISCULA	ue bic	SEA-JE	3		
Sequentially list condition resulting in death) Sequentially list condition in the sequential sequ	iona, diate NG c.	OUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE	- Or j.	h NO VIICUCA	u big	SEA-FE	2		
disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events	a, lona, dilate NG ry d.	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE	OF):			56/3-56 240, WAS AN /		24b. V	
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O. BOX 13146, BALTIMORE, MARYLAND 21203-314	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an action feeth. Page is may be retained by the hospital or attending as	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, stage 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It leem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Heafth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury,

Walter K. Nauman, 31. DATE FILED (Month, Day, Year) APR 1 3 1993

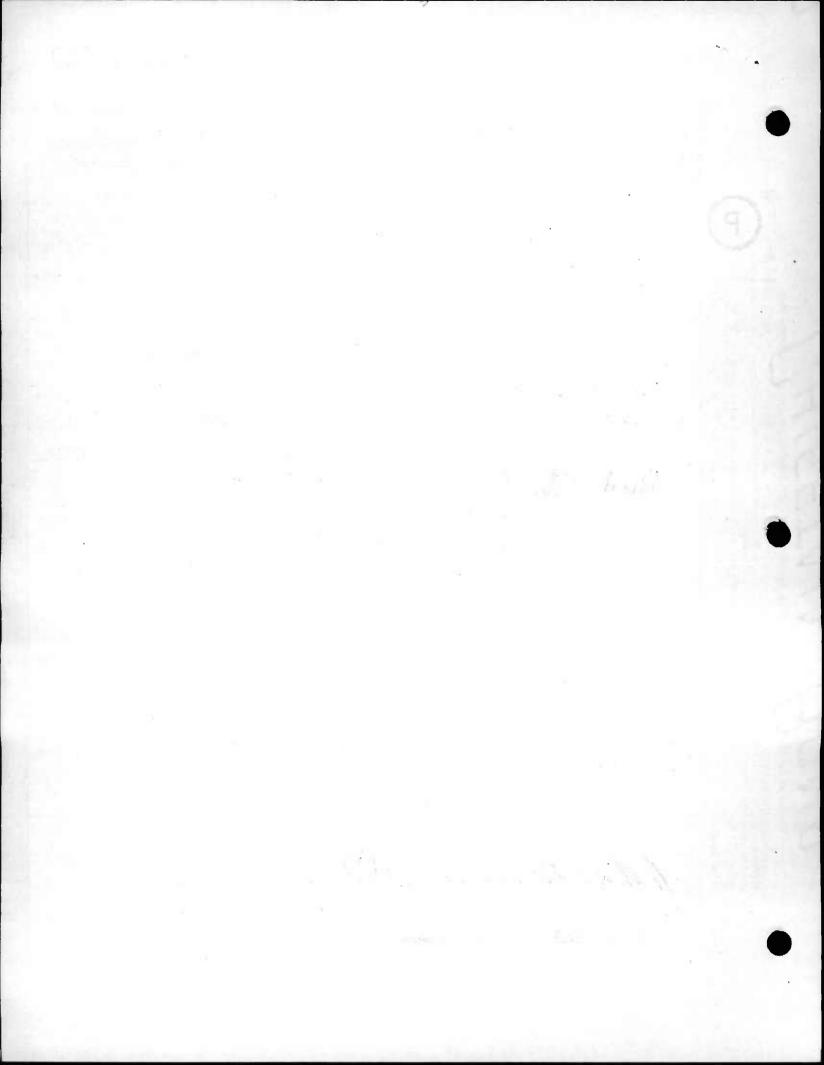
MD

P.O. Box 247

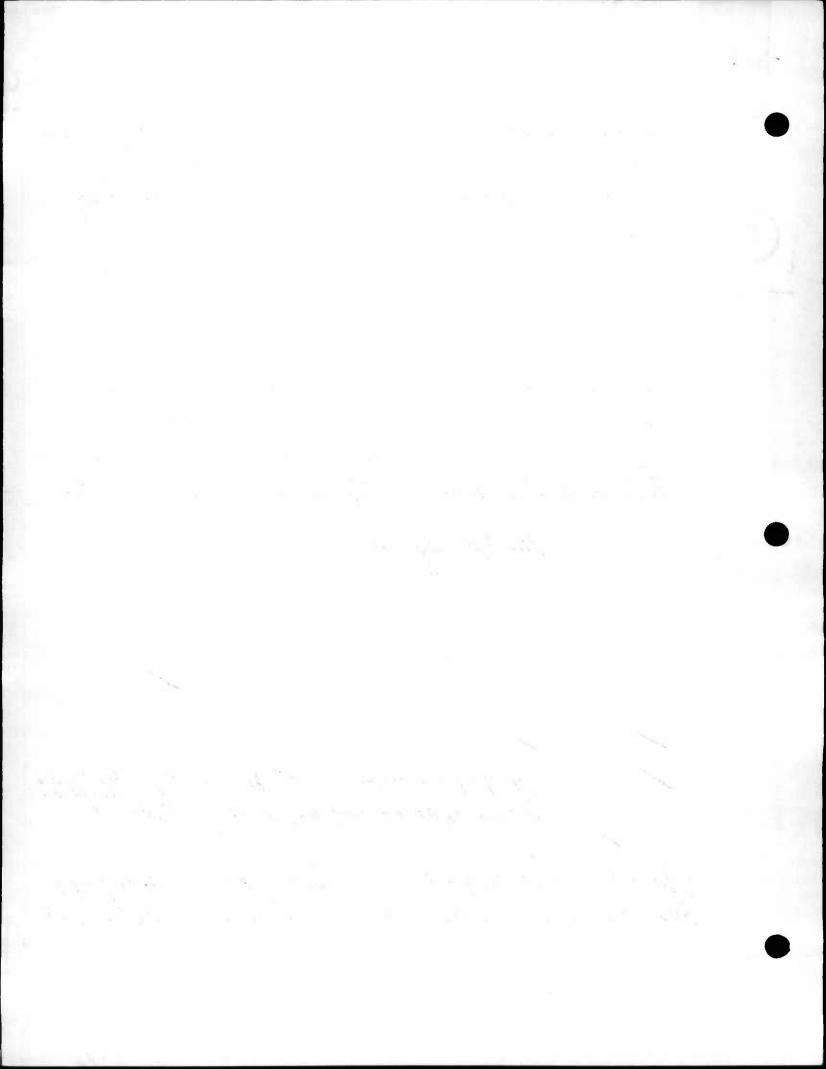
32, REGISTRAR'S SIGNATURE
Gran Davidson Randolle

	FOR STATE REGISTRAR	STATE OF M			MENT OF H	IEALTH AND I	MENTAL	HYGIEN REG. NO			
77.77	1. DECEDENT'S NAME (First, Middle, Last) Genevieve Vi		LILLER		OATE OF	DEATH	MONTH	OF DEATH	1993	EAR	TIME OF DEATH 9:10 p m
	4. SOCIAL SECURITY NUMBER 2 18-10-7383 9a. FACILITY NAME (# not institution, give si	1 🗆 M 2 🔀 F	6. AGE (In yrs. last	YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	June	Day, Year)		Mary Mary	CE (State or Foreign
PRECOR	Cuppett-Weeks Nur	sing Home				0akland				arre	
LEBE	Maryland G.	arrett		,	Oakland				In orring	1]	1. INSIDE CITY LIMITS? YES 2 NO COUNTRY?
BY FUNERAL	201 E. Mason	12 WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS DEC	21550	NIC ORIGIN		U	ISA	American Indian,
	1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S U	1 TYES	ecify Cuban, Mexica 2 X NO Specifi	y:		SINESS/INOUS	Specify:	White
WPLETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Gi	ve kind of wo Do NOT use Cook	ork done during ma retired.)	est of working			tauran		
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Charles Joseph 19a, INFORMANT'S NAME (Type/Print)	h Uphold	7			18. MOTHER'S NA Laur	а	Mae	Uphol		
10	Jennie M. Stewart			603 E	. Reese	Street		and,	Maryla	ind	21550
	1 to Burial 2 □ Cremation 3 □ Remail 2 □ Cremation 3 □ Remail 2 □ Cremation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		other pla	rce)	emetery	4/9, ND ADDRESS OF FA			cation – cit akland		Maryland
	· Bredley NJ	teward			Stewa 32 So	rt Funea uth Seco	rl Ho nd St	reet			MD 21550
	23. PART I. Entar the diseases, or of shock, or heart failure. IMMEDIATE CAUSE (Final	complications that List only one caus	caused the de se on aach lina	ath. Do no	ot anter the mo	da of dying, suc	h aa cardi	iac or reap	iratory arres	t,	Approximata interval Between Onset and Death
	resulting in death)	,	OR AS A CONSEC	DUENCE OF)							4 months
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	D	scleros or as a consec		i.						years
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF)	:						
_ 1	PART II. Other significant condition	contributing to	death but not r	eaulting in	the underlyin	g cause given in	Part I.	24s. WAS AN PERFOI 1 YES 2	RMED?	AM CO	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL				26 D	LACE OF DEATH (Ch	- l			1 (YES 2 NO
IYSICI	EXAMINER? 1 ☐ YES 2 ☑ NO 27. MANNER OF DEATN	HOSPITAL: 1 Inpatient 2			OTHER: 4 덫 Nursing Non	ne 5 🗆 Rasidenca	8 🗆 Other	(Specify)	NJURY OCCU	250	
A	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, De	y, Year) INJURY — At ho	INJU	M 1 🗆	PRK? YES 2 NO			and Number or		a Number,
PLETED	4 Nomicide determined 29a. CERTIFIER (Check only 1 X CERTIFYING PNYSI		itc. (Specify) my knowledge, de	ath occurred	d at the time, date	and place, and due		er Town, State			
COMPLET	one) 2 MEOICAL EXAMINE	R: On the beals of ax					time, data		nd due to the o	causo(s) ar	
TO BE	30, NAME AND ADDRESS OF PERSON WH	laur	E OF DEATH (ITE	M 27) (Tena	MIS	D25759				/6/9	onth, Day, Year)

Accident, Maryland 21520



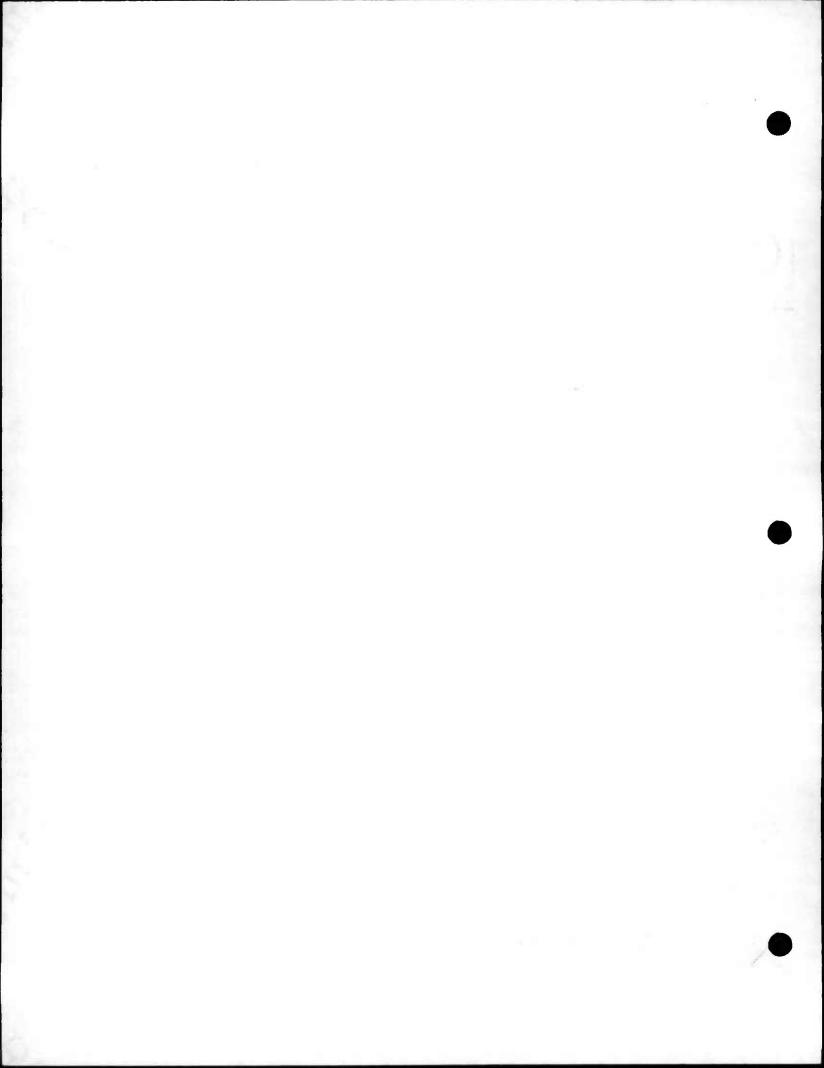
		FOR 1 - STATE REGISTRAR	STATE OF MAI			TMENT OF I		IENTAL HYGIEN REG. NO	E		2621
			UIS MA	TTINGI				2. DATE OF DEATH DATE OF DEATH	AY Y	3. 1	TIME OF DEATH
Pin	i i	4. SOCIAL SECURITY HUMBER 217-36-7707	1 🕅 M 2 🗌 F	AGE (in yrs. la	st birthday) YRS,	IF UNDER I YEAR MONTHS DAYS		7. DATE OF BURTH (Month, Day, Year) April 29,		Country)	ce (State or Foreign and
2, 3 should	CTOR	98. FACILITY HAME (If not institution, give s PRINCE GEORGE'S RESIDENCE OF DECEDENT		CENTER	2	9b. CITY, TOWN	OR LOCATION OF DEA	тн	PRIN		EORGE
(P)	DIREC		t. Mary's			r, rown on Loca Onardtov					I. IHSIOE CITY LIMITS? YES 2 HO
	NEW TWO	P.O. Box 416				10	7. ZIP CODE 20650			S.A.	COUNTRY?
215-0020 attending physis	BY FO	11. MARITAL STATUS 1 Hever Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 X	RMED HO	If yes, sp	CEHDENT OF HISPANIC Becify Cuben, Mexican, 3 2 HO Specify:	C ORIGIN? (Specify Yes Puerto Ricen, etc.)	or Ho— 14	Black, Wh Specify:	American Indian, hita, atc. Thite
21 al or for u	COMPLETED	15. DECEOEHT'S EQU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(C)	Sive kind of w b. Do NOT us	,	on ost of working pervisor	166. КІНО ОБ ВОЗ			
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	BE CON	17. FATHER'S HAME (First, Middle, Lest) Andrew Louis	Mattingl	y, Sr.			18. MOTHER'S NAM Mildred	E (First, Middle, Maiden Magda	Sumame)		yden
	2	190. IHFORMAHT'S NAME (Type/Print) Carole Lee Mattin	gly					oute Number, City or Tow.			
MORE ge 6 may lirector, pa		20s. METHOD OF DISPOSITIOH 14 Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	B. / Active second	cemetery, cri	ematory or off	r disposition (Na her place) mortal		OATE 20c. LO	cation - cit onardt		
BALTIMORE, after death. Page 6 may be by the funeral director, page amoval. lical examiner must be in		21. SIGNATURE OF FUHERAL SERVICE LIC	Lardi	ner		Matti		diner Fur eonardtow		-	
within 24 hours within 24 hours appletely filled in the cremation, or recemation, or recember 100 months		23. PART I/ Enter the diseases, or cashock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Multip	on esch iine	enev	ot enter the mo	ode of dying, such	as cardiec or reepi	retory srreet	,	Approximete Interval Between Onset and Death
BOX 68 ficate be execute physician and co pe prior to burianer traumatic	CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflated events resulting in death) LAST	G	AS A CONSE							
ORD; that the ed by the h and M	MEDICAL	PART II. Other eignificent condition	s contributing to dee	eth but not i	reeulting li	n the underlyin	g cause given in P	art I. 24a. WAS AN PERFOR	MED?	COM OF E	RE AUTOPSY FINDINGS ILABLE PRIOR TO APPLETION OF CAUSE DEATH? YES 2 NO
as law	PHYSICIAN: 1	25. WAS CASE RESERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	LACE OF OEATH (Chec				
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate h s after death with the State E n 28 is marked, or item	B	27. MAHHER OF DEATH 1 Hearts 5 Pending 2 Accident Investigation	28a. OATE OF INJU (Month, pay, ve	URY 93	28b. TIME INJU	OF 28c. INJ	PRK? YES 2 NO	Other (Specify) 26d. DESCRIBE HOW IF DULL A 261. LOCATION (Street a	to/th	nets-	trailed
DIVISION L DR ATTENDING F DIRECTOR: After 1 hours after death ltem 28 is mar	COMPLETED	4 Homicide determined	building, etc.	10/C	J 86:	3 Calef	oma, St	Marys ;	MA.	<u></u>	7
DIV TO THE HOSPITAL DR A TO THE FUNERAL DIREC SE filed within 72 hours		one) 2 M MEDICAL EXAMINE 205. SIN NATURE AND TITLE OF CENTURE						me, data and place, en	d due to the c		I mariner as stated.
TO THE ID	TO BE	30 MANU AND ADDRESS OF PERSON WHO	COMPLETO CAUSED	SDEATH (ITE	O 170 (Type: 1	Pint)	H217	30	+4	-17	-93
		SI. DATE HILED /MONTH City Har	VI CHEGOTRAPS	SIGNATURE	500	gkay	munct	- Ср Sp	My	1/2	0748



Pues 1, 2, 3 should

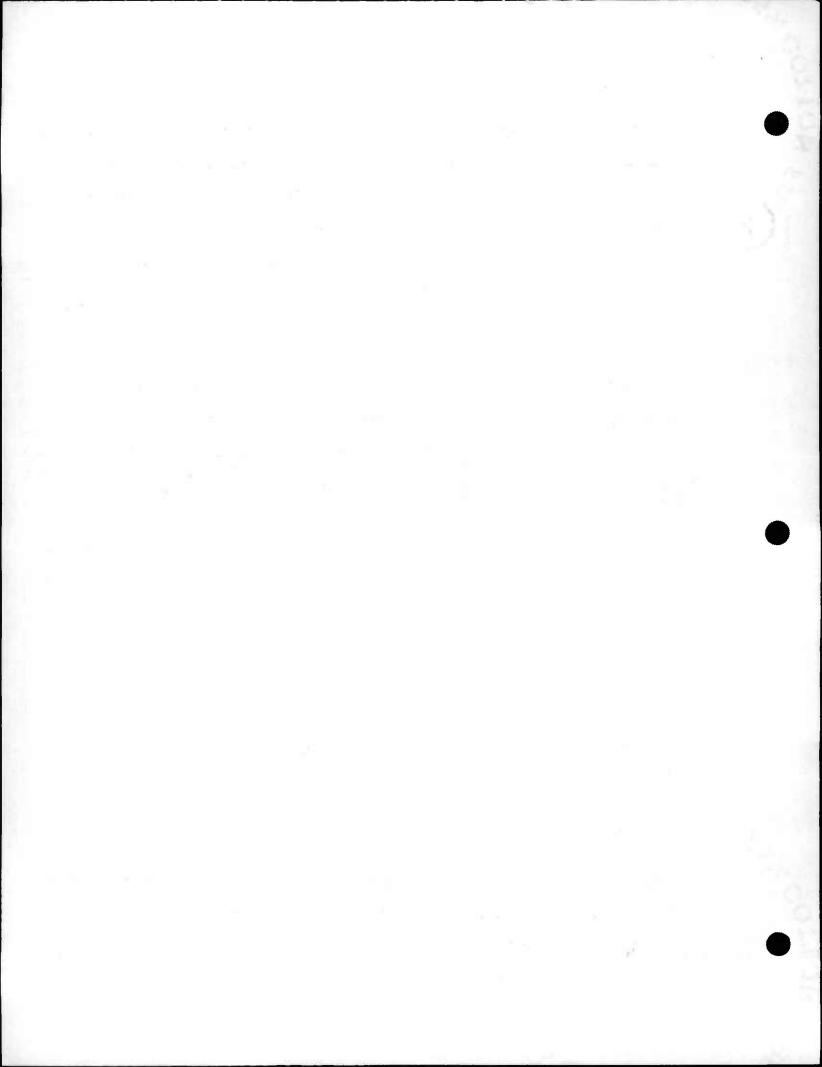
	Duc
	te
	9
	notifie
	P
	must
al.	sumatic event, the medical examiner must be notified at onc
Dept. of Health and Mental Hyglene prior to burial, cremation, or removal	edicai
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REGISTRAR 1. DECEOENT'S NAME (First	at Atletetic Local			ERTIF		-				REG. NO			
ROBERT	it, Middle, Last)	Α.			MORG	AN			2. DATE MONT	TH 03	19	93	3. TIME OF DEATN 7:14
4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs. Id		IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTN	2. 1	a. BIRT	NPLACE (State or Foreign
219-82-9837		TX[X] M 2 ☐ F	30	YRS.	MONTHS	DAYS	HOURS	MIN.		E 3 196	52	MAE	RYLAND
90. FACILITY NAME (If not i							OR LOCATI	ON OF DE	EATN		9c. COL	JNTY OF	DEATN
ANN ARUNI	DEL HO	SPITAL			ANN	APC	LIS				AN	N A	RUNDEL
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
MARYLAND 10a, STREET AND NUMBER		NE ARUND	EL	ANN	[APOL]								1 YES 2 NO
							. ZIP COD			7			WHAT COUNTRY?
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1 Never Merried 2		FORCES? 1	YES 2 X	No	11	r yes, sp	ecity Cube	n, Mexice	n, Puerto	Rican, atc.)	e or No —		E — American Indian, ck, White, efc.
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Elementary/Secondary (0-12)	College (1-4 or 5	+)	OOK	sa raurau.)								
17. FATHER'S NAME (First, A	Alddle, Last)						18. MOTI	HER'S NA	ME (First.	Middle, Maiden	Surname)		
ROBERT GRI	FFIN									ND MORG			
19s. INFORMANT'S NAME (19	9b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Num	nber, City or Tow	n, State, Zij	p Code)	
KATHY MORGA				_				NNAP	OLIS	MD.	2140	1	
	on 3 🗆 Reme	oval from State						1.	0 AT	20c. LO ANN	CATION —		
4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA	4 Donation 5 Other (Specify)					PLACE AND DATE OF DISPOSITION (Name of PARK 4/					MAPUL	ıı,	nu.
	22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A.												
17	AL SERVICE LIC	ENSEE			RE	EESE	& S	ONS	MORI	-			
23. PART I. Enter the dishock, or	Meases, or o	Beer	t caused the d	eath. Do s	RE 82	EESE 21 W	& S EST	ONS ST.	MORT ANNA	POLIS.	MD.	210	Approximate interval Betw
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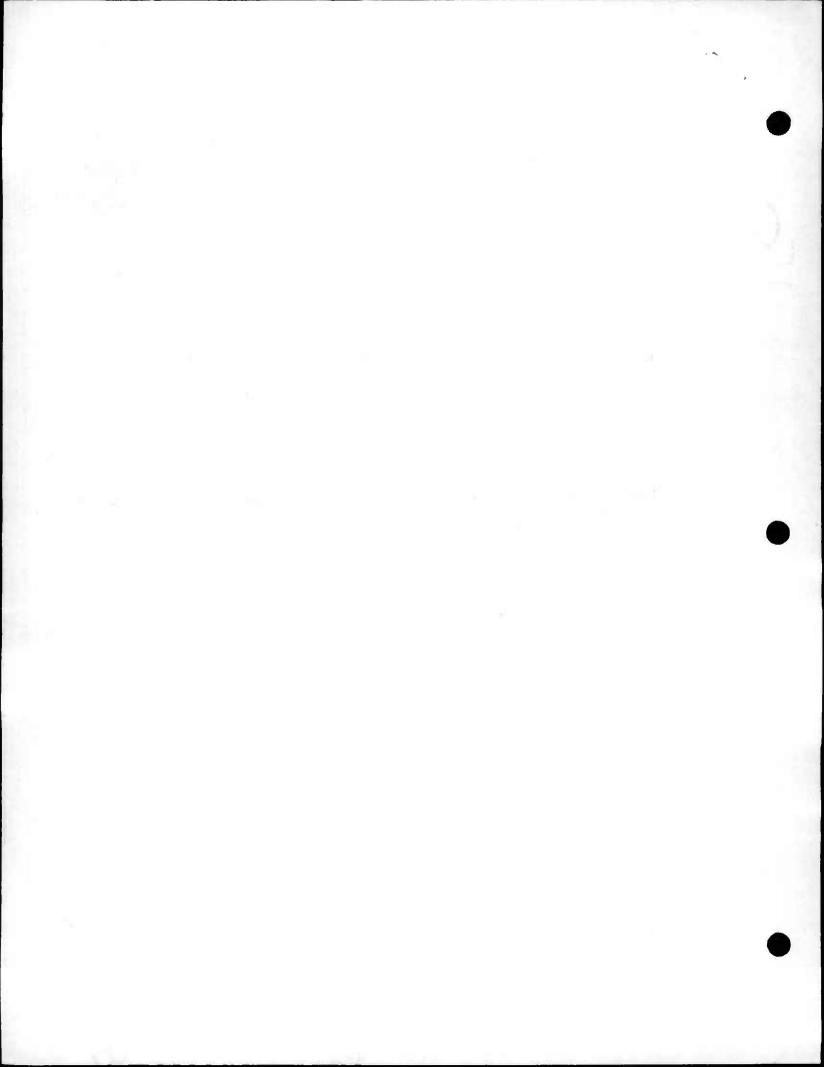


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or afteriding physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per handless and the burial-transit per handless the find within 72 hours after death with the Crate Deat of Hearth and Marrial Hardens and Marrial thereign and the burial-transit per handless the find within 72 hours after death with the Crate Deat of Hearth and Marrial thereign and the burial-transit per handless the find within 72 hours after death with the Crate Deat of Hearth and Marrial thereign and the burial-transit per handless the find within 72 hours after death with the Crate Deat of Hearth and Marrial thereign and the burial-transit per handless the find within 72 hours after death with the Crate Deat of Hearth and Marrial thereign and the Crate Death with the Crate Death of the Crate De
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPAR ERTIF						HYGIEN REG. NO.		93	128	523
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF			YEAR	3. TIME OF D	EATN
	Helen Agnes	Moore							April	2 12	199	3	1:40	Рм
	212-52-4217	5. SEX 1 M 2 1/1/F	8. AGE (In yrs. Is	est birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF (Month, D	lay; Your)		Country	,	r Foreign
	9a. FACILITY NAME (If not institution, give st		63	1710.	9b. CITY	Y, TOWN C	R LOCATI	ON OF DE	07-28	3-192		Mary INTY OF DE	<u>lland</u>	
76	110 Roselawn Road					Anna						e Aru		
ري	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			T							7476	2 1000		
DIRECTO		Arundel		10c. CI I		on Locat apol							10d. INSIDE C	
	10e. STREET AND NUMBER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ZIP CODE	E			10g. CIT	IZEN OF W	HAT COUNTRY	
FUNERAL	110 Roselawn Road	d					21	403			Un	ited	State	ς
5	11. MARITAL STATUS 1 Never Married Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AL	RMED NO	13.	WAS DEC	ENDENT C	F HISPAN	HC ORIGIN? (Specify Yea			- American I White, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE W		•		1 YES	2 XNO	Specify	n, Puerto Rice	,		Specify		
	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON .		16b, KI	ND OF BUS	SINESS/IND	DUSTRY	Wibble	
	Elementary/Secondary (0-12)	College (1-4 or 5 -	•)	Give kind of e. Do NOT u		ourng mo	SI OF WORKS	9						
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		ļ f	lomem	aker						ome			
	Charles Hefner						18. MOTI	NER'S NA	ME (First, Mide GP a	de, Maiden : Ldys 1	-	2.6		
TO BE	19a. INFORMANT'S NAME (Type/Print)		15	b. MAILING	ADDRES	\$ (Street a	nd Number	or Rural F	Route Number,					-
F	Robert J. Moore								nnapol				21403	
	20e, METHOD OF DISPOSITION	rest from State	20b. PLACE	AND DATE	OF DISPOS	SITION (Na	ma of		DATE	20c. LO	CATION —	City or Tow	n, State	
	4 Donation 5 Other (Specify)	EMSEE /	ygryx	ana	vete	TOUT (Cemer	cery	4-16-	93 C	rown	svill	e, Mar uneral	<u>iyland</u>
	torald of	· Juj-	la		114	47 VI	ike c	of Gi	louces	ter:	St. A	Annap	unerax olis,	. Home MD
	23. PART I. Enter the diseases, or c ehock, or haert failure. L	omplications that ist only one cau	t caused the deserving	eeth. Do i	not enter	the mo	de of dyi	ng, such	h as cardiad	or reepli	ratory an	reat,	Approx	imete Between
	iMMEDIATE CAUSE (Final disease or condition	P.		1	1		. 10.	4	0					and Death
	resulting in death)	DUE TO	(OR AS A CONSE	DUENCE O	lu D:	al	- rn	eja	static	_ Co	unce	_	1/4	20
Z	Convention that and distance to	Car	res	l	un	-9							3 h	20
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	OUENCE O	F):	1								
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):									
	resulting in death) LAST												ļ	
	PART il. Other eignificent conditions	contributing to	deeth but not	reguiting	in the ur	deriving	COUSE C	iven in l	Part I 24	a. WAS AN	ALITODEY	1 245	WERE AUTOPS	d Emphison
ICAL						yiing	00000 8	, con m		PERFORI	MED?		AVAILABLE PRICOMPLETION D	OR TO
NE I						-			_ '	YES 2	XX		OF DEATN?	I NO
ž														0
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	EATN (Che	ck only one)					
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ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, De		INJ	URY	WOR		ON [200. DEŞCRI	BE NOW IN	JURY OC	CURED		
	3 Suicide 8 Could not be	28a. PLACE Of building.	F INJURY — At ho	ome, ferm, s	street, fact	tory, office			28f. LOCATIO	ON (Street ar	nd Number	or Rural Ro	ute Number,	
Ë,	4 Nomtcide determined								Only or it	JANI, Glaley				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER												end manner a	n stated.
BE C	296 SIGNATURE AND TUTLE OF CERTIFIER	MI		1 45			29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED (Month, Day, Yes	nr)
စ္	30. NAME AND ADDRESS OF PERSON WHO	edu	u	-100	ソ		D	2980	15		► A	pril	13, 1	993
						Dan	d 1	10104	00:	UD O	001 =	600		
	Cornelia M. Dett	32. REGISTRAI	R'S SIGNATURE		njer	. KOA	.u A	nnap	ous,	MU 2	24-5	800		
	APR 1 5 1993	Sulia Da	ydson-B	ndate										
		0											рнмн	1-16 Rev 1/89

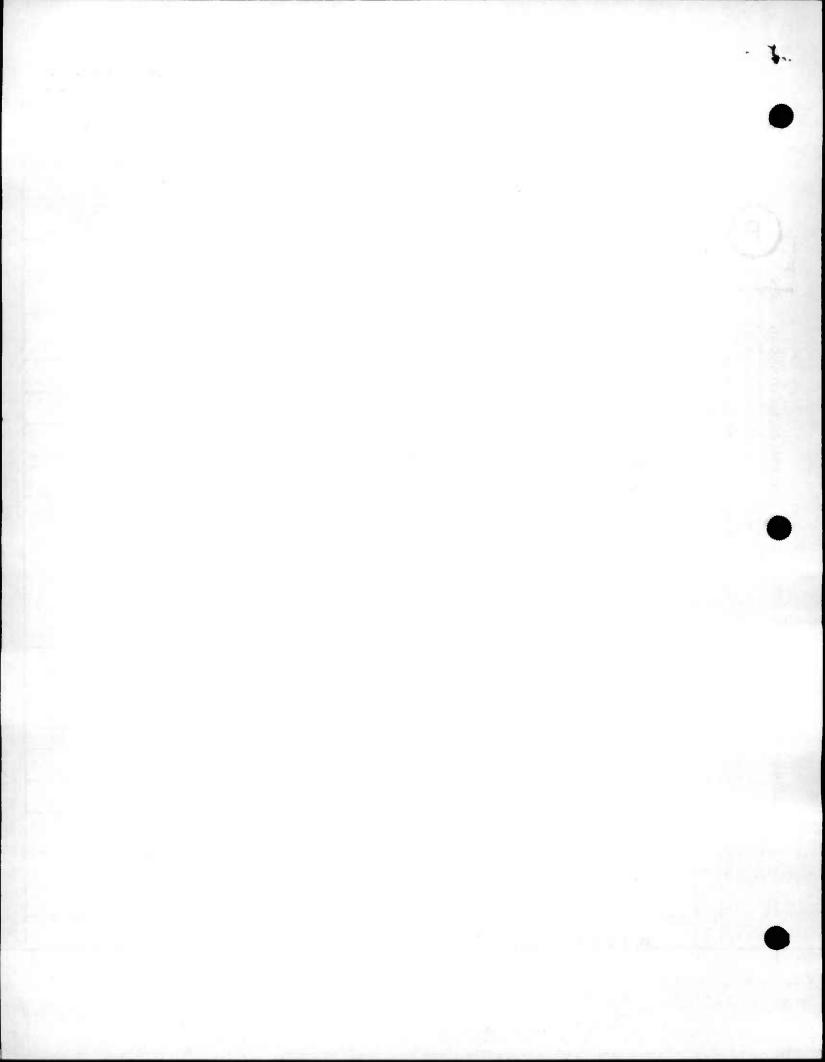


	1. DECEDENT'S NAME (First,	, Middle, Last)						DEAT	T	2. DATE OF			ben s =	3. TIME OF D	EATH
	WILLIAM		ANDR				MUI	RRAY		64	201	ľ	9 YEAR	7:10	
	4. SOCIAL SECURITY NUMB	SER	5. SEX		yrs. last birthday	MONTHS	1 YEAR DAYS	IF UNDER 2	4 HRS.	7. DATE OF (Month, D	ay, Year)		6. BIRTH Count	HPLACE (State o	r Fore
-	9a. FACILITY NAME (If not in:	estitution, aive		46	O YRS.	DK CITY	TOWN 4	OR LOCATION	N 05 55	Oct 2	3, 1	_		orida	_
	9141 OLD S			BUY D			JREI		N OF DE	ATH			NTY OF D	COUN'	rv
DIRECTO	RESIDENCE OF DEC	EDENT		NOAD								IIOW	AND	COON.	
	10a. STATE	10b. COUNT				TY, TOWN O		TION						10d. INSIDE C	ITY
	Florida	Brow	ard		Ho	11ywc		. ZIP CODE						1 X YES 2	
E S	3901 SW 31 I	miva										10g. CITI		WHAT COUNTRY	7
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN			13. 1	WAS DEC	33023 ENDENT OF	HISPANI	IC ORIGIN? (S	ipecify Yes	or No I	14. RACI	S.A.	ndle
BY F	1 Never Married 2 3 Widowed 4 X Divo		FORCES? 1	WAR OR DATE	2 NO	1 1	f yes, sp	ecify Cuban, 2 🔯 NO	Mexican	, Puerto Rica	n, etc.)		Black	k, White, etc.	-coredi
			/ Vietr											White	
TE	(Specify only	EDENT'S EDU y highest grade	completed)		6a. DECEDENT (Give kind o life. Do NOT	work done of		ON st of working		16b. KII	ND OF BUS	SINESS/INC	DUSTRY		
<u>_</u> <u>_</u> <u>_</u> <u>_</u>	Grade 12	-12)	College (1-4 or 5	+)	Exerci		117			To	1201	Race	Тъ-	vo.1•	
COMPLETED	17. FATHER'S NAME (First, Min	Iddle, Last)			TVETCI	SE DU	у	18. MOTHE	R'S NAM	IE (First, Midd			r	ick_	-
ıω	William Fran		urray							Alli					
TO B	19a. INFORMANT'S NAME (7)				19b. MAJLIN	G ADDRESS	(Street a			oute Number,		n, State, Zip	Code)		
	Dorothy Murr								Holl	ywood	, Flo	orida	330)23	
	29a. METHOD OF DISPOSITION 1 Burlet 2 X Cremetto	n 3 🗆 Rem	ovat from State	20b.Pl cameta	LACE AND DATE	OF DISPOSI	ITION (Na	me of		DATE		CATION —			
	4 Donation 5 Other		CENSEE	_ Me	tro Cre			Inc.		14/23	Cato	onsvi	lle,	Mary1	ar
	6/1/2	40	6)	01		Do	nalo	dson l	Fune	ral H	ome.	P.A.			
100	Newwy	19	None	173		1 24	2 175	77		-	-		-		7
	allock, or ha	aart janure.	complications the List only one cau	t caused ti	ha death. Do h Ilna.	not entar	tha mo	da of dyln	g, such	e. Lat	or reapi	Mar	vlan est,	Approx	mat
	ahock, or he immediate Cause (Fin disease or condition resulting in death)	al	a. ACUTE	NARC	h Ilna.	not entar	tha mo	da of dyln	g, such	aa cardiac	or reapli	Mar	vlan rest,	Approx	mat Bat
ERTIFICATION	IMMEDIATE CAUSE (Findisease or condition	ona, dilata NG	a. A C U T E DUE TO DUE TO C.	N A R C (OR AS A CO	OTIC	INTO	tha mo	da of dyln	g, such	e. Lat	or reapli	Marratory and	vlan	Approx	mat Bat
L CERTIFICATION	IMMEDIATE CAUSE (Findlesse or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYII CAUSE (Disease or injuit that initiated events	ona, diata	a. A C U T E DUE TO b. DUE TO c. DUE TO	N A R C (OR AS A CC (OR AS A CC	OTIC ONSEQUENCE ONSEQUENCE	INTO DEP:	X I C	ATIO	g, such	aa cardlac	or reapli	AUTOPSY	reat,	Approx	mat Bat and
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or Injurithat Initiated events resulting in death) LAST PART II. Other algnification in death) 25. WAS CASE REFERRED TO EXAMINER? 1	ons, diata NG ry T T T T T T T T T T T T T T T T T T	a. A C U T E DUE TO b. DUE TO c. DUE TO d. DUE TO d. CONTRIBUTING to PLOSPITAL: 1 Inpetient 2 26a. DATE OF F (Mg/nt) D 4 - 2 1 - 26a. DATE OF Dulkding. U N K CIAN: To the beat of	N A R C (OR AS A C	OTIC ONSEQUENCE ONSEQUENCE ONSEQUENCE onsequence onsequ	OTHER 4 ON Unsured to the street, factor at the street, factor and at the street, in my one on, in my one on, in my one on, in my one on, in my one on, in my one on, in my one on, in my one on, in my one on, in my one on, in my one on, in my one on, in my one on, in my one on, in my one on, in my one on, in my one on the street, in t	derlying 26. PL ing Home 28c. INJI WOI 1 Yory, office	ACE OF DEA	N NO NO NO NO NO NO NO NO NO NO NO NO NO	Part I. 244 Nother (Sp. 28d. DESCRII S U B J E 28f. LOCATIO U N I o the cause(a	a. WAS AN, PERFORI YES 2 WOOD IN (Street as win, State) (N O W) end men.	AUTOPSY MED? NO 141 JURY OCC USED NO Number N ner as state d dua to the	24b. OLD CURED DR or Rural R ed. a cause(a)	Approx Interval Onset a Onset	FINITOR CA



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	300
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pages.	physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the behalf to burial, cremation or removal.	ģ.,
IMPORTANT. If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM	MENT OF H	EALTH AND M	IENTAL HYGIENE REG. NO.	93	12624
0.0	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH
	Helen Louise M	orrissey				4/18/93	Y YEAR	11:25AM M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign ntry)
	215-14-1637 9a. FACILITY NAME (If not institution, give si	1 M 2 AF 94	YRS.	b. CITY, TOWN O	HOURS MIN.	(Month, Day, Year) 6/2/98	Ma:	ryland
DIRECTOR	11941 South St.			Libert	ytown			ederick
REC	10a. STATE 10b. COUNTY	r	10c. CITY, T	OWN OR LOCATI	ON		**=:	10d. INSIDE CITY LIMITS?
ā	Maryland Frede	rick	L	ibertyt	own			1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
» Ä	11941 South St.				2176			S.A.
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U FORCES? 1 YES		13. WAS DECE	NDENT OF HISPANI city Cuban, Maxican	C ORIGIN? (Specify Yes (Puerto Rican, etc.)	or No- 14. RA Bir	CE — American Indian, ick, White, atc.
A	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE	:\$	1 🗆 YES	2 ANO Specify:		Spr	White
	15. DECEDENT'S EDUC	CATION 1	8e. DECEDENT'S US	UAL OCCUPATION	N	16b. KIND OF BUSI	INESS/INDUSTRY	WILLE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during mos etired.)	t of working	22.0 102.2072		
립	12	2	home	maker		own	home	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	IE (First, Middle, Malden S		
H	William C. Sappin	gton			Rose S	titely		
9	19a. INFORMANT'S NAME (Type/Print)		1417-71			oute Number, City or Town		
-	John T. Morrissey	, Jr.	11941	South S	t. Libe	rtytown, M	ID 21762	
	20a. METHOD OF DISPOSITION 1/\(\bigcap\) Burial 2 \(\bigcap\) Cremation 3 \(\bigcap\) Remo	oval from State 20b.Pl	LACE AND DATE OF I	place)	ne of	DATE 20c. LOC		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		t. Peter			4/21 Lib	ertytow	n, MD
	(1)	00/1	11	22. NAME AND	ADDRESS OF PAC	D.D. Har	tzler &	Sons
	atharine	V. Dack	er		ertytown			
	23. PART I. Enter the diseases, or canock, or heart feiture. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of sections. Los 105 first cause of sections of the cause of sections of the cause of sections of the cause of the	ilne.			ss cardisc or reapin	story srreet,	Approximate interval Batween Onset and Daath
CERTIFICATION	Sequentisliy list conditions, if any, leading to immediate	DUE TO (OR AS A CO	Melle	13				
걸	cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A CO	ONSEQUENCE OF					
E	that initieted events resulting in death) LAST	_	onocaachor or j.					j
	DATE II ON 1 MI 1							
PHYSICIAN: MEDICAL	PART II. Other significent conditions	s contributing to death but	not reculting in 1	he underlying	ceuse given in P	Pert I. 24s. WAS AN A		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED						1 YES 2	Ø NO	OF DEATH?
Σ						_		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28 PL	NCE OF DEATH (Chec	th active and		-
SIC	EXAMINER?	HOSPITAL:		THER:	/			
H	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME O	F 28c INJU	5 Residence 8	28d. DESCRIBE HOW IN	JURY OCCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		IK? ES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, atre-	et, factory, office		28f. LOCATION (Street an City or Town, State)	nd Number or Rura	i Route Number,
COMPLETED	4 Homicide determined					only or rown, charer		
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	ge, death occurred a	rt the time, date a	and place, and due 1	o the cause(a) and mann	ner as atated.	
Ö	one) 2 MEDICAL EXAMINE	R: On the basis of exemination as	nd/or investigation, i	n my opinion, de	ath occured at the 10	ime, data and place, and	due to the cause	e(a) end manner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	Usno G.	omo		29c. LICENSE NUME D- 4149	BER	29d. DATE SIGNE	D (Month, Day, Year)
5		COMPLETED CAUSE OF DEATH	*		- 0 0	f 1.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAD'S SIGNATU	JRE Bandalle	7. 13	t. tole	devict 5	t. hal	Kew Thy My
	APR 1 9 '93	gune savidsor						



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR <u>Pauline</u> Louise Mitchell 04 1993 0845 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign (Month, Day_Year) 215-26-4586 1 M 2 X XF 98 YRS 1894 Maryland phould 9a. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 900 Locust Street Cambridge Dorchester 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Dorchester Cambridge 1 K YES 2 NO 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNER 900 Locust St. 21613 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 14. RACE --- American Indian, Black, White, etc. hours after death. Page 6 may be retained by the hospital or attending physic burta 1 Never Married 2 Merried βķ 1 YES 2 K NO Specify: Specify: white 3X XWidowed 4 Divorced use as the COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5 +) homemaker 8 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at Thomas W. Jones Helen E. Richardson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1027 E. Main St., Salisbury Md. 21801 Louise L. Mitchell pe 20a. METHOD OF DISPOSITION

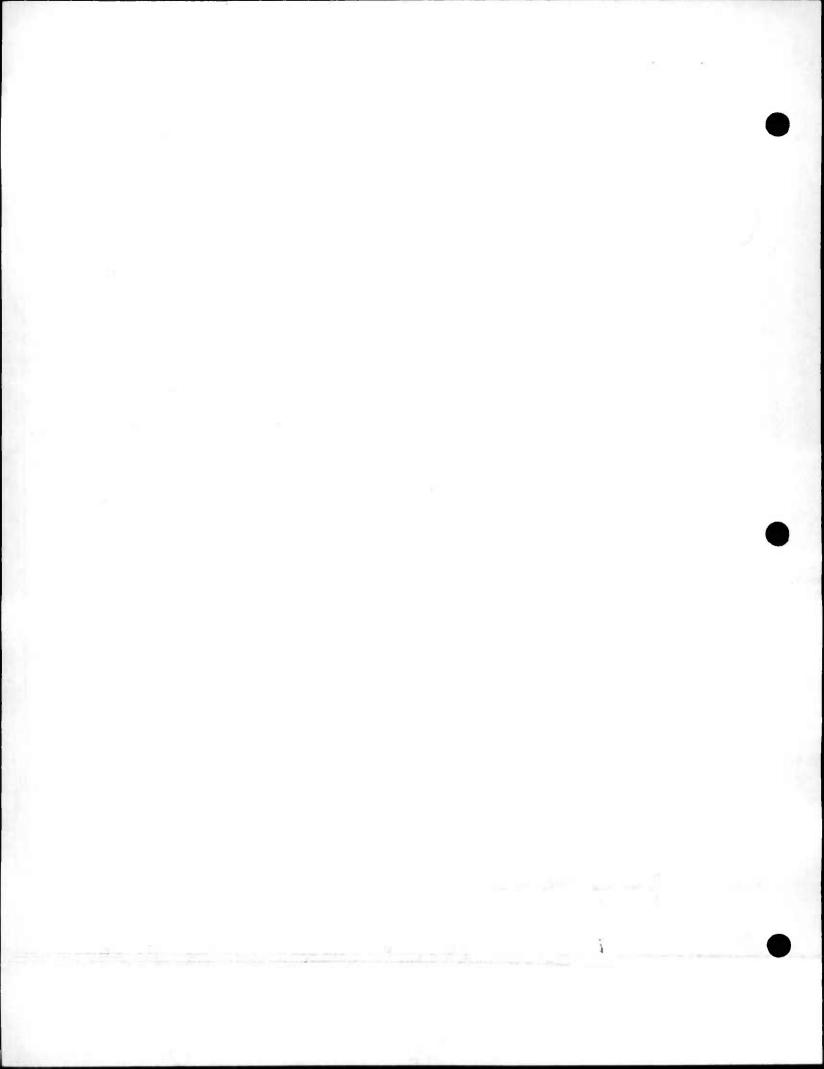
1 X Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must n and completely filled in by the funeral director, to burial, cremation, or removal. Dorchester Mem. Park 4/19 Cambridge Md. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home 1 swetto R 700 Locust St. Cambridge Md. medicai 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory erreet, Approximete ahock, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Deeth 24 the disease or condition HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Arteriosclerotic Cardiovascular Disease event. resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF). traumatic MEDICAL CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) I AST 6 Injury, PART ii. Other aignificant conditione contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? any 1 TES 2 XNO shows a OF DEATH? 1 - YES 2 X NO e Dept. of P Inquiry PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL certificate h tem 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 □ NO 1 Inpatient 2 ER/Outpatient 3 DDA 4 ☐ Nursing Home 5 🕅 Residence 6 ☐ Other (Specily) 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? this c marked, 28d, DESCRIBE HOW INJURY OCCURED 1 XNatural 5 Pending BY 1 YES 2 NO After Investigation 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) DIRECTOR: Af hours after de Item 28 is r 3 Suicide 6 Could not be determined 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated. FUNERAL I within 72 h 2 XMEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIMATURE AND TIKE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 O.C.M.E. 04 20 1993 30. MAME AND ADDRESS OF BERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dixon 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

21 '93

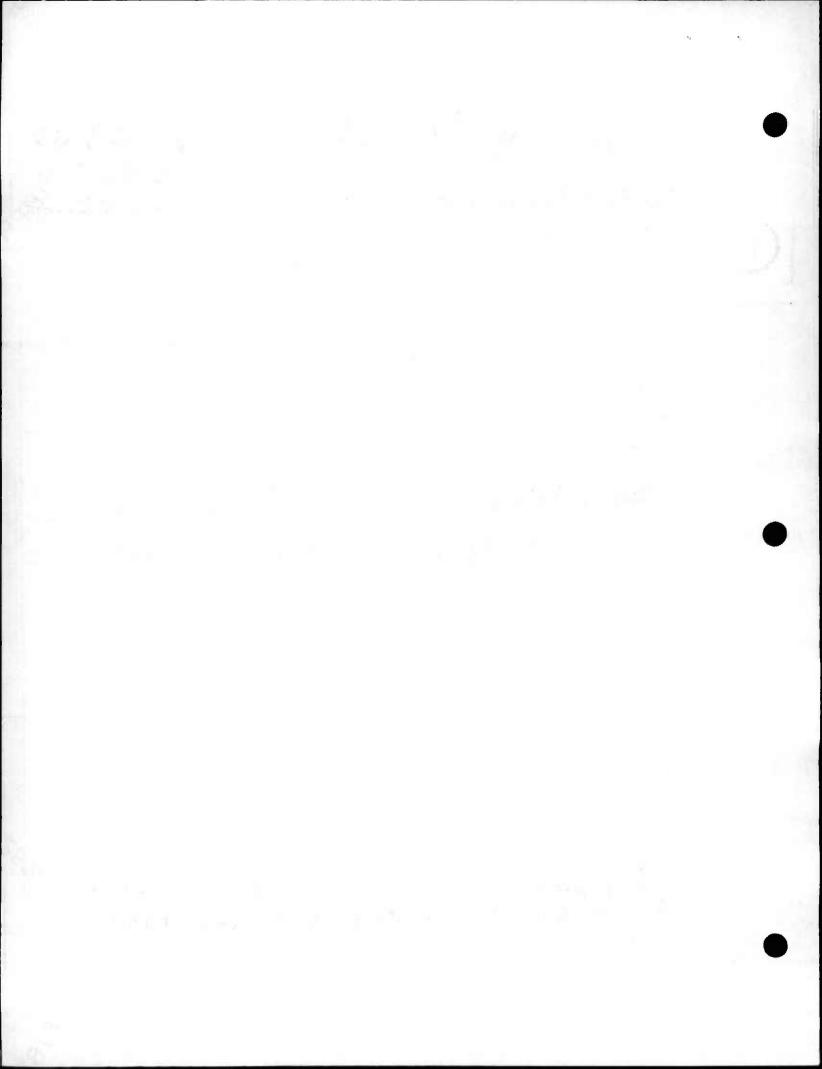
Lulia Davidson-Rande

10



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending bresidar	rs after death. Page 6 may be retained by the hospital or attending binsiciar
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trape the within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or remember	n by the funeral director, page 5 should be detached for use as the fourial-tra
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM CERTIFICA			MENTAL HYGIE		3 12627			
	1. DECEDENT'S NAME (First, Middle, List)	Frances Faye		e MacW	na	2. DATE OF DEATH MONTH	DAY 1	3. TIME OF DEATH			
	226 46 5205	6. AGE (In	yrs. last birthday) IF (UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 22,		BIRTHPLACE (State or Foreign Country) Virginia			
TOR	9e. FACILITY NAME (# not institution, give stree Southern MG.) RESIDENCE OF DECEDENT		Sp.tal 96.	ep. tal 96. CITY, TOWN OR LOCATION OF DE			eath So. County of Death Prince G				
DIRECTOR	Maryland Charl	les		10c. CITY, TOWN OR LOCATION Waldorf				10d. INSIDE CITY LIMITS? 1 YES 2XXNO			
FUNERAL	100. STREET AND NUMBER 6908 Caribou Cour	ct		101	20603		10g. CITIZEN OF WHAT COUNTRY? USA				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO	II yes, spe	ENDENT OF HISPAI city Cuban, Maxica 2 XXIVO Specifi	NIC ORIGIN? (Specify) n, Puarto Rican, etc.) y:	I. RACE — American Indian, Black, White, atc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12)		6a. DECEDENT'S USU, (Give kind of work of life. Do NOT use ref.) Secretary	done during moti red.)	N It of working	12. 12.	White				
BE COM	17. FATHER'S NAME (First, Middle, Last) LaSalle A. Norvel			ME (First, Middle, Maide Adeline B							
2	199. INFORMANT'S NAME (Type/Print) Clifford S. MacWr	na	6908 Car	ribou	od Number or Rural I Ct., Wal	dorf, Md.	wn, State, Zip Co 20603	ode)			
	20a. METHOD OF DISPOSITION 1	from State cemete	LACE AND DATE OF DIS cry, crematory or other p UNIT CYEMA	SPOSITION (Na.	na ol		ocation — city ldorf,	y or Town, State Md .			
	21. SIGNATURE OF FUNERAL SERVICE LICER	糖rk G. Broha	^a M00053	HUNTT	FUNERAL Boy 156		Md 3	20604			
Z	23. PART . Enter the diseases, or com- shock, or heert fellure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	Moderately do Due to (off as a ci	h ilne.	nter the mod	le of dying, suc	h es cerdlec or res	piratory erres	t, Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO									
PHYSICIAN: MEDICAL	PART II. Other significent conditione c	ontributing to death but	not resulting in th	e underlying	ceuse given in		N AUTOPSY ORMED? 2 XNO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	IOSPITAL: A inpatient 2 □ ER/Outpatk		HER:	ACE OF DEATH (Ch	8 Other (Specify)					
ву рну	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	RY AT	28d. DESCRIBE HOW	INJURY OCCUR	IED			
	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, atreet	factory, office		281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,			
COMPLETED		N: To the beat of my knowled On the basis of axamination as						ause(a) and manner as stated.			
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day 29d. DATE SIGNED (Month) (Month, Day 29d. DATE SIGNED (Month) (Mont											
	Can- Vin YE CUNG, +	18. 8926 W	oody and Re		ite 201	Clinton	40 20	735			
	APR 2 1 '93	32. REGISTRAR'S SIGNATI	An Andre	•							



10e. STATE

4. SOCIAL SECURITY NUMBER

217-50-0230

1971 Brown Rd.

RESIDENCE OF DECEDENT

Elizabeth Ann Mann

10b. COUNTY

9e. FACILITY NAME (If not institution, give street and number)

5. SEX

1 ☐ M 2 🔯 F

YRS.

IF UNDER 1 YEAR IF UNDER 24 HRS.

Finksburg

HOURS

MIN

DAYS

10c. CITY, TOWN OR LOCATION

6. AGE (In yrs. last birthday)

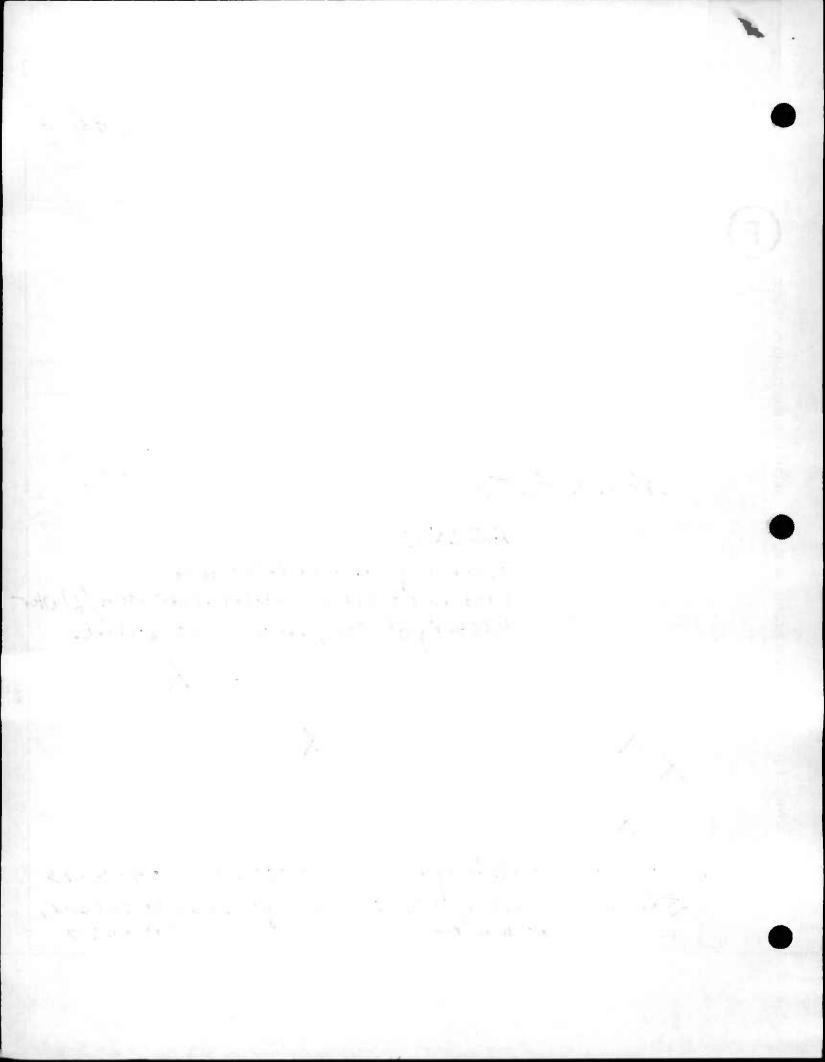
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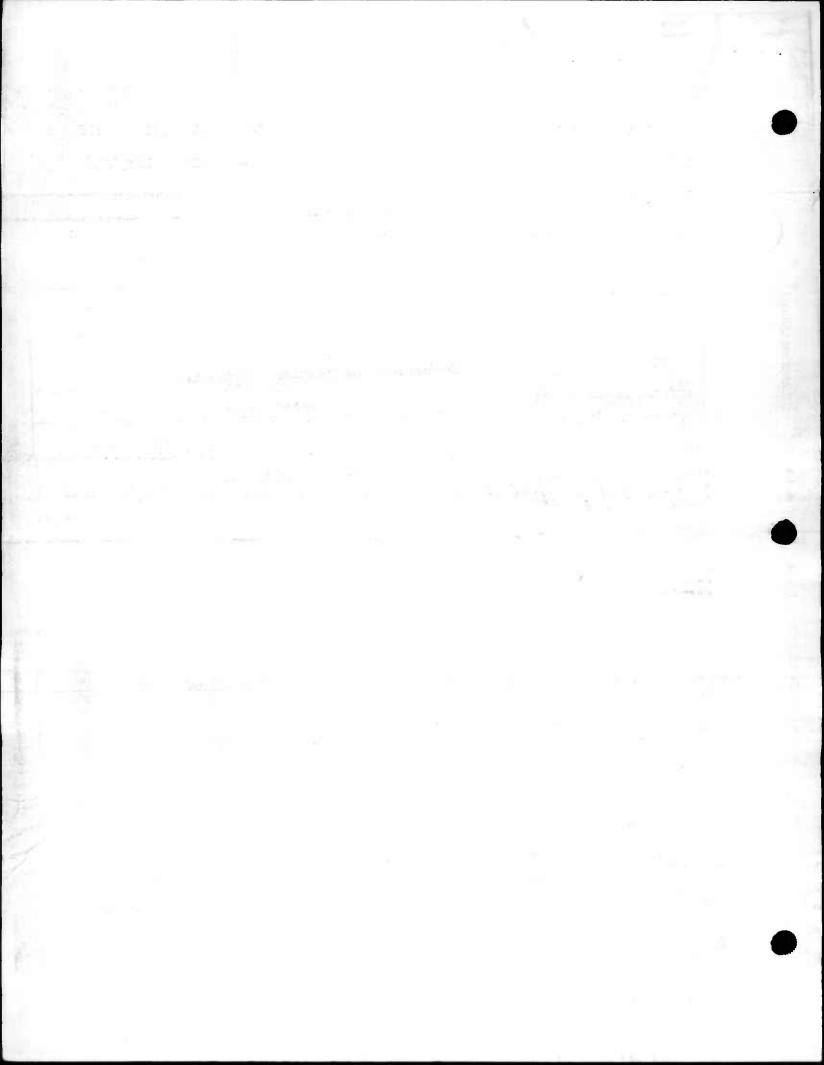
P)	PIE	Maryland Carroll	Finksh		
	FUNERAL-DIR	194. STREET AND NUMBER 1971 Brown Rd.		10f. ZIP CODE 21048	
ding physician. s the burlal-tran	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes	DECENDENT OF HISPANIC Os, specify Cuben, Mexican, Pu YES 2 NO Specify:	
the hospital or attending detached for use as the once.	COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.) Houses	g most of working	166. KIND O
d by the hospit d be detached d at once.	BE COI	17. FATHER'S NAME (First, Middle, Last) Joseph Flynn		16. MOTHER'S NAME (F Hanna Ai	
y be retained by age 5 should be be notified at	70	190. INFORMANT'S NAME (Type/Print) Dorothy Marie Fisher		eet end Number or Rural Route n Rd. Fink:	
death. Page 6 may in funeral director, page examiner must by		1 S Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Sal	ACE AND DATE OF DISPOSITION or, crematory or other place) andy Mount (DATE 200
ter death. Page 6 may be the funeral director, page wal.	}	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Navy X Fletcher	Thor 254		tcher t. We:
requires that the death certificate be executed within 24 hours after seen signed by the attending physician and completely filled in by the of Health and Mental Hygiene prior to burial, cremation, or removal shows any injury, or other traumatic event, the medical is	L CERTIFICATION	23. PART I. Enter the diseases, or compilications that caused the shock, of heart failure. List only one cause on each iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST DUE TO (OR AS A CONDITION OF T	NSEQUENCE OF): My 0 car NSEQUENCE OF): Y 0 f chr NSEQUENCE OF): TY 0 f CO-	dial into	arctifal f
law requires that the as been signed by the lept. of Health and 23 shows any in	PHYSICIAN: MEDICAL				PEF 1 🗆 YE
SICIAN: The certificate har the State D	YSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpetient	OTHER:		7
DING PHY After this death with	D BY	27. NANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 1 Netural 5 Pending (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY — A building, stc. (Specify)	YRULNI	WORK? YES 2 NO	LOCATION (St
# 5 5	COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) MEDICAL EXAMINER: On the basic of examination and			
TO THE HOSPITAL OR TO THE FUNERAL DIP De filed within 72 hou IMPORTANT: If itee	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER ON HAVE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	ITEM 27) (Type, Print)	29c. LICENSE NUMBER	4)
			MD 912	Washingt	on R
	- 17	11 11 ha V 7			

REG. NO. 2. DATE OF DEATH MONTH 3. TIME OF DEATH MY 19 730 7. DATE OF BIRTH
(Month, Day, Year)
1-21-07 S. BIRTHPLACE (State or Foreign Country) Maryland
9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Carroll 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White F BUSINESS/INDUSTRY siden Sumame) ank r Town, State, Zip Code) Md. 21048 c. LOCATION — City or Town, State andy Mount, Md & Son F.H. stminster,Md 21157 espiratory srrest, **Approximate Onset and Death** 'ou S AN AUTOP WERE AUTOPSY FINDINGS COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO OW INJURY OCCURED reet end Number or Rural Route Number, manner as stated. e, end due to the ceuse(s) and manner se stated. 29d. DATE SIGNED (Month, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-yours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buringtrans be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY BUYSLOIAN. MEDICAL CERTIFICATION
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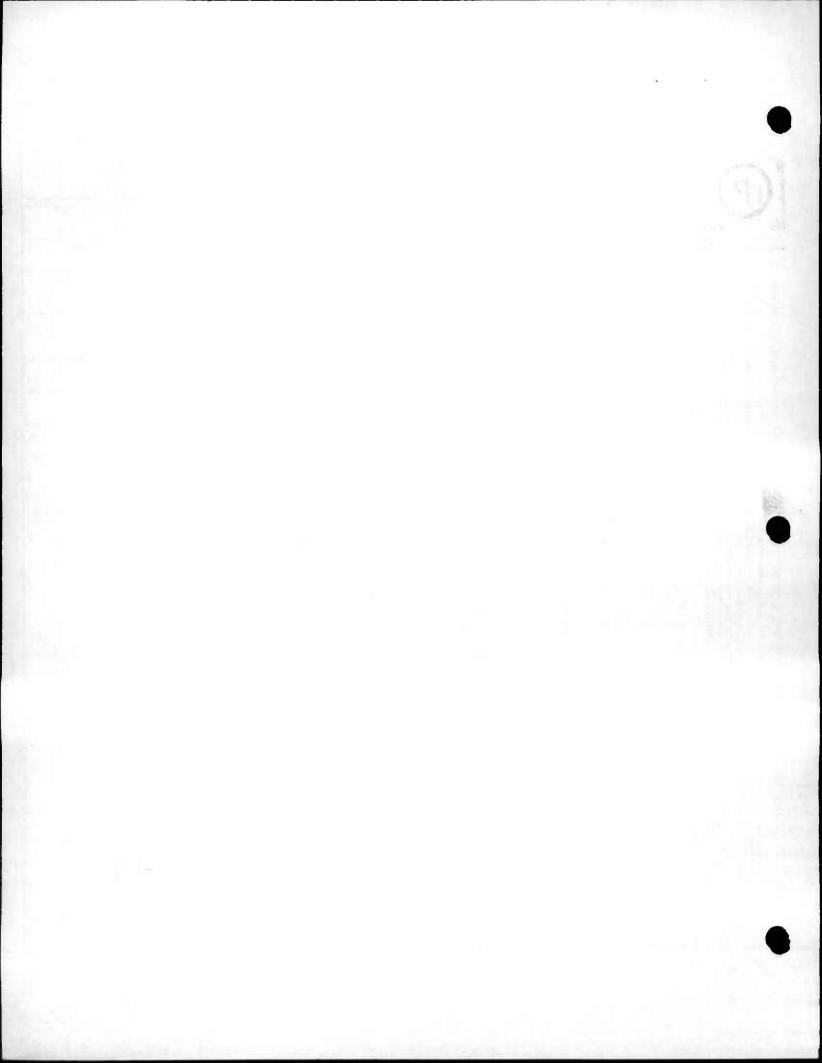
	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR					MENTA	REG. NO.	E	9	3 1262
	1. DECEDENT'S NAME (First, Middle, La	st)							2. DATE	OF DEATH		VEAD	3. TIME OF DEATH
	Elva Mae Mi	.11er							04	O	19	993°	1:35 am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. id	est birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	(Mon	OF BIRTH th, Day, Year)		8. BIRTHP Country	LACE (State or Foreign
	218-20-7520	1 ☐ M 2 ☐XF	6	6 YRS.	MONTHS	UNIS	HOURS	mira.	10-	-16-192	26	Mary	/land
-	9e. FACILITY NAME (If not institution, gi				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF I						NTY OF DE	ATH	
0	730 Snow Hill F			Stockton							Wor	ceste	er
EC	10a. STATE 10b. COU			10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY
ద	Maryland Word	ester		S	tock	ton							1 TYES 2 X NO
AL	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CIT	IZEN OF WI	AT COUNTRY?
FUNERAL DIRECTOR	730 Snow Hill H	Road					218	64				USA	
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDER	NT EVER IN U.S. A	RMED NO	13. V	NAS DECI	ENDENT O	F HISPAN n, Maxica	IIC ORIGI n, Puerto	Puerto Rican, atc.) Black, White, et			American Indien, White, etc.
₽¥	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR OATES		1	☐ YES	2 📉 NO	Specify	: Specify:			white	
	(Specify only highest grade completed) (Give kind of work done during most of working							16b. KIND OF BUSINESS/INDUSTRY				***************************************	
	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) College (1-4 or 5+) Sewing Machine Operator (0-12)							166. KIND OF BUSINESS/INDUSTRY					
AP	12		Se	wing	Mach:	ine	Oper	ator		Criswel	ls_		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	_								Middle, Maiden	Surname)		
BE (william Bryan Pruitt Mabel							Mer	nzel				
2	19e. INFORMANT'S NAME (Type/Print)												064
-	Robert C. Mille	r							OCK	con, Ma	-		
	20e. METHOD OF DISPOSITION 1 N Burlet 2 Cremetion 3 F	iemoval from State	other	E OF DISPO	·							City or Tow	
	4 ☐ Donetion 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Girdle	tree F	aptis	NAME AN	etery D AODRE	SS OF FA	CILITY	Gird	letr	ee, N	/d.
	C THE	2/11/2/	2	22. NAME AND AODRESS OF FACILITY Melson Funeral HOme									
	3600	Ince	der										and 21851
	23. PART i. Enter the diaseses, ahock, or heart failu				not sntsr	ths mo	ds of dyl	ing, suci	h ss cs	rdisc or respi	ratory sr	rest,	Approximats intsrvai Between
	IMMEDIATE CAUSE (Final disease or condition	0	,	,	_								Onset and Death
	resulting in desth)	s. Car	O (OR AS A CONS	EQUENCE (Pa.	ner	cas						2 years.
_		_	7 (ON AS A CONS	LOULINGE ()r j.								
ō	Sequentially list conditiona, if any, leading to immediate	bOUE TO	O (OR AS A CONS	EOUENCE (OF):								
CERTIFICATION	cause. Enter UNDERLYING	C.											
Ĕ	CAUSE (Disesse or injury that initiated evants	DUE TO	OR AS A CONS	EQUENCE (OF):								
띮	resulting in dasth) LAST	d											
	PART ii. Other aignificent condi	tiona contributing to	o death but not	resulting	in the un	ndsriying	csuss	glvsn in	Part i.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
CAL		1								1 TYES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED										1 723 2	10		OF DEATH? 1 YES 2 NO
2													
¥	25. WAS CASE REFERRED TO MEDICA			11		26. PL	ACE OF 0	EATH (Ch	eck only	one)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 00A	OTHER		. 5 KB	sidence	8 🗆 Ott	ner (Specify)			
PHYSICIAN:	27. MANNER OF OEATH	28e. OATE O	F INJURY Day, Year)	28b. TII	ME OF	28c. INJ WO	URY AT		28d. Di	EŞCRIBE HOW I	NJURY O	CURED	
BY	1 Natural 5 Pending 2 Accident Investigati				М		/ES 2 [NO					
	3 Suicide 8 Could not	be building	OF INJURY — At , etc. (Specify)	home, ferm,	atreet, fact	tory, offic			28f. LC	CATION (Street y or Town, State)	and Numbe	er or Rural R	oute Number,
==	4 Homicide datermine	d		-									
COMPLETED	Check only	HYSICIAN: To the best of	of my knowledge,	death occur	rred at the t	lme, data	and place	, and dua	to the c	ause(s) and ma	nner es st	sted.	
OM	one) 2 MEDICAL EXAM	MINER: On the besis of	exemination end/o	or investigat	lon, in my o	opinion, d	eath occu	red at the	time, da	te end plece, er	d dua to t	the ceuse(s)	end menner es stated.
BEC	296. SHOWATHE AND TITLE OF CERT						29c. LIC	ENSE NU	MBER		29d. OA	TE SIGNED	(Month, Day, Year)
	Jr E, 1	in.	M.D.				-	230	69	0	1	4/12	193
2	30. MARIE AND ADDRESS OF PERSON		USE OF OEATH (IT	TEM 27) (Typ	e, Print)							-	
	James E. M	ertin, M.	0. 14	05 E	5. C	arr	011	57.	1 -	59/:16	7	1 1	10
/	31. DATE FILEO (Month, Day, Year)	33 PEGISTE	IAR'S SIGNATURE	Parlace	_						,		
6	APR 19 19	00		1									



d	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPA CERTIF					MENTAL	HYGIENI REG. NO.	_)	12000
	1. DECEDENT'S NAME (First, Middle, Last)	4.1						2. DATE O	F OEATH DA		EAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	1/0 U	105 //					04		5 - 9	3	843 AM
	579-11 6070	1 - M 2 W F	. AGE (In yrs. lest birthday)	MONTHS	DAYS	HOURS	24 HRS.	7. DATE O (Month,	F BIRTH Day, Year)	1 8.	Country	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give		98	9b. CIT	y, TOWN C	R LOCATIO	ON OF D		15.1	894 :		nina
H	Kensington Gar		14 1/2		96. CITY, TOWN OR LOCATION OF DEATN							
Ĕ,	RESIDENCE OF DECEDENT				Kensington Y. TOWN OR LOCATION					Montgomery		
инестон												10d. INSIDE CITY LIMITS?
_	Md. Mo	ntgomery	K	(ens		On	÷			10- 017175		1 NES 2 NO
R	3000 McComas	Avenue			101		-)895					HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT E		13.	WAS DEC			NIC ORIGIN?	(Specify Yee		hii	- American Indian, White, etc.
ВУ Е	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [2 NO		en, Puerto Ric ly:	can, etc.)		Black, Specify	
	15. OECEDENT'S EOL	ICATION:									_	ental
ETE	(Specify only highest grade	e completed)	(Give kind of life. Do NOT	S USUAL O work done use retired.)	during mo	DN st of workin	g	16b. i	(IND OF BUS	INESS/INDUS	TRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		mema					Own H	ome		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		110	meme	ANCE		IER'S NA	ME (First, Mi			-	
BE	Shew Nap Li					Sh	ee	Chin				
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN 1 6.4.2	G ADDRES	S (Street a	nd Number	or Rural	Route Numbe , N . E .	, City or Town	n, State, Zip Co	ide)	
	Hamilton Moy		Wash	inat	ton.	DC	201	017				
	20s. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Rem	noval from State	20b. PLACE AND DATE cemetery, cremetory or	other place	SITION (Na	me of 4.	- 10	- 93 BATE	20c. LO	CATION — City		
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 1	QENSEE	I Ft. Li	ncol	NAME AN	eme 1	ter	V CHITY T	Bre	entwo	od.	Md. ome, Inc.
	11.110K	10		6	633	Old	Al	exan	der 1	nera: Ferry	Ro	ome, inc.
	23. PART I. Enter the diseases, or	1 acc	-	l C	lint	ton.	Mar	vlan	d 20°	735		
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s	on asch line.	pul						ratory srres	.,	Approximate Interval Between Onset and Dasth
z		AS C	NO	,,								1991
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OF	R AS A CONSEQUENCE (OF):								1.2.6
2	CAUSE (Disease or Injury	c. Al-12	Letacr 5	2	,500	le						1991
	that initiated events resulting in deeth) LAST		AS A CONSEQUENCE O	DF):								
PHYSICIAN: MEDICAL	PART II. Other significent condition	ce CRF	eth but not resulting	In the ur	nderlylng	cause g	iven in		PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ž												The res 24 ho
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DE	EATN (Ch	eck only one)				
YSI	1 YES 2 NO	1 🗆 Inputient 2 🗆 El	R/Outpetlent 3 DOA	4 Nur		5 Re	eldence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN. (Month, Day,		ME OF U	28c. INJU WOO 1 Y	RK?	NO NO	28d. DESC	RIBE HOW IN	JURY OCCUR	ED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, atc	NJURY — At home, farm, . (Specify)	street, fec	tory, affice			28f. LOCAT City or	ION (Street er Town, State)	nd Number or	Rural Ro	ute Number,
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	ER: On the best of my									euse(e)	end menner ee stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	1				29c. LICE	NSE NUR	MBER	T	29d. DATE S	GNED	Month, Day, Year)
0 8	RUTA	Wh Der				D	177	29		> 4	S	43
		n TO MO	9721	101	esvi	11e	Rd	3	s, m	a ho	9	10
	31. DATE FILED APPER Day, Young 199	32. REGISTRAR'S	Day ason-Rang	lall								



BALTIMORE, MARYLAND 21215-0020

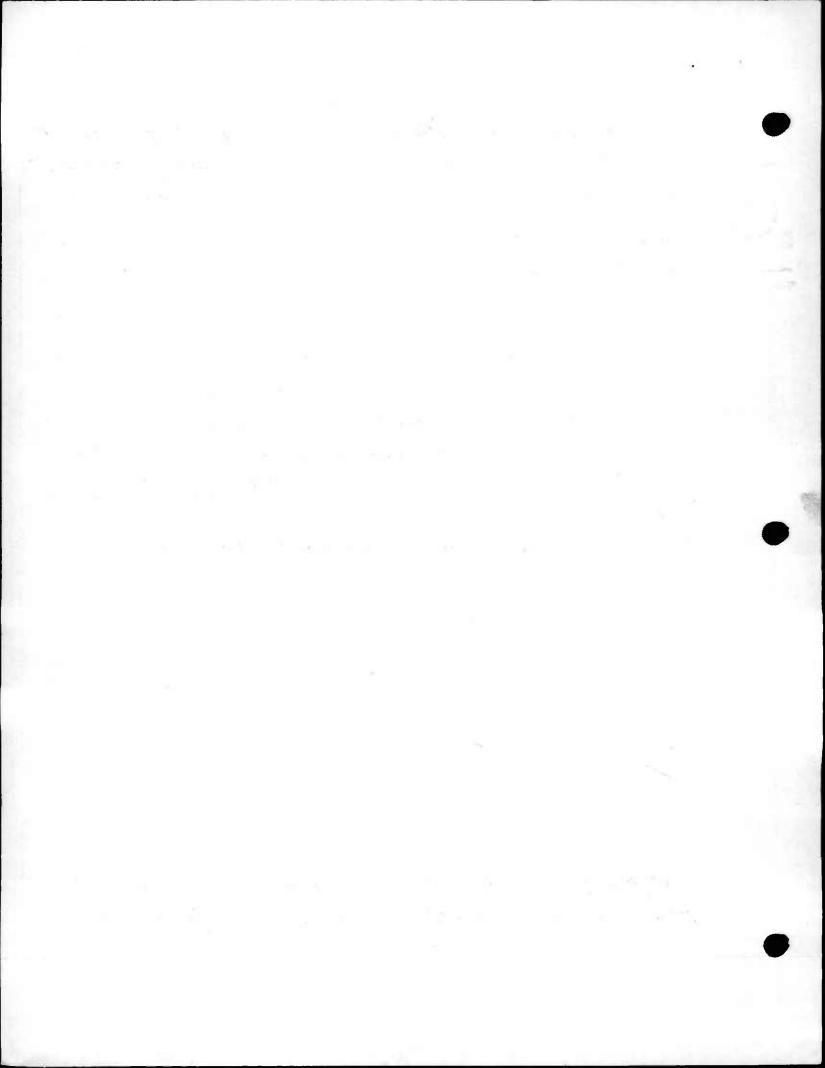


BALTIMORE, MARYLAND 21215-0020	to law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trains permit Pages. In hould be detached for use as the burial-trains permit Pages.	ical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	4. 90. E
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician of THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	PAR 25. William 27. Mil. 29. C((() 29b. S

												9	3	12631
1	FOR STATE REGISTRAR		STATE OF N	// ARYLAND	/ DEPAR	TMENT (OF H	IEALTH DEAT	AND I	MENT	TAL HYGIEN REG. NO.	E		
		1/1/191	m 1.	1	Tann	,				2. DA	TE OF DEATH	y 7-9	YEAR	3. TIME OF DEATH 955PM
	578-22-461	11	5. SEX 1 X M 2 F	6. AGE (In yrs. 67	last birthday) YRS.	IF UNDER 1 Y	YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mc	TÉ OF BIRTH Onth, Day, Year) 7 / 0 9 / 1 9	25	Countr	hington, DC
	P.G. Hosp	oital	treet and number)	9b. CITY, TOWN OR LOCATION OF Cheverly						ATH		nty of d	George¹s	
	Maryland	10b. COUNTY		···s		r, town on i		TON						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 6912 Elbrook Road							_	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTR 20706 U.S.A.					WHAT COUNTRY?	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Merried 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — Arm 15. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 16. Yes, specify: 17. Yes, specify: 18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. RACE — Arm 19								E — American Indian, k, White, stc.						
L	15. OEC (Specify only	CEOENT'S EOUG lly highest grade	completed)		DECEOENT'S (Give kind of w	work done duri	UPATIC ing mo	ON st of workin	ng	1	6b. KINO OF BUS	INESS/IN	OUSTRY	White
L	Elementary/Secondary (0 12 17. FATHER'S NAME (First, M.		College (1-4 or 5 +	+)		,	al				PEPCO			
L	Frank A.	Mann						No	ora -	Τ.	t, Middle, Maiden Toomey			
	Patricia A.	. Mika	1		13640	Exoti	ca	Lan		elli		Flor	ida	33414-8112
Ŀ	Burisi 2 Crematio	on 3 🗆 Remo		20b. PLAC cemetery, c Resu	crematory or of	ion C	em	etery		16/	93 Clir	nton	, Ma	wn, State ryland
	· Jack	ed,	Frience	1		Fr 47	an 39	cis (Balt	imor	h's e A	venue.	Hv	attsv	lome, P.A.
1	23. PAPT I. Enter the di ahock, or he MMEDIATE CAUSE (Fin disease or condition resulting in death)	ieart feilure. I	Anter	ise on each li	no.	dank	e mo	de of dyl	ing, auch	as c	dure	ratory er	reet,	Approximate interval Between Onset and Death
ji ji	Sequentielly list condition of the condi	diete	oue to	(OR AS A CONS	EQUENCE OF	ት :								
1	CAUSE (Disease or Injuithat initiated events resulting in death) LAST	ST .	oue to	(OR AS A CONS	EOUENCE OF	¬):								
P	PART II. Other significat	nt condition	e contributing to	death but not	reculting i	n the under	rlying	j ceuse g	given in i	Part I.	24a. WAS AN A PERFORM	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25	5. WAS CASE REFERRED TO EXAMINER? YES 2 NO	D MEOICAL	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:			EATH (Che					
27		Pending Investigation	28s. DATE OF (Month, Da		28b. TIME INJU	E OF 284 URY	c. thJt WOI	JRY AT			ESCRIBE HOW IN	IJURY OC	CUREO	
1	3 Suicide 8 0	Could not be determined	26e. PLACE Of building,	F INJURY — At I stc. (Specify)	home, farm, st	treet, factory,	office			281. LC	CATION (Street as by or Town, State)	nd Number	or Rural R	loute Number,
29			CIAN: To the best of ex) end manner as stated,
29	96. SIGNATURE AND TITLE								NCE NIM			204 DAT		, other more of states.

32. REGISTRAR'S SIGNATURE
Juna Davidson-Randall

APR1 5 1993

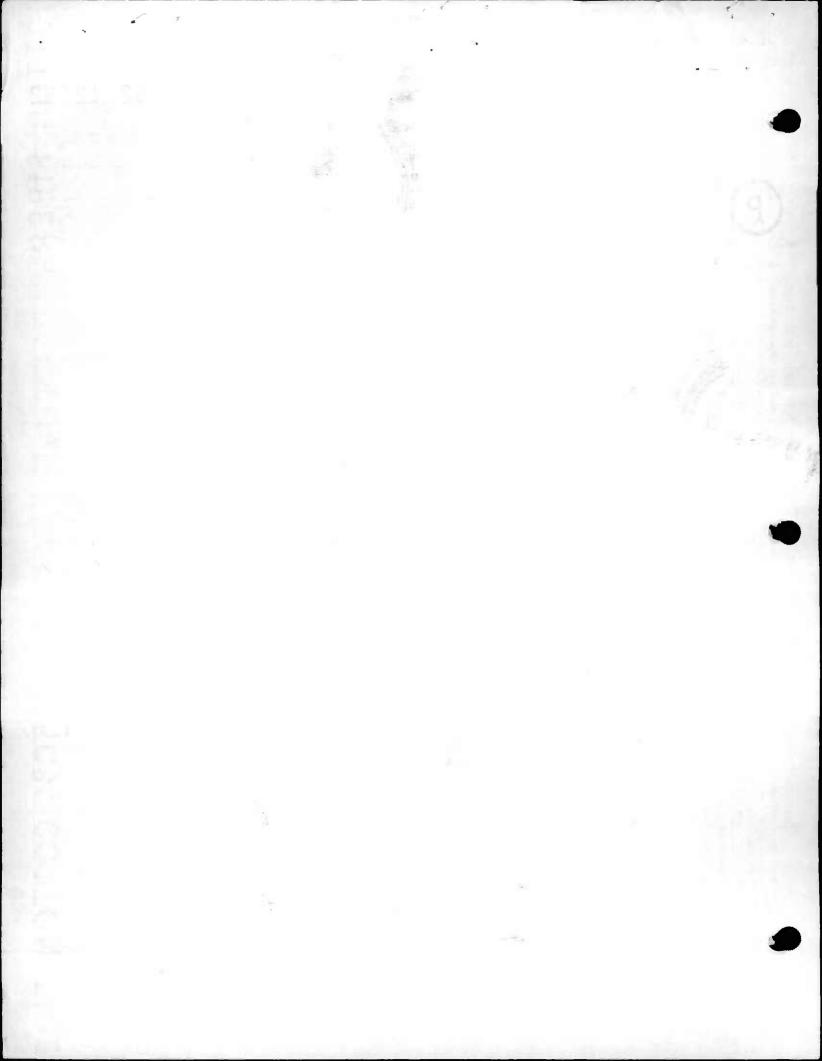


BALTIMORE, MARYLAND 21203-3	be retained by the hospital or attending	age 5 should be detached for use as II	be notified at once.
BALTIMORE	yours after death. Page 6 may	filled in by the funeral director, p on, or removal.	he medical examiner must
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Grouns after death. Page 6 may be retained by the hospital or attended	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as a filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

4 DECEDENTIO MARKE (Elect 4412-411-11-11-11-11-11-11-11-11-11-11-11-11			CATE OF DEAT		REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)				2.0	04-01-93	Y YEA	8:58 P				
JAMES STANLI 4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR IF UNDER		ATE OF BIRTH		RTHPLACE (State or Foreign				
579 16 1454 A 1 M 2 F 78 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) WASH.D.											
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
FORT WASHINGTON	N MEDICAL	CENTER	FORT WASHI	NGTON	MD. MD	PRINCE	GEORGES				
10e. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?				
MD PRIM	NCE GEORG	GES FT.	WASHINGTON	MD			1 YES 2 NO				
10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN (OF WHAT COUNTRY?				
7614 BOCK ROAD			2074			USA					
11. MARITAL STATUS 1 Never Married 2 Married		YES 2 NO	13. WAS DECENDENT O	, Maxican, Pu			ACE — American Indian, Black, White, etc.				
3 Wildowed 4 Divorced	IF YES, GIVE WAS	OR DATES	1 TYES XXNO	Specify:		s	BLACK				
15. DECEDENT'S EDU		16a. DECEDENT'S U	JSUAL OCCUPATION		16b, KIND OF BUS						
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of we	ork done during most of working	7	3.1						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FORENS	SIC TECHNIC	TAN	HOSPI	ΤΔΙ.					
17. FATHER'S NAME (First, Middle, Last)		TONDING			First, Middle, Maiden						
JAMES E. MARSI	HALL		MARY	M. 1	ARMSTRO	NG					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number	or Rural Route	Number, City or Tow	n, State, Zip Code)				
GERALDINE MARSI	HALL	7614	BOCK RD FT	. WAS	SHINGTO	N,MD					
20a. METHOD OF DISPOSITION X N Burlel 2 □ Cremation 3 □ Rem		20b. PLACE OF DISPOSI	ITION (Name of cemetery, crem	atory or	20c. LO	CATION — City o	or Town, State				
4 Densition 6 Other (Specify)	loval from State	MT. OLI	VET AP	R 7,1	.993 WA	SH.D.C					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
RALPH WILLIAMS FUNERAL SVC 517 11th STREET S.E.											
23 PART I Enter the discusse or	complications that										
23, PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, abock, or haert tellure. List only one cause on each line. Approximate interval Between											
							Interval Between				
IMMEDIATE CAUSE (Final	List only one cause	e on eech line.	ot enter the mode of dyl	ng, auch aa	cerdiec or reap	retory arrest,	Interval Between				
IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one cause	e on eech line.	ot enter the mode of dyl	ng, auch aa	cerdiec or reap	retory arrest,	Interval Between				
disease or condition	List only one cause	e on eech line.	ot enter the mode of dyl	ng, auch aa	cerdiec or reap	retory arrest,	Interval Between				
disease or condition resulting in death) Sequentially list conditions,	a. RESP DUE TO (C)	e on eech line.	Failure Renal C	ng, auch aa	cerdiec or reap	retory arrest,	Interval Between				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. RESP DUE TO (C)	on each line. INATORY OR AS A CONSEQUENCE OF TASTATIC	Failure Renal C	ng, auch aa	cerdiec or reap	retory arrest,	Interval Between				
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. RESPONE TO (C	on each line. INATORY OR AS A CONSEQUENCE OF TASTATIC	Failure Penal C. Renal C.	ng, auch aa	cerdiec or reap	retory arrest,	Interval Between				
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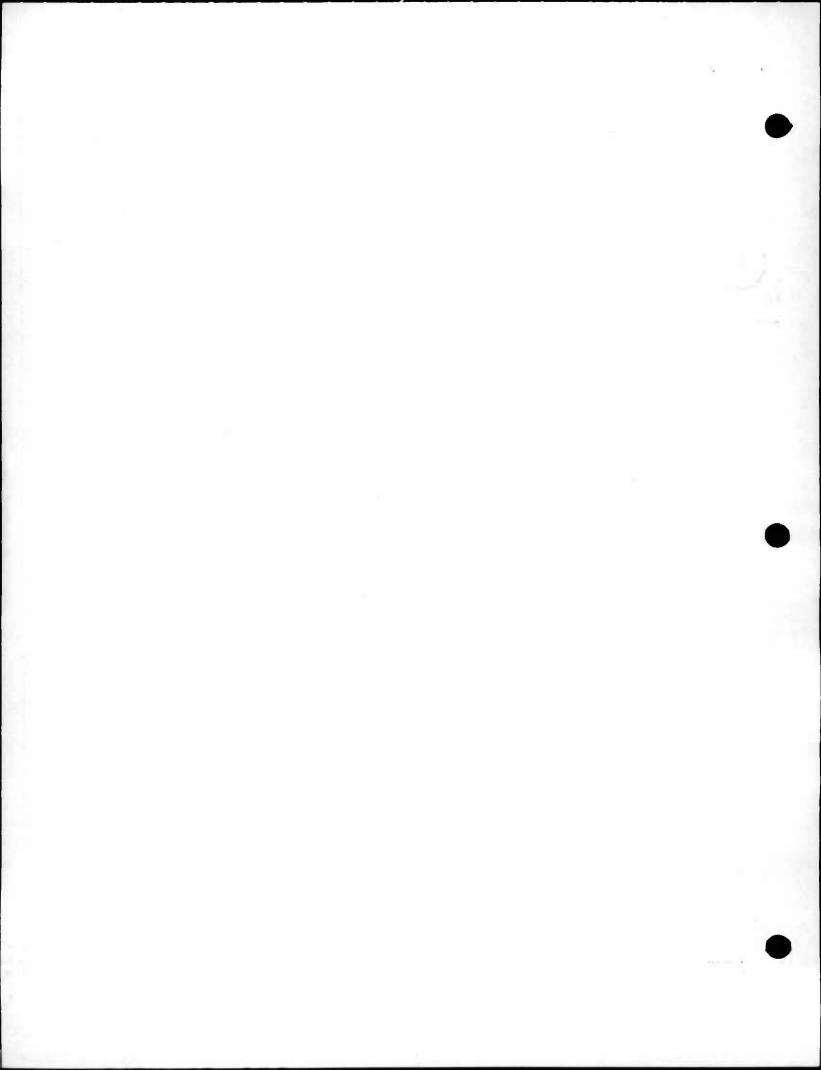
DHMH-16 Rev 1/89



			1 - FOR 1 - STATE REGISTRAR	STATE OF MARYL				IEALTH AND	MENTAL HYGIEI	NE	1 6	.000
•			1. DECEDENT'S NAME (First, Middle, Last)	Barthol					2. DATE OF DEATH	DAY	YEAR	TIME OF DEATH 5:20 AM
	20		4. SOCIAL SECURITY NUMBER 116 26 0200	1 €M 2 □ F 60	(In yrs. lest Birthda	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 13	1	8. BIRTHPL Country)	ACE (State or Foreign York
	I, 2, 3 should	тов	99. FACILITY NAME (If not institution, give some substitution of Market of Market of December 1		tal			nore			TY OF DEAT	ГН
.77°	Pages	DIRECTOR	Maryland Anne	Y Arundel	10c. (Edgew						d. INSIDE CITY LIMITS? YES 25(3) NO
	P	NERAL	19 Wilelinor D				101	21037		1.5		tates
0-9		BEE	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YE YES IF YES, GIVE WAR OR D	2 NO	l II	yes, sp	ENDENT OF HISPA ecify Cuban, Mexico 2X NO Specia	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) Y: NO	es or No—	Specify:	American Indian, Thite, etc.
D 2121	be detached for use at at once.	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+) 5+	Inte. Do NOI	r's usual oc of work done di r use retired.)	uring mo	st of working	16b. KIND OF BU	Gover		
MARYLAND	seames by the hospital of all 5 should be detached for use notified at once.	BE COM	17. FATHER'S NAME (First, Middle, Lest) Bartholomew McGa:		operat	TOIIS I	iallò	18. MOTHER'S NA	ME (First, Middle, Maider ta Johnson	Surname)	iiiieii L	
, MAI		2	190. INFORMANT'S NAME (Type/Print) Barbara Price Mc(Garry					Route Number, City or Too Edgewater			
ALTIMORE,	lirector, pa		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	cen	Metropo	of other plece)	Cre	ematory	A	ocation – c	iria '	State Virginia
BALTIMORE,	by the funeral director, page imoval. Italians to be included to b		21. BIGHATURE OF FUNERAL SERVICE LIC	E. Evany	2 PA	200. 16	5000	Annapo]	Funeral Ho Lis Rd. Bo	me, P. wie Mo	A.	
(68760,	npietely filled in t cremation, or rei vent, the medi		23. PART I. Enter the diseases, prospective. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on e	d the deeth. Drach line.	us He		de of dying, suc	h as cardiec or resp	piratory erre	st,	Approximate Interval Between Onset end Death
. 80)	sician and ci	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events	DUE TO (OR AS A			lun	3 Cuncer	U			
S, P.O	the attending physical Mental Hygiene p	CERT	resulting in death) LAST	d								
RECORD	been signed by t. of Health and shows any	N: MEDICAL	PART II. Other significant condition	s contributing to deeth b	ut not resulting	g in the und	lerlylng	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
Y A	ate D	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	atient 3 DOA	OTHER:		ACE OF DEATH (Ch	eck only one) 8 Other (Specify)			
DIVISION OF VI	After this death with with market	ED BY PHY	27. MANNER OF DEATH 1	26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spec	— At home, term	IME OF 2 NJURY M	28c. INJU WOI 1 Y	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State)	end Number o		9 Number,
IVIC	VAL DIRE	OMPLET	290. CERTIFIER Check only	CIAN: To the best of my know								d menner ee steled
ann ann an	THE FUNE filed within	O BE CC	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI				onth, Day, Year)

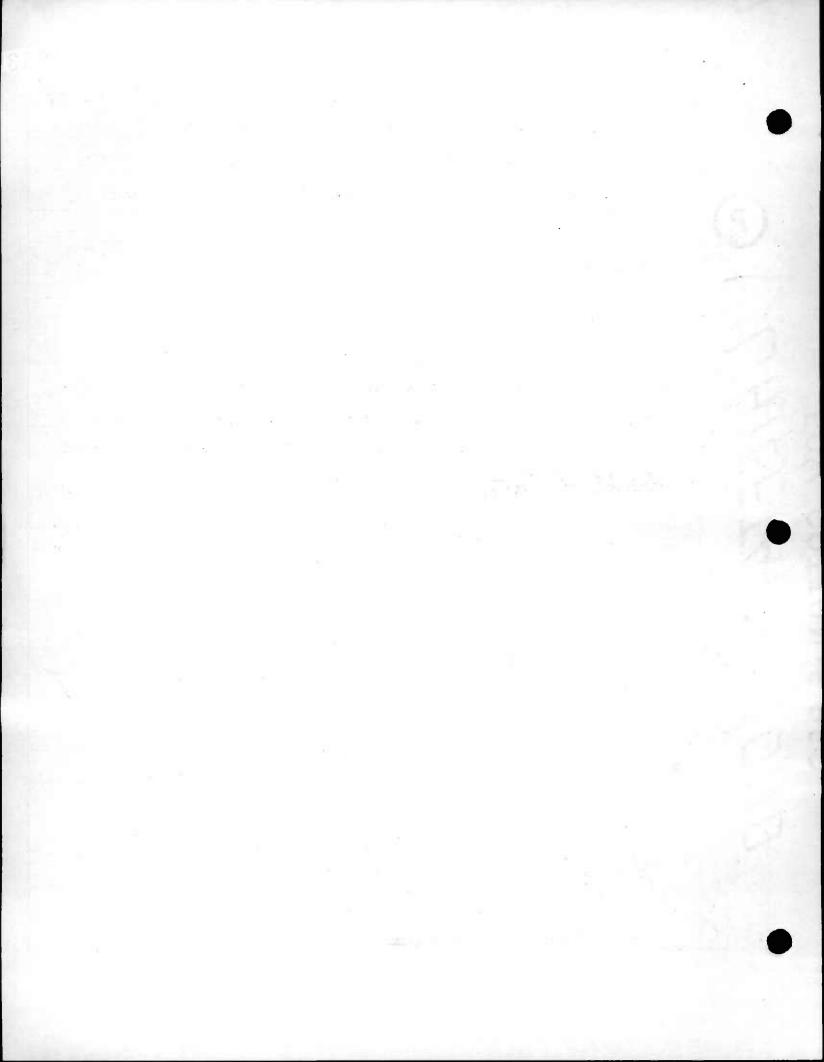
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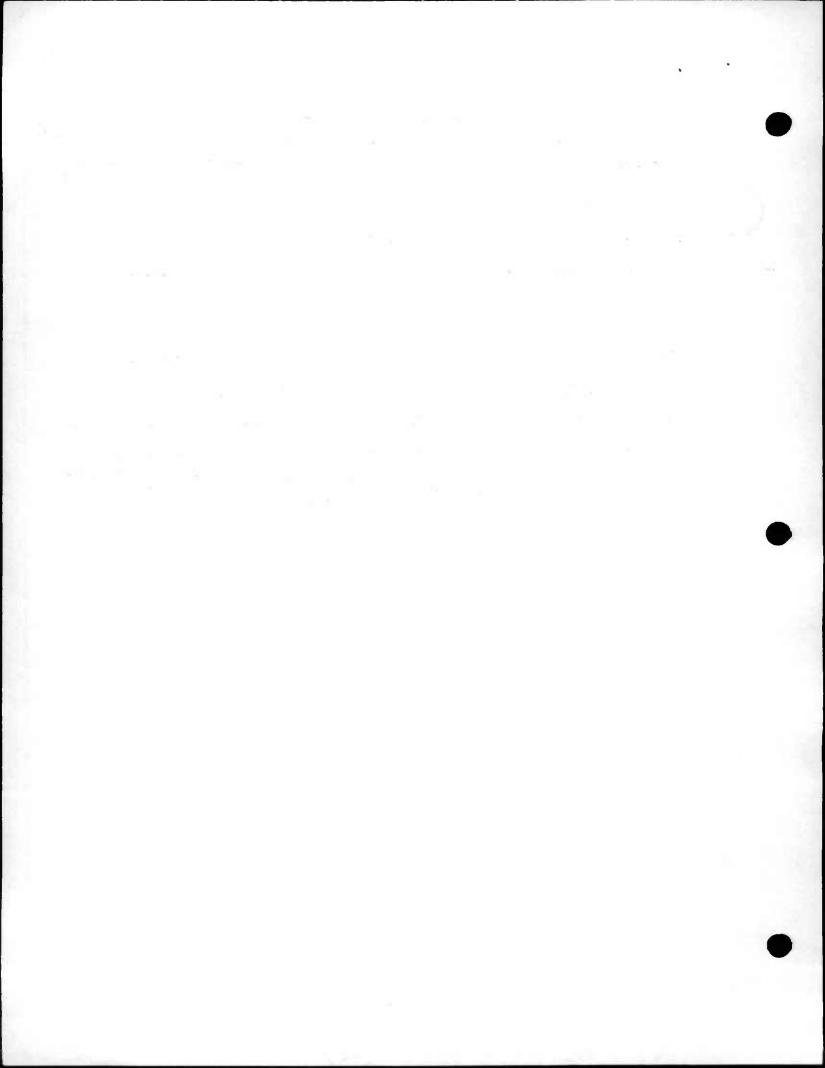


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· 1261	-	- E-	
BALTIMORE, MARYLAND 21203-3146 *	be retained by the hospital or attending physic	ge 5 should be detached for use as the burial-	e notified at once.
BALTIMORE,	rs after death. Page 6 may	by the funeral director, par	dical examiner must b
	no.	illed in	e me
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. The mours after death. Page 6 may be retained by the hospital or attending physican.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-canal be not seemed within 72 hours after death with the State Debt, of Health and Mental Hydere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF M			CATE OF			REG. NO.		5-1	2634		
1. DECEDENT'S NAME (First, Middle, Last	t)		Litter	MIL T.	DEALL		OF DEATH		3. T	TIME OF DEATH		
Leona			M	MILLER		Apri	1 8, 1	1993	YEAR	9:15 p м		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is		IF UNDER 1 YEAR		7. DATE (OF BIRTH	s	S. BIRTHPLAC Country)	CE (Stata or Foreign		
unknown	1 - M 2 7 F	44		MONTHS DAYS	HOURS MIN.	Jan	1. 23,	1949	Virg:	inia		
9e. FACILITY NAME (If not institution, give	street and number)		1	9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF DEATH					
Rt. 2 Box 1932				0al	kland		/	G	arreti	t		
RESIDENCE OF DECEDENT 10e. STATE 10b. COU	ITY		10c. CITY,	TOWN OR LOCA	ATION				100	I. INSIDE CITY		
Maryland	Garrett			0akla						LIMITS?		
10s. STREET AND NUMBER	Garreer				Of. ZIP COOE			10a, CITIZE	EN OF WHAT			
Rt. 2 Box 1932 21550 USA								ocont.				
								American Indien, hite, etc.				
1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	JNO	If yee, or	pecify Cuben, Mexico S 2 X NO Specia	Icen, Puerto R			Specify:			
15. DECEDENT'S E (Specify only highest gra	DUCATION	16e. [DECEDENT'S U	JSUAL OCCUPATI	ION	16b	b. KIND OF BUS	SINESS/INDU	White	2		
(Specify only highest gra	College (1-4 or 5 +	- 00	(Give kind of wor life. Do NOT use i	ork done during me retired.)	ost of working							
8th			Hom	nemaker				Home	/			
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	IAME (First,)	Middle, Meiden	Sumame)				
Galen			Yoder,	Sr.	F.	rieda				Yoder		
19e. INFORMANT'S NAME (Type/Print)					and Number or Rural	il Route Numi	ber, City or Tow	n, State, Zip C	(ode)			
John Miller			Rt.	2 Box	1932 Oak	kland	, Mary	land '	21550			
20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Re	moval from State	other r	CE OF DISPOSIT	TION (Name of ce	emetery, crematory or	ч	20c. LO	CATION — CIT	Ity or Town, S	State		
4 Donation 5 Other (Specify) Swanton Mennonite Ch. Cem. 4/12 Swanton, Maryla									cyland			
21. SIGNATURE OF FUNERAL SERVICE	JCENSEE				and address of fa wart Fune		TTomo					
+ranklin 7	V. Custo	21		32	South Se	cond	Street	0ak	land,	MD 21550		
23. PART I. Enter the diseases, of shock, or heart fellur	r complications that a. Liet only one cau	t caused the duse on each ile	Jeath. Do no	t snter the m	ode of dying, sur	ich ss csrd	disc or respi	ratory arres		Approximate interval Between		
IMMEDIATE CAUSE (Finsi disease or condition	Matagt	M.								doll to kno		
resulting in death) e. Metastatic metanoma									time inte			
DUE TO (OR AS A CONSEQUENCE OF):												
Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
If any, lesding to immediate cause. Enter UNDERLYING												
CAUSE (Disesse or injury that initiated events	CDUE TO	(OR AS A CONSI	EQUENCE OF)	4								
resulting in desth) LAST	d											
PART II. Other significent conditi	and contributing to	doeth but no	and the second second	the underlyi	- cours alven I	Post I	une Ak		Table Will			
PART II. Other eightreem series.)ns continuing to	Gestii but iio.	resulting	the unuerry	ig ceuse given in	A Part I.	24e. WAS AN PERFOR	RMED?	AVAI	RE AUTOPSY FINDINGS MLABLE PRIOR TO		
							1 TYES 2	NO	OF	MPLETION OF CAUSE DEATH?		
							(-	1 [YES 2 NO		
A CONTROL TO HEDION				-								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C)							
1 NES 2 NO	1 Inpatient 2		3 DOA 4	4 - Nursing Hor	me 5 Residence							
1 Netural 5 Pending	28e. DATE OF (Month, D	lnJURY lay, Year)	26b. TIME (JRY W	VORK?	28d. Des	SCRIBE HOW II	NJURY OCCU	RED			
2 Accident investigatio	28e PLACE O	At West of the Party	1		YES 2 NO	-24 100			1.00			
3 Suicide 6 Could not b	building,	OF INJURY — At h , etc. (Specify)	tome, Territ, acc	eet, factory, our	ce	City	CATION (Street a or Town, State)	and Number or	Rural Route	Number,		
3 Suicide 6 Could not be determined building, etc. (Specify) 29e. CERTIFIER (Check only orne) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.												
29e. CERTIFIER 1 CERTIFYING PH	CERTIFIER 1 CERTIF											
(Check only			2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner ea stated.									
(Check only one) 2 MEDICAL EXAM	NER: On the basic of ex	xamination end/c	or Investigation	i, in my opinion,								
(Check only	NER: On the basic of ex	examination end/s	or investigation	, in my opinion,	29c. LICENSE NU	IUMBER			SIGNED (Moi	onth, Day, Year)		
(Check only 1 CERTIFYING PH ONE) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIF	NER: On the basic of ex	Kur	i /	N		IUMBER		29d. DATE S	SIGNED (Mon	onth, Day, Year)		
(Check only 1 N. CERTIFYING PHOTE) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIF 30. NAME AND ADDRESS OF PERSON 1	NER: On the basic of experience of experienc	SE OF DEATH (IT	K. / TEM 27) (Type, P	Print)	29c. LICENSE NU D266	650		29d. DATE S		onth, Day, Year)		
(Check only 1 CERTIFYING PH ONE) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIF	NER: On the basic of experience of experienc	SE OF DEATH (IT	TEM 27) (Type, P	Print)	29c. LICENSE NU D266	650		29d. DATE S		onth, Day, Year)		



NA



BALTIMORE, MARYLAND 21215-0	e retained by the hospital or attending	e 5 should be detached for use as the	notified at once.
BALTIMORE	ours after death. Page 6 may l	I in by the funeral director, pag or removal.	nedical examiner must be
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIO	ID THE HOSPITAL OR ATTENDIA	THE FUNERAL DIRECTOR: At the filed within 72 hours after de	IMPORTANT: If Item 28 is a

FUNERÁL

В

COMPLETED

BE

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ETED.

COMPL

BE

2

BRA

296. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 93 ANNIE NEWTON 04 07 3:49 AM Μ. 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 028 07 5851 1 M 2 XX YRS. 81 April 17 1911 Massachusetts 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GEORGE'S RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Bowie MX XES 2 NO 10a. STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2203 Penfield Lane 20716 United States 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2XXNO Specific 3 ₩idowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY ost of working Elementary/Secondary (0-12) College (1-4 or 5 +) 9 Bookkeeper Retail Sales 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Henry F. Campbell Annie D. Lawson 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) William J. Newton Jr. 2203 Penfield Lane Bowie Maryland 20716 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20s. METHOD OF DISPOSITION

1 ☆ Burial 2 ☐ Cremation 3 ☆ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) emetery, cremetory or other place) Newfoundland Cemetery Jefferson Township N.J 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rober Beall-Evans Funeral Home, P.A. Mes 16000 Annapolis Rd. Bowie Md. 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such sa cardiec or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 NO 1 YES 2 110 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMMER? OTHER: nt 2 - ER/Outpatient 3 - DOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED (Month, Day, Year) APRIL 5 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY - At h 281. LOCATION (Street and Number or Rural Russ)
2 City or Town, State) FN FIEL 8

PRUIS IND 3 Suicide 4 Homicide bedroom 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of exemination

Depmie,

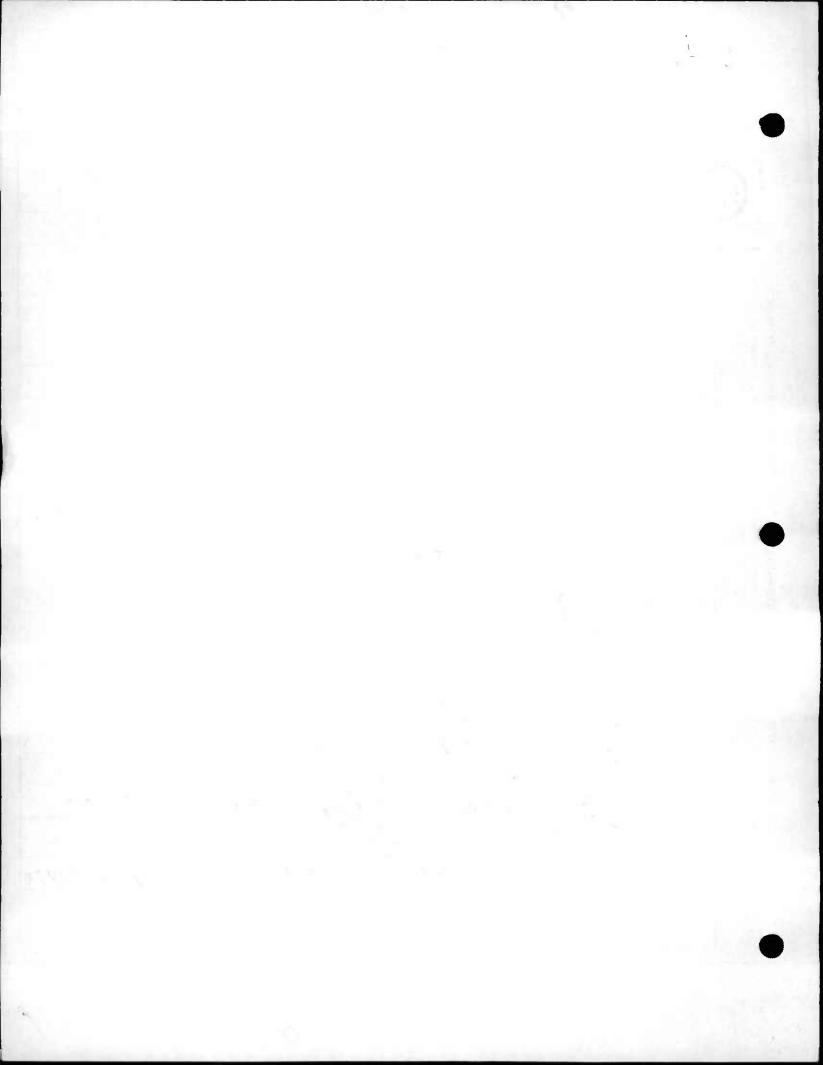
19932. REGISTRAN'S SIGNATURE Junia Davidson-Randoll

DHMH-16 Rev 1/89

7.1993

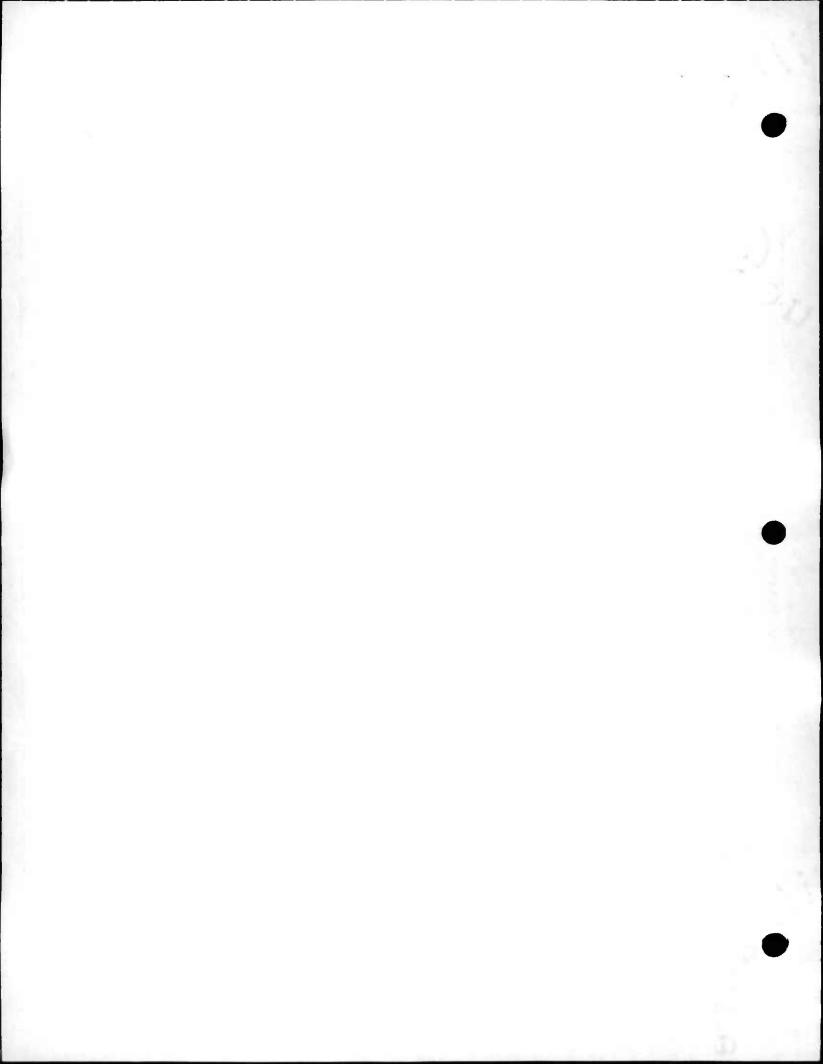
29d. DATE SIGNED (Month, Day, Year)

rul



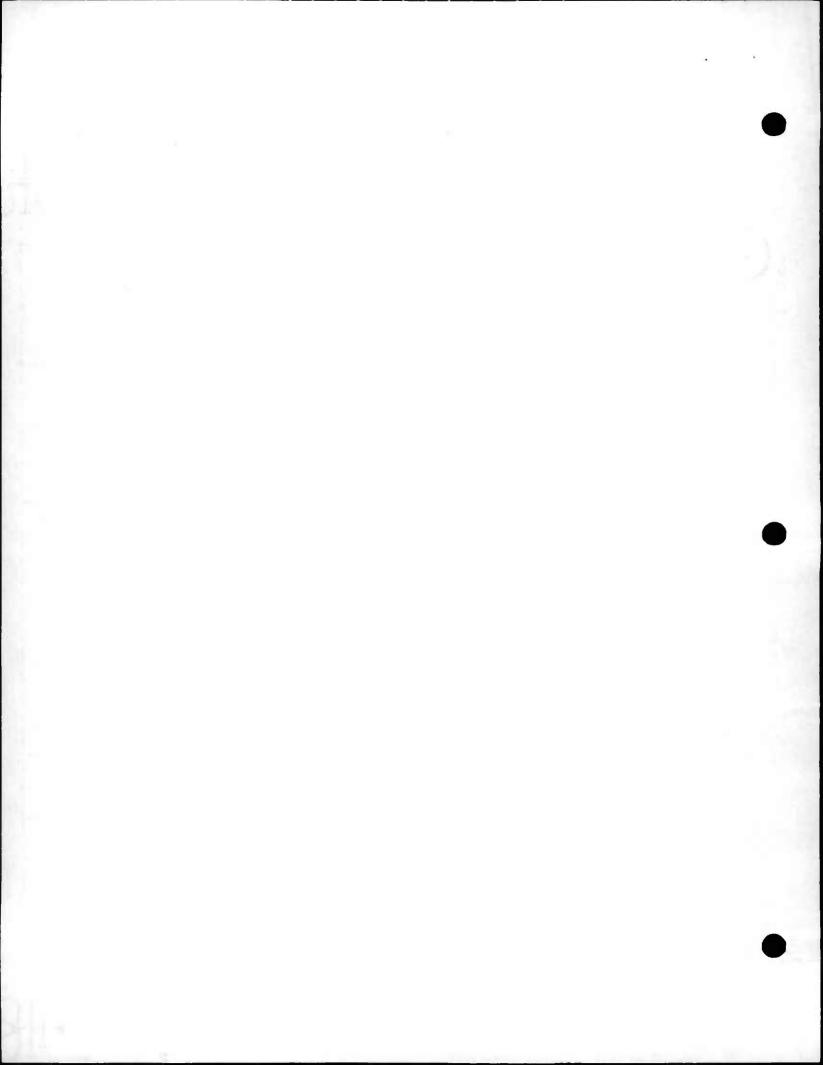
1, 2, 3 should

													160)
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT					YGIEN	E			
Ų.	1. DECEDENT'S NAME (First, Middle, Last)				·				2. DATE OF I	DEATH	_	YEAR	3. TIME OF DEA	тн
	Robert Steph	en OLFKY	ζ						04	06		993	7:11P	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF E	SIRTH W. Warr)		8. BIRTI Count	HPLACE (State or F	Foreign
1	212-22-9114				MONTHS	DAYS	HOURS	MIN.	(Morith, De	20719	926	Ba	Ïtimore,	MD
_ 8	9a. FACILITY NAME (If not institution, give street and number)										9c. COU	NTY OF E	DEATH	
9	Doctor's Hospital				Lan	han	n				Pri	nce	George'	S
E-	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE CIT	
DIRECTOR	Maryland Prine	ce Georg	iels		ollege								LIMITS?	
	10e. STREET AND NUMBER	oc ocorg	5				ZIP CODE				10a. CIT	IZEN OF Y	WHAT COUNTRY?	NO
FUNERAL	7310 Edmonston	Road				350		2074	0			S.A		
1	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. AF	RMED	13. W	AS DECI	ENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yes			E — American Ind	len.
L	1 Never Married 2 Married	FORCES? 1	YES 2	NO	If	yes, spe		n, Mexica	n, Puerto Ricar		0.00%	Blac Spec	k, White, etc.	
BX	3 Widowed 4 Divorced	WWII					74	/				G G G G G G G G G G G G G G G G G G G	"" White	
臣	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	ECEDENT'S live kind of	USUAL OCC work done du se retired.)	CUPATIO	N st of workin	ig.	16b. KIN	D OF BUS	INESS/INC	DUSTRY		
"	Elementary/Secondary (0-12)	College (1-4 or 5	+)		,					_				
COMPLETED	1.2 17. FATHER'S NAME (First, Middle, List)		EIE	ectro	nics	Tec				S. (rnme	ent	
	Stephen A. Olfk	V.							ME (First, Middle		Surname)			
R	19a. INFORMANT'S NAME (Type/Print)	<u>y</u>	100	h MARING	ADDRESS	(0)			Silhar					
2	Phyllis L. Olfky								Collo				ryland	2074
			20b. PLACE					.oau,	DATE				own, State	20/4
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remo	ovel from State	cegnetery, cre	ematory of o	ther place)	Crer	nato	cv 4	/8/93	ΔΙο	vanc	dria	Win, State Virgin	ia
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	//	орон			D ADDRES			7110	Adric	, i ia	virgin	I a
	De t		4		Fr	ranc	cis C	a sc	h's So	ns F	une	ral F	Home, P	.A.
-	22 DADT I Enter the diseases as a	nee	, Jaca	-1	47	39	Ba It	imor	e Ave	nue,	<u>. Ну</u>	atts	ville, M	D
	23. PART I. Enter the diseases, or c shock, or heart failure.	lst only one ceu	ise on each line	eth. Do r	not enter t	he mod	de of dyl	ng, such	n es cardiac	or respin	ratory an	rest,	Approxim	
	IMMEDIATE CAUSE (Final disease or condition									d Death				
	resulting in death) e. Harle garage rollory family growing for the last loss of the loss of the last loss of the last loss of the last loss of the last loss of the last loss of the last loss of the last loss of the loss of the last loss of the last loss of the last loss of the													
_		Con	-091	1	e.	0,		11	50-4	200	0	20		
ē	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	DUENCE OF	n:			7		001	0-3	<u></u>	-	
S	cause. Enter UNDERLYING			()			J							
Ě	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSE	DUENCE OF	n:									
CERTIFICATION	resulting in death) LAST	l												
Ö	PART II. Other significant conditions	s contributing to	death but not a	resulting !	In the und	larlylaa	COURS	duan In I	Dort I ata	MMCAN		100	. WERE AUTOPSY F	
8			Committee Hotel	esuiting !	in the did	oriyirg	cause g	liacii ili i	Part I. 248	PERFOR	MED?	246	AVAILABLE PRIOR	TO
					_				_ 10	YES 2	NO		OF DEATH?	CAUSE
Σ												- 1	1 YES 2	NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL		_			26 Pi	ACE OF D	EATH (Cho	ick only one)					_
泛	EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outnatient 1	17.004	OTHER	5	The second second	****		0.0400				-
Ĭ	27. MANNER OF DEATH	Month of	-	28b. TIM		Mc. INJU		sidence 1	26d. DESCRIB		UURY OCC	cuneo		-
	1 Natural 5 Pending	PL-/	-93	INJ	URY M	1 Y	ES 2	NO	eracaarawa	171,002,10,710	***************************************			- 1
2 Se Di ACE OS IN HIDY . At home term eleval feature office.								-						
298. CERTIFIER (Check only one) 298. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner as stated.														
٦	298. CERTIFIER (Check only	IAN: To the best of	my knowledge, de	with occum	ed at the tim	o data	and place	and due	to the cause(s)	and man		and .		_
Š	(Check only one) 2 MEDICAL EXAMINE												t) and manner se (stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	7 0				_		NSE NUM						
BE	(thanson	S. Re	N 74	^			7	291	71		APO. DAT	LL	7 9 3	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF OFATH (ITE	M 2,79 (Type,	Print)		1)-	-10	- (7/	41)	
	6001 LAVI	10V21	NO C	LEV	que ly		M D	n	785					
	APRI 2 1993	2 32. REGISTRA	R'S SIGNATURE	2	1									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending private	hours after death. Page 6 may be retained by the hospital or attending prime
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns and filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	led in by the funeral director, page 5 should be detached for use as the burnal or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEP.	ARTMEN'	T OF H	EALTH DEAT	AND N		IENE NO.		
- 3	1. DECEOENT'S NAME (First, Middle, Last)							2. DATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH
	Margaret Fl		O'BRIEN							002	2:47A M
			E (In yrs. last birthda	MONTHE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTY (Month, Day, Ye	A , ,	8. BIRT	HPLACE (State or Foreign try)
- 1	1 210-44-41J4		99 YRS					Feb. 15			
œ	9a. FACILITY NAME (If not institution, give street					OR LOCATIO	ON OF DE	ATH		UNTY OF I	
01:	Doctors' Community	y Hospital		La	nhan	1			Pri	nce (George's
DIRECTOR	10a. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
ā		George's	E	lyatts	vill	.e					1 X YES 2 NO
3AL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. C	TIZEN OF	WHAT COUNTRY?
MERAL	6219 42nd Avenue					2078				.S.A.	
_	11. MARITAL STATUS 12 1 Never Married 2 Married	P. WAS DECEDENT EVER FORCES? 1 YE	S 2 1 NO					IIC ORIGIN? (Speci n, Puerto Rican, et			E — American Indian, ik, White, etc.
à	3 ☑ Widowed 4 ☐ Divorced	™ Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:						7		Spec	White
	15. DECEOENT'S EDUCAT		16a. DECEDEN	T'S USUAL O	CCUPATIO	ON		18b. KIND O	F BUSINESS/I	NDUSTRY	Willet
4	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done I use retired.)	during mo	st of workin	g				
COMPLETED	8		Bookke	eper				Unite	ed Sta	tes G	Sovernment
8	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, M			
BE		1cCann					len	Reaga			
2	19a. INFORMANT'S NAME (Type/Print) Mary C. Beauchamp							Carroll			070/
	20a. METHOD OF DISPOSITION	12	0b. PLACE AND DA				New		c. LOCATION -		20784
	1 Surial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from State	emetery, crematory	or other place)	iona	1 Cei	m. 4	/14/93	Arling	ton.	Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICEN										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 20781										
	23. PARY . Enter the diseases, or corr	plications that caus	ed the death. D								Approximate
	shock, or heart failure. List	t only one cause on	each line.								interval Between Onset and Death
	resulting in death)	Cornes	tive H	eart	F	wi/c	100				
		COTOES, DUENTO (OR AS	A CONSEQUENCE	OF): //	1						1.
N N	Sequentially list conditions, b.	HYrial	Fibe	:1/a	110	7.					
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	OF);							
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):							
CERTIFICATION	resulting in desth) LAST										
	PART II. Other significant conditions c	ontribution to doub	h	-6						_	
CAL	Su becate	Ontributing to deplin	c rs x 5 7	T S	ideriying	g cause g	iven in i	Part I. 24a. W	AS AN AUTOPS RFORMED?	241	AMILABLE PRIOR TO
MED	Cholecrsto	7000	1			-		_ 1 U YI	ES 2 THO		OF DEATH?
Σ	P	1 Com y (Copa-	_	7		/				1 TYES 2 TNO
A	25. WAS CASE REFERRED TO MEDICAL	/ Carcino	oma. 2	4-5	/	/	ATH (Che	ick only one)			
PHYSICIAN:	EXAMINER?	OSPITAL:	rtpatient 3 🗆 DO/	OTHES	Rt:			6 Other (Specify	·		
ξ	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year,	28b. 1	TIME OF	28c. INJ		T	28d. DESCRIBE H	·	CCURED	**
β	1 Natural 5 Pending 2 Accident Investigation	(monor, out, rous)		M		ES 2	NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJUI building, atc. (Sc	RY — At home, farr	n, street, fact	lory, offic			281. LOCATION (S City or Town,	treet and Numb	er or Rural	Route Number,
	4 Homicide determined										
PP.	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE)										
COMPLETED	2 MEDICAL EXAMINER: C	On the besis of exeminat	ion and/or investiga	ition, in my o	opinion, d	eath occur	d at the I	lime, deta and plac	ce, and due to	the cause(s) and manner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIER	-11-1	-			29c. LICE				TE SIGNE	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMBI ET del deues co	SEATU ATELA AT	- 0/ - 5			231	001		4/1	10(93
	30. NAME AND ADDRESS OF PERSON WHO C	S 2	た	אר (אחדי פעי	- 5 0	0/0	11	e marq y	COX	1. D.	.#430
ļ	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG				nDe	11	17d. C	~ 7	Ο	
	APR 1 2 1993 Sul	a Davidson-A									
	Q										DHMH-16 Rev t/89



	-	GEST
k.		
	BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician
		-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Morith, Day, Year)
APR 1 2 1993

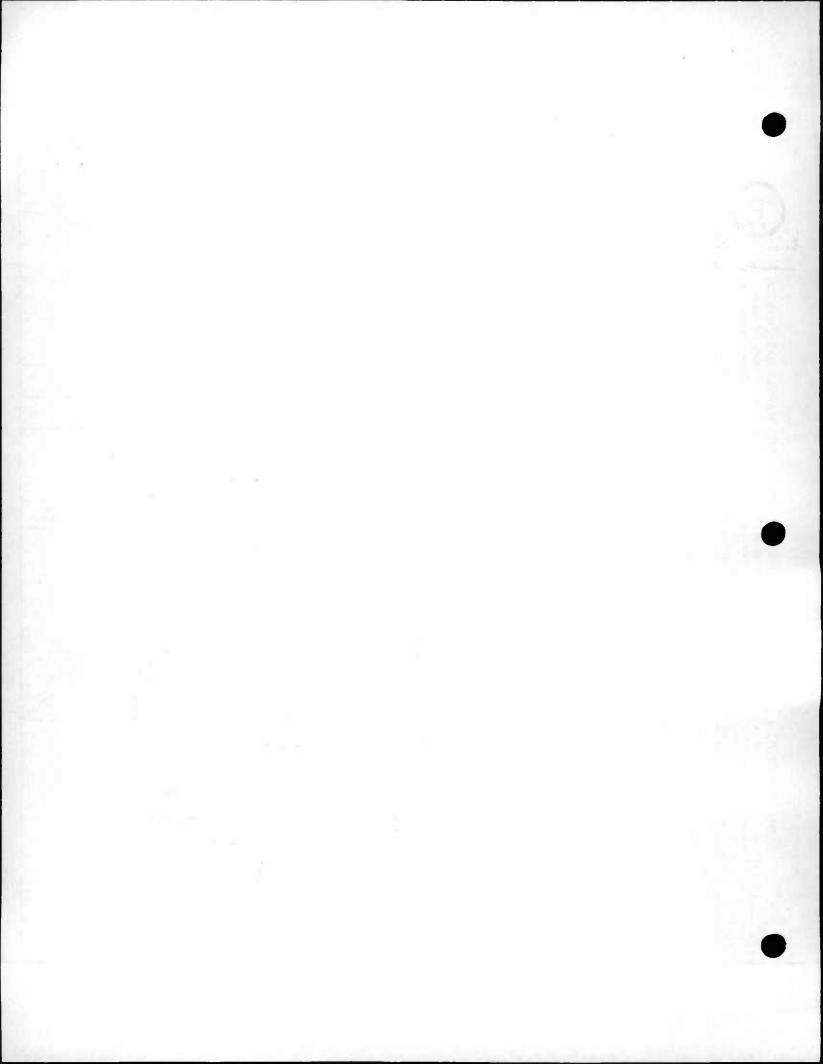
32. REGISTRAR'S SIGNATURE

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

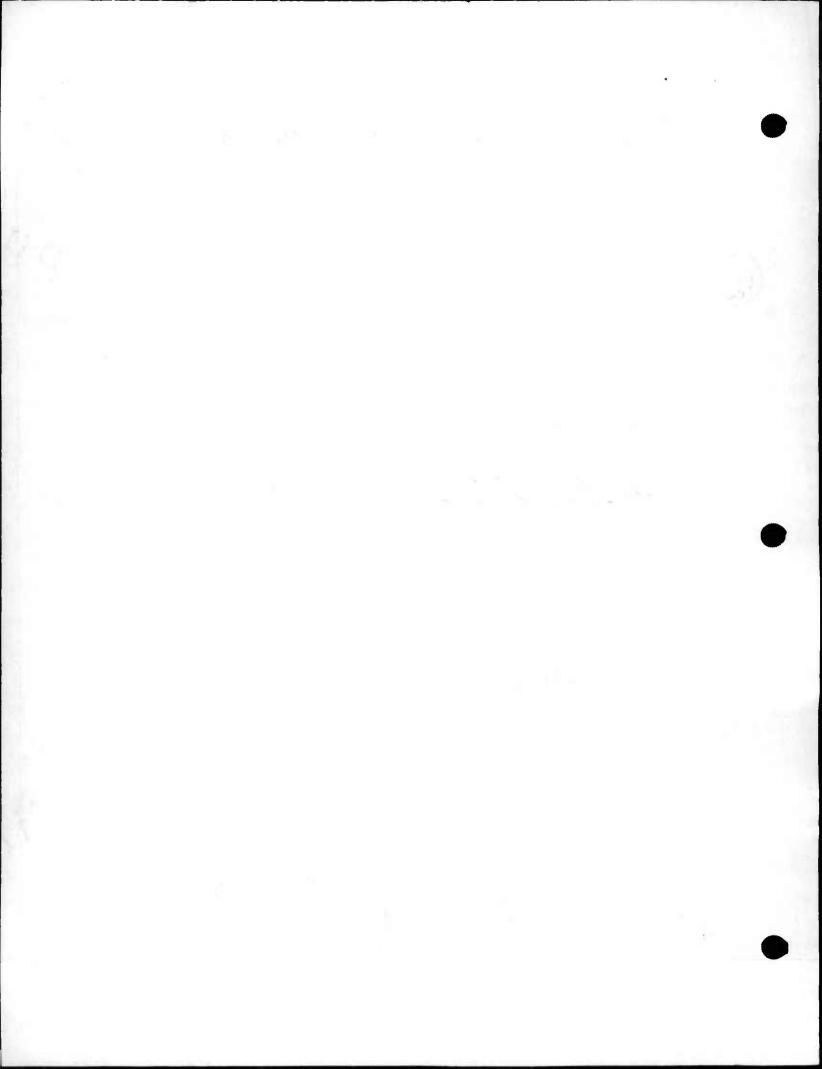
JESWINDER S-SIDEV 75>5 Legen

	e e										(3	12639	
	jmor 1 - STATE REGISTRAR	STATE OF M					EALTH DEAT		MENTAI	L HYGIEN	_			
- 9	1. DECEDENT'S NAME (First, Middle, Last) Everett B. Odom								MONTH			YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t hirthday)	IE LIMOE	R 1 YEAR	IF UNDER	04 Libe	7 DATE	4 08 OF BIRTH	9		10:20A M	
- 1	403-58-0913	1 M 2 F	51	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	1, Day, Year)	41	Countr	D. C.	
	9a. FACILITY NAME (If not institution, give st	23	- 51		9b. CIT	Y, TOWN (OR LOCATION	ON OF DE		10		NTY OF 0		
OR	PRINCE GEORGE'S H	OSPITAL	CENTER		С	CHEVERLY PRINCE GEORGE'S							GEORGE ! S	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			I soc CIT		OR LOCAT						11101	10d. INSIDE CITY	
DIRECTOR		ce George	s		ando		ion			LIMITS?				
	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL	7100 East Lomb	7100 East Lombard St						785				USA		
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR		13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.)					or No-	14. RACE Black	E — American Indian, k, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE W					2 3NO	Specify		, , , , ,		Speci		
	15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON		16b.	KIND OF BUS	SINESS/INI	DUSTRY		
COMPLETED	(Specify only highest grade completed) (She kind of work done during most of working life. Do NOT use natived.) Custodian Private													
MP	12th			usu	лтан									
BE	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADORES	S (Street a						n Codel		
2	Juanita	Odom		7100	Eas	t Lo	mbaro	1 St	/Land	dover,	Md	2078	5	
20c. METHOD OF DISPOSITION 1 Part of Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE of DISPOSITION (Name of cemetery, crematory or other piece) Harmony Memorial Park 4/12/93 Landover, 22. NAME AND ADDRESS OF FACILITY														
								, Md						
	>							J	. B.	Jenki /Lando			al Home 20785	
	23. PART I. Enter the diseases, or c shock, or heert failure. I	omplications that	ceused the de	ath. Do r									Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition Suddy Death											Onset and Death		
	resulting in death)													
-	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): POSSIBLE Acuse May caudial durges disc.													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE O	7 :	7	. 3	0		1				
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	Possibl	e Acer	6/	hy	OCENS	drel	2	usa	scli	2			
빏	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF	F): <i>U</i>				1					
CEF	Continued and Control	1												
AL	PART ii. Other significant condition	contributing to	death but not r	esuiting	in the ju	nderlying	cause g	liven in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
8	bravers follow	us: Zr	ral 8	oye	Ke	Lal	Du	la p	4	1 YES 2	□ NO		COMPLETION OF CAUSE OF GEATH?	
Σ									- 1			4	1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF D	CATH /Ch	ok onti on	-1				
SIC	EXAMINER? 1 XYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 No	R:	• 5 🗆 Re							
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF II (Month, Day	NJURY	28b. TIM	-	28c, INJ				CRIBE HOW I	VJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(,, 1047		M		ES 2	NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At ho itc. (Specify)	me, ferm, s	street, fac	tory, offic	Office 281. LOCATION (Street and Number or Rural F City or Town, State)					or Runal F	loute Number,	
	200 CEDTIFIED													
COMPLETED	(Check only												a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				, my	opimon, o				erru prace, en		1		
8	Of M	M	0,				ZWC, LICE	17 G	DER)		29d, DAT	E SIGNED	(Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO						*	/ _>	0/		4	10	1 12	

OHMH-16 Rev 1/89



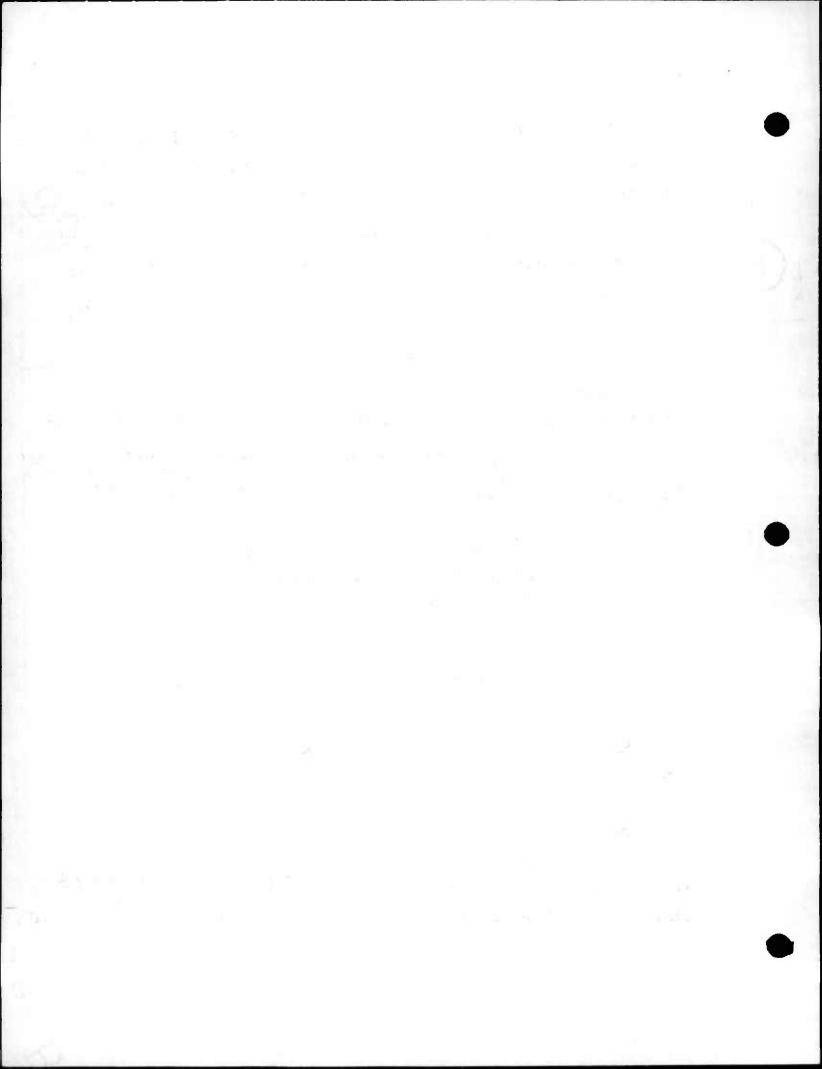
		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF	RTMENT OF H	IEALTH AND DEATH	MENTAL HYGIEN		3 12640				
		1. DECEDENT'S NAME (First, Middle, Last) A DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	AVETRIS	yrs, last birthday)	D + ER	SON IF UNDER 24 HRS.			3. TIME OF OEATH / M				
pro		222-14-8542 9s. FACILITY NAME (If not institution, give str	1 □ M 2 🛣 F	YRS.	MONTHS DAYS	HOURS MIN.	April 10,	1925	BIRTHPLACE (State or Foreign Country) Arkansas				
. 2, 3 should	TOR	Union Hospital of		у	E1kt			30.00011	Cecil				
Pages	DIRECTOR	10a. STATE 10b. COUNTY		1.7	TY, TOWN OR LOCAT	TION		10d. INSIC					
A T	4	MD C6	ecil	E	Elkton	. ZIP CODE		10g. CITIZEI	1 YES 2 □ NO N OF WHAT COUNTRY?				
(P	NE I	Main Street	12. WAS DECEOENT EVER IN	ILS ADMED	142 340 050	21921		USA					
as the	E X	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2. NO	If yes, sp		NIC ORIGIN? (Specify Ya an, Puarto Rican, etc.) fy:	s or No- 14	. RACE — American Indian, Black, White, atc. Specify: White				
21215	ЕТЕО	15. DECEOENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of life, Do NOT u	Work done during mo use retired.)	ON st of working	16b. KIND OF BU	ISINESS/INOUS					
AND 2. the hospital of detached for once.	COMPLET	10	College (14 of 54)	Cler	k		PX Do	over Ai	ir Force Base				
YLAN by the hos be detach	ш	17. FATHER'S NAME (First, Middle, Lest) Ray Hust Baity					ME (First, Middle, Maiden						
MAR retained to 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Number, City or Tow	vn, State, Zip Co	•				
may be or, page 5		Leslie Fletcher		LACE AND DATE	OF DISPOSITION (Na		SVille MI		y or Town, Stata				
MO age 6 r director		Donation 5 Other (Specify) Capitol Crematory 4/15/98 Dover, DE Standardune of Funeral Service Licensee 22. NAME AND ADDRESS OF FACILITY											
BALTIMORE, MARYLAND 21215.90 nous after death. Page 6 may be retained by the hospital or attending of in by the funeral director, page 5 should be detached for use as the or removal. medical examiner must be notified at once.		· of the	SIL		Fe11 226	ows Fune E. Main	ral Home, Street, Ca	ciltor	n. MD 21913				
24 tille lion,		23. PART i. Enter the diseases, or co shock, or haert feliure. Li IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)	Proumo	nig		da of dying, suc	h es cardiac or reap	iratory errea	t, Approximate interval Between Onset and Death				
executed executed to burial, matter executed to burial, matter executed to burial, matter executed to burial, executed to buri	NOI	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):											
P.O. B tth certificat tending phy al Hygiene p or other	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST d.	DUE TO (OR AS A C	CONSEQUENCE O									
HECOP requires that een signed to of Health a	MEDIC	PART II. Other significant conditions SP (a lu CH).	contributing to deeth but	not reauiting	In tha underlying	g ceuse given in	Part i. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO				
13 e s e 1	SICIAN:		HOSPITAL:		OTHER:	ACE OF DEATH (Ch	-,-						
ATTENDING PHYSICIAN: The ECTOR: After this certificate his s after death with the State D 28 is marked, or item	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF 28c. INJURY WO		8 Other (Specify) 28d. DESCRIBE HOW I	INJURY OCCUR	ED				
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	ETED B	3 Suicide 8 Could not be datarmined	28a. PLACE OF INJURY — building, etc. (Specify	At home, farm,	street, factory, office		281. LOCATION (Street : City or Town, State)	and Number or	Rural Route Number,				
AL OR	COMPLE		AN: To the beat of my knowled. On the basis of axamination a						ause(a) and manner as stated,				
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: It	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Saelohs.			29c. LICENSE NUI		29d. DATE SI	GNEO (Month, Day, Year)				
		30. MAME AND ADDRESS OF PERSON WHO Sheelmohan	r S. S.	4cha	erint)								
	4	APR 16 '93	32. REGISTRAR'S SIGNAT	idson-Pan	dell								



BALTIMORE, MARYLAND 21216-002

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI	MENT OF HE	ALTH AND M	IENTAL HYGIEN		1 20 7 1	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Emma Leah Jea	n Poff				April 12.	1993	2:00 P M	
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign	
	213-28-2502 9s. FACILITY NAME (If not institution, give st	1 □ M 2 XX 62	YRS.			Oct. 20 19		Maryland	
OR		7A	9	ь. сту, тошн оп Аппарс	LOCATION OF DEA	тн	9c. COUNTY OF DEATH Anne Arundel		
ECT	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CITY T	OWN OR LOCATIO			Anne		
DIRECTOR	MD Anne		10d. INSIDE CITY LIMITS? 1 YES Y NO						
3AL	10e. STREET AND NUMBER			Annapoli 101. 2	CIP CODE		10g. CITIZEI	OF WHAT COUNTRY?	
FUNERAL	2574 RÉVA ROAD #7A				21401		United States		
ВУ	1 Never Married 2 Williams 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES			IDENT OF HISPANIC Ify Cuban, Maxican, XXIO Specify:	C ORIGIN? (Specify Yea Puarto Rican, etc.)	or No- 14	. RACE — American Indian, Black, Whita, atc. Specify: White	
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16r	e. DECEDENT'S US (Give kind of work	done during most	of working	16b. KIND OF BUS	SINESS/INDUS		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Homemal		18. MOTHER'S NAM	E (First, Middle, Maiden	MO Surname)		
BE C	Harry Stubbs				Glad	lus Hanske			
6	190. INFORMANT'S NAME (Type/Print) Leslie Poff. Jr.				Number or Rural Ro	ute Number, City or Town	n, State, Zip Co	1,0	
	20a. METHOD OF DISPOSITION 1 Sturiel 2 Cremation 3 Ramo	an nu						uland 21401	
8	4 Donation 5 Other (Specify)	wal from Stale cemeters Mark	y, crematory or other Yland Ve	teran C	emeteru	4-14-93	ว่า ดเมพรา	ville, Maryland Ville, Maryland Or Funeral Home	
	21. BIGHATURE OF FUNERAL SERVICE LIC	ENSEE)		22. NAME AND	ADDRESS OF FACI	John M.	Taylo	r Funeral Home	
	Donald X.	ky Tor		141 DUR	e of bec	iucester S	τ . Ann	iapolis, MD	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory erreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST Approximate interval Between Onset and Death Onset and Death Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death								
AL C	PART II. Other aignificant conditions		not reaulting in t	ha underlying o	ausa given in P	ert I. 24a. WAS AN		24b, WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDIC		N/A				PERFOR 1 YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			E OF DEATH (Checi	k only one)			
YSI	1 TES 2 NO	1 - Inpatient 2 - ER/Outpatien	11 3 DOA 4		5 Residence 8	Other (Specify)			
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJUR WORK M 1 YES	?	28d. DESCRIBE HOW IN	JURY OCCUR	ED	
								Rural Route Number,	
COMPLETED		EIAN: To the best of my knowledge R: On the bests of examination and						luse(s) and menner as stated.	
TO BE C	29b. SGNATURE AND TITLE OF CERTIFIER	f (Dom	D	10	AD) D42	2/79	29d. DATE SI ▶ 04	GNEO (Month, pay, Year)	
-	30. NAME AND ADDRESS OF PERSON WHO	KODD CHOSPIN	of for	st) A	Unapolis	, MO	MOLIN	VARE, JR., MD	
	31. DATE FILED (Month, Day, Year) APR 1 5 1993 44	32. REGISTRAR'S SIGNATUR	Se John		•			, ,	
	1000	,							

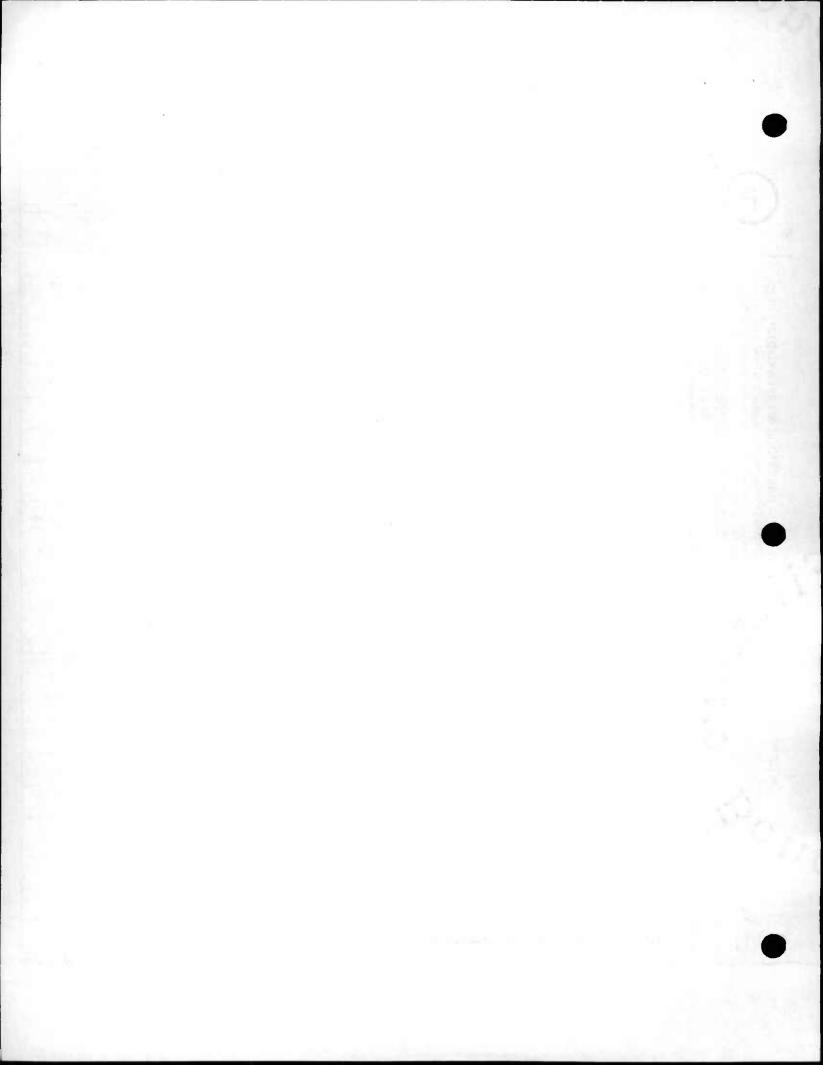


BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	It traumatic event, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certifi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE REGISTRAR

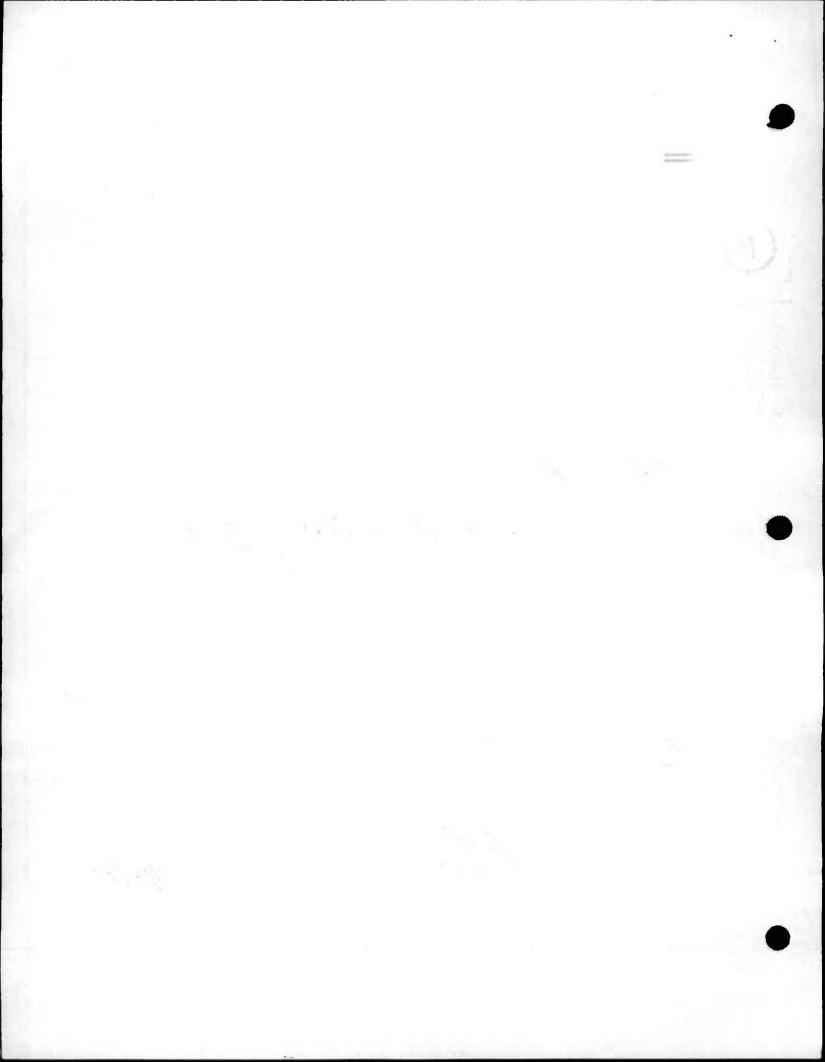
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		CE	HILL	CALE	F DEATH	REG. N	O.							
- 1	1. OECEDENT'S NAME (First, Middle, Last)				-	2. DATE OF DEATH 3. TIME O									
ñ	Barbara Je	an	Pof	Ef			April 12	, 1993	YEAR	0415 •					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR		7. DATE OF BIRTH (Morith, Day, Year) 9-12-194	_	6. BIRTN Country	IPLACE (State or Foreign y)					
G I	214 42 6257	1 🗌 M 2 💢 F	50	YRS.				2		" MD					
3.	9a. FACILITY NAME (If not institution, give		9b. CITY, TOWN	OR LOCATION OF DE	ATN	9c. COUN	TY OF D	EATH							
DIRECTOR	Calvert Memorial		Princ	e Frederi	ck	Ca	lve	ct							
E I	10a. STATE 10b. COUNT	10c. CITY	TOWN OR LOC	CATION			Т	10d. INSIDE CITY							
=	MD Calve		Owings	3		LIMITS?									
A	10e. STREET AND NUMBER			10f. ZIP CODE		10g, CITIZEN OF WHAT COUNTRY?									
FUNERAL	2651 Redbud Land		2	20736		USA									
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	IED	13. WAS D	ECENDENT OF NISPAN	IC ORIGIN? (Specify Y	es or No-	14. RACE	— American Indian,					
BY.	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2- NO	,		apecify Cuban, Mexica ES 2 A NO Specify				y white					
	15. DECEDENT'S EDU	ICATION	ste DEC	EVENT-6 I	JSUAL OCCUPA	TION	461 VIIII 05 0								
	(Specify only highest grad	e completed)	(Give	w kind of w	ork done during in retired.)	most of working	16b. KIND OF B	DSINESS/ING	USTRY						
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ecre			La	w/Lega	11						
ŏ	17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S NAI	ME (First, Middle, Maide	n Sumame)							
BE C	Joseph	Greenbur	y Sween	ey		Blan	che V			Walker					
TO B	19a. INFORMANT'S NAME (Type/Print)		19b.			t and Number or Rural F	loute Number, City or To	wn, State, Zip	Code)						
F	Charles F. Poff			same	e as 10	above									
	29a. METHOD OF DISPOSITION 1	noval from State	20b. PLACE AN	ND DATEO	F DISPOSITION (1	OCATION —							
- 1	4 Donation 5 Other (Specify)	Omining	South	ern 1	_			nkirk	(Ca:	1) MD					
- 1	1. Shakit the project Service of	1/1/	20		22. NAME AND ADDRESS OF FACILITY										
	1/11-11/19	lack P.	MARSO		Rausch Funeral Home, PA Owings, MD 20736										
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition	List only one cau	se on eech line.		not enter the mode of dying, such as cerdiec or respiratory errest, Approximate Interval Between Onset and Death										
	resulting in death)	Days Due to (or as a consequence of):													
_	- Pulmonary Metastases - Baeast Cancer 1-24re														
٥	Sequentially list conditions, If any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):														
§	cause. Enter UNDERLYING CAUSE (Disease or Injury Cause Colored or Injury)														
<u> </u>	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQU	JENCE OF):		L	Lives							
- II															
EH.	Todating in death) Excit	d		PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS											
		d.	death but not re	euiting in	the underly	ing cause given in			24b.						
		100	death but not re			ing cause given in	PERF	PMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
EDICAL	PART II. Other significent condition	100				ing cause given in		PMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
EDICAL	PART II. Other significant condition	ra of w				ing cause given in	PERF	PMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
EDICAL	PART II. Other significant condition Hypercolculum Anemica Ostloporos 25. WAS CASE REFERRED TO MEDICAL	ra of w		ance	26.	ing cause given in	PERFC	PMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
EDICAL	PART II. Other significant condition Hypercalcan Anemia Osteoporos	HOSPITAL:		anci	26. OTHER:		PERF(1 YES	PMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
EDICAL	PART II. Other significant condition The condition Anchor of Ocean PART II. Other significant condition The condition of Ocean PART II. Other significant condition The condition of Ocean PART II. Other significant condition The condition of Ocean PART II. Other significant condition The condition of Ocean PART II. Other significant condition The condition of Ocean PART II. Other significant condition The condition of Ocean PART II. Other significant condition The condition of Ocean PART II. Other significant condition The condition of Ocean PART II. Other significant condition The condition of Ocean PART II. Other significant condition The condition of Ocean PART II. Other significant condition PART II. Other significant	HOSPITAL:	DER/Outpatient 3 [INJURY	anci	26. OTHER: 4 Nursing No	PLACE OF DEATH (Che	PERF(1 YES	PRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
PHYSICIAN: MEDICAL	PART II. Other significant condition Hypercolculus Anendo Osaloporos 25. Was case referred to medical EXAMINER? 1 YES 2 NO	HOSPITAL: 1 (XInpatient 2 28e, DATE OF (Month, De	DER/Outpatient 3 Elinjury og Year)	DOA 28b. TIME	26. OTHER: 4 Nursing No. OF 28c. II	PLACE OF DEATH (Che	PERF(1 YES	PRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
D BY PHYSICIAN: MEDICAL	PART II. Other significent condition Hypercolculus Anendo 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	HOSPITAL: 1 (Xinpatient 2 28a, DATE OF (Month, Date 28a, PLACE OF 28a, P	DER/Outpatient 3 [INJURY	DOA 28b. TIME	26. OTHER: 4 Nursing No. OF 28c. II	PLACE OF DEATH (Che	PERF(1 YES	PAMED? 2 NO INJURY OCC and Number	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
ED BY PHYSICIAN: M	PART II. Other significent condition The Colon of the Co	HOSPITAL: 1 Compation 2 28a, DATE OF (Month, Date of building,	ER/Outpatient 3 [INJURY oy, Year) F INJURY — At hometc. (Specify)	DOA 28b. TIME INJU	26. OTHER: 4 Nursing No. OF 28c. II	PLACE OF DEATH (Che	PERF(1 YES 1 VES 1 VES 1 VES 28d. Other (Specify) 28d. OESCRIBE NOW 28f. LOCATION (Stree City or Town, State	INJURY OCC	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
ED BY PHYSICIAN: MEDICAL	PART II. Other significent condition APPLICATION APPLICATION APPLICATION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident Investigation Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: 1 (Xinpatient 2 28a, DATE OF (Month, Date of building, Stician): To the best of	ER/Outpatient 3 INJURY INJURY — At hometc. (Specify) my knowledge, deat	DOA 28b. TIME INJUING A farm, st	26. OTHER: 4 Nursing No. OF 28c. II RYY 1	PLACE OF DEATH (Che	PERF(1 YES 1 VES 1 VES 1 VES 28d. Other (Specify) 28d. OESCRIBE NOW 28f. LOCATION (Stree City or Town, State to the cause(s) and m	INJURY OCC	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
ED BY PHYSICIAN: MEDICAL	PART II. Other significent condition Hypercolculus Anchor of Octob 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER NO CERTIFUL DUMS	HOSPITAL: 1 (Xinpatient 2 28a, DATE OF (Month, Date of building, Stician): To the best of	ER/Outpatient 3 INJURY INJURY — At hometc. (Specify) my knowledge, deat	DOA 28b. TIME INJUING A farm, st	26. OTHER: 4 Nursing No. OF 28c. II RYY 1	PLACE OF DEATH (Che	PERF(1 YES 1 VES 1 VES 1 VES 28d. Other (Specify) 28d. OESCRIBE NOW 28f. LOCATION (Stree City or Town, State to the cause(s) and m	INJURY OCC	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition APPLICATION APPLICATION APPLICATION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident Investigation Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: 1 (Kinpatient 2 28a, DATE OF (Month, Date of building, SICIAN: To the best of ER: On the bests of ax	ER/Outpatient 3 INJURY INJURY — At hometc. (Specify) my knowledge, deat	DOA 28b. TIME INJUING A farm, st	26. OTHER: 4 Nursing No. OF 28c. II RYY 1	PLACE OF DEATH (Che	PERF(1 YES 1 YES 1 Other (Specify) 28d. OESCRIBE NOW 28f. LOCATION (Stree City or Town, State to the cause(s) and making, data and place, of	INJURY OCC	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition The color of the condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: 1 (Xinpatient 2 28a, DATE OF (Month, Date of ER: On the beals of axis)	ER/Outpatient 3 [INJURY oy, Year) F INJURY — At hometic. (Specify) my knowledge, deat samination and/or inv	DOA 28b. TIME INJU	26. OTHER: 4 Nursing No. OF 28c. II RPY 1 Treet, factory, of	PLACE OF DEATH (Che ome 5	PERF(1 YES 1 YES 1 Other (Specify) 28d. OESCRIBE NOW 28f. LOCATION (Stree City or Town, State to the cause(s) and making, data and place, of	INJURY OCC	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,					
ED BY PHYSICIAN: MEDICAL	PART II. Other significent condition	HOSPITAL: 1 (Xinpatient 2 28a, DATE OF (Month, Date of ER: On the beals of axis)	ER/Outpatient 3 [INJURY oy, Year) F INJURY — At hometic. (Specify) my knowledge, deat samination and/or inv	DOA 28b. TIME INJU	26. OTHER: 4 Nursing No. OF 28c. II RPY 1 Treet, factory, of	PLACE OF DEATH (Che ome 5	PERF(1 YES 1 YES 1 Other (Specify) 28d. OESCRIBE NOW 28f. LOCATION (Stree City or Town, State to the cause(s) and making, data and place, of	INJURY OCC	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition The color of the condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: 1 (Vinpatient 2 28a. PLACE Of building, bickinh. Do the best of ER: On the best	ER/Outpatient 3 [INJURY oy, Year) F INJURY — At hometic. (Specify) my knowledge, deat samination and/or inv	DOA 28b. TIME INJU	26. OTHER: 4 Nursing No. OF 28c. II RPY 1 Treet, factory, of	PLACE OF DEATH (Che ome 5	PERF(1 YES 1 YES 1 Other (Specify) 28d. OESCRIBE NOW 28f. LOCATION (Stree City or Town, State to the cause(s) and making, data and place, of	INJURY OCC	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,					



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3	FOR STATE REGISTRAR	STATE OF MARYI	AND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN REG. NO	E	0 12043							
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	DAY YEAR								
æ	BRENT MATTHE				APRIL 18,		~ 14:41 m								
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	SIRTHPLACE (State or Foreign Country)							
	213-22-2259	55 YRS.				,1928 PEARSON, MD									
	9a. FACILITY NAME (If not institution, give :				R LOCATION OF D	EATH	9c. COUNTY OF DEATH								
18	ST. MARY'S HOSPIT	AL		LEONARI	DTOWN		ST. M	IARY'S							
REC	10e. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS?								
ä		MARY'S	CA	LIFORNIA	1		1 TYES 2 X NO								
BY FUNERAL DIRECTOR	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?							
	P.O. BOX 454	12. WAS DECEDENT EVER			20619			STATES							
	1 Never Married 2 Married 3 Widowed 4 Divorced	2 NO DATES	If yes, spi	ecify Cuban, Maxica 2 X NO Special	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ly:	Black, White, etc. Specify:									
	15. DECEDENT'S EDU	ICATION	164 DECEDENTIE	USUAL OCCUPATION		I providente a service		LACK							
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of v	rork done during mo. e retired.)	st of working	16b. KIND OF BU	SINESS/INDUST	RY							
PLI	3	College (1-4 or 5+)	CUSTOD			COUNT	Y GOVER	NMENT							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 000100	12114	18. MOTHER'S NA	ME (First, Middle, Meiden		CIVILLY I							
BE C	CLAUDE SYLVESTER	PRICE			BERTHA	MAE GORDON	1								
5 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Cod	(e)							
۴	MARY CATHERINE PR	ICE	P.O.	BOX 454,	CALIFOR	RNIA, MARYI	LAND 20	619							
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Rem	oval from State	ACE AND DATE O	F DISPOSITION (Na	me of	OATE 20c. LO	CATION — City	or Town, State							
	1 M Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. Story of the place) 1 M ACULATE HEART OF MARY 4/22/93 LEXINGTON PARK, MD														
	BRINSFIELD FUNERAL HOME														
		INSTIELD, JR			. WASHIN	IGTON STREE	ET, LEO	NARDTOWN, MD							
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that cause List only one cause on a	d the death. Do n	ot entar the mo	de of dying, suc	ch as cardiec or respi	ratory erreat,	Approximate interval Between							
	IMMEDIATE CAUSE (Final disease or condition)														
	resulting in death) a. A cut M you and the factor of the														
_	DUE TO (OR AS A CONSEQUENCE OF):														
ě	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
S															
트															
Ë	resulting in death) LAST														
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINONGS														
5			PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?												
PHYSICIAN: MEDI							2	OF DEATH?							
ż						_ ′									
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)									
ΥSI	1 YES 2 NO	1 Inpetient 2 ER/Out	petient 3 🗆 DOA	OTHER: 4 - Nursing Home	5 🗆 Residence	8 Other (Specify)									
	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME INJ	JRY WO	RK?	28d. OEŞCRIBE HOW II	NJURY OCCURE	D							
B	2 Accident Investigation	200 DI ACE OF IN HUR	YES 2 NO												
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spe	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
9	AN APPRING														
MP	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(a) and manner es stated,														
	The Controller and vith E on Controller														
BE	290. DEENSE NUMBER 290. DATE SIGNED (Month, Day, 9														
					30. NAME AND ADDRESS OF PERSON WILD COMPLETED CAUSE OF GRATH (ITEM 27) (Type, Front)										
5	30. NAME AND ADDRESS OF PARSON WAS	O CHIPLETED CAUSE OF GA	LATH (ITEM 27) (Type.	Print)	D 1991	/		1/93							
5	JAMES C. BOYD.	()				D 2065	1/93							
OT		17 (JEPF	ERSON ST			N, MARYLAN	D 2065	0							



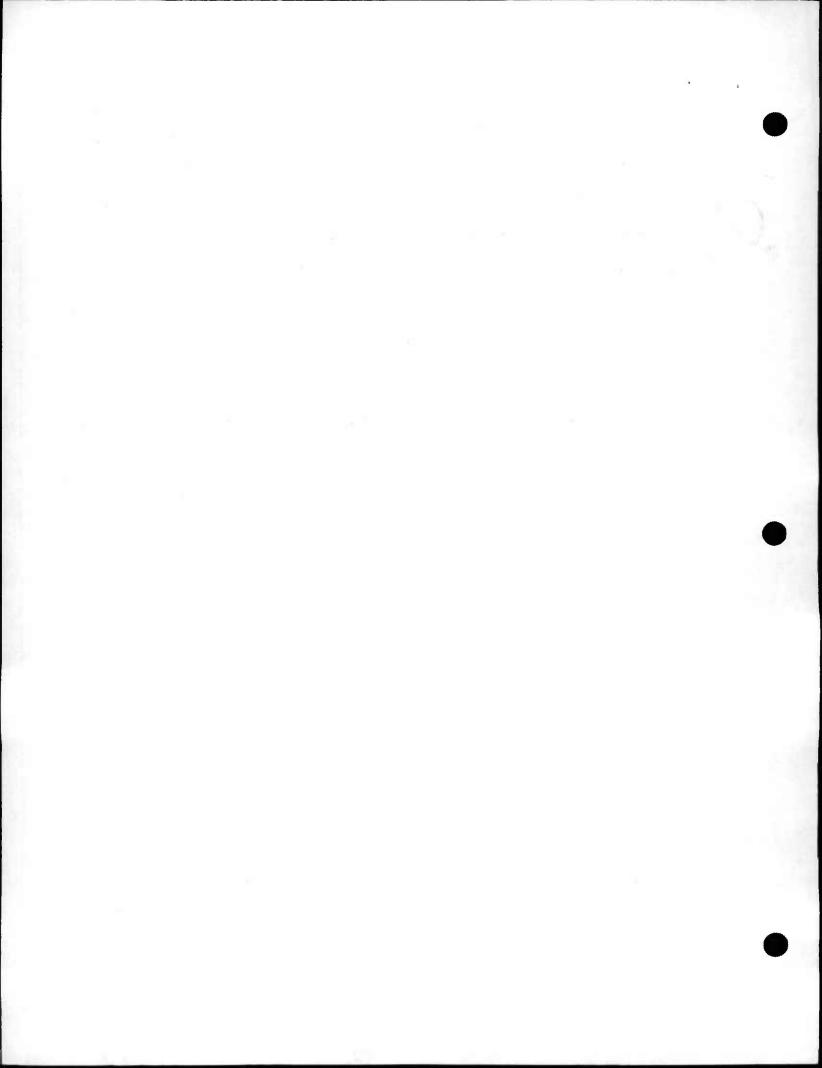
Dr. Roger B. Ingh 31. DATE FILED (Month, Day, Year) APR1 5 1993

Ingham, M.D.

												9	3	12644	
•		1 - STATE REGISTRAR	STATE OF	MARYLA	ND / DEPA	RTMENT FICATE				MENTAL					
		1. DECEDENT'S NAME (First, Middle	, Last)		CERTI	FICATE	UF	DEAL	I H	REG. NO. 2. DATE OF DEATN 3.			3. TIME OF DEATN	_	
,		THOMAS HE	NRY POR	TER						MONTH		1003	YEAR	40.00	Λ.,
		4. SOCIAL SECURITY NUMBER	5. SEX	1	r yrs. last birthday) IF UNDER t	YEAR	IF UNDER	24 HRS.	_	OF BIRTN	1993		10:30	AM
- 14		372-12-6814	1 🔀 M 2 🗆 F	7	74 YRS.	MONTHS	DAYS	HOURS	MIN.	Apr	oil 15,	1918	Country	ine, WI	
- 4		9e. FACILITY NAME (If not institution				9b. CITY,	TOWN	OR LOCATIO	ON OF DE	ATN		TY OF DE	ATN		
1	DIRECTO	Washington Adventist Hospital Takoma Park							ζ			Mon	tgom	ery	_
P		10e. STATE 10b. 0	COUNTY		10c. C	ITY, TOWN OF	LOCAT	TION	-					10d. INSIDE CITY	_
1			rince Georg	ge's_	H	yattsv	ille	9						LIMITS?	
	430	10e. STREET AND NUMBER					101	. ZIP CODE					HAT COUNTRY?		
ans.	쁗	5014 56th Ave						207	• •			U.S			
physician, burial gransit	正	1 Never Married 2 Married	12. WAS DECEDE FORCES?	1 YES	2 XNO	13. WAS DECENDENT OF NISI II yes, specify Cuben, Mex			n, Mexicer	n, Puerto R	? (Specify Yee ilcan, atc.)	or No-	14. RACE — American Indian, Black, While, etc.		
ding the	BY	3 X Widowed 4 Divorced	IF YES, GIVE	WAR ON DA	168	1	∐ YES	2 X NO	Specify	C.			Specify	White	
aften use a:	윤	15. DECEDENT (Specify only highes	S EDUCATION I grade completed)	1	18e. DECEDENT	'S USUAL OCC	CUPATIO	ON ast of working	107	16b.	KIND OF BUS	SINESS/IND	USTRY		
tal or	 <u> </u>	Elementery/Secondary (0-12)	College (1-4 or !		life. Do NOT	use retired.)			-						
the hospital or attending detached for use as the once.	COMPLET	12 17. FATNER'S NAME (First, Middle, La	2		Asst.D	ir.ofL	abo						ailw	ay Compa	n'
retained by the hospital or attending 5 should be detached for use as the notified at once.	- 1	Thomas T. Po									liddle, Malden				
ould be	BE	19e. INFORMANT'S NAME (Type/Print			19h MAII II	IG ADDRESS	(Street e				enquis		0		
	5	Brian J. Port	•			Seclu								20279	
page tt pe r		20. METHOD OF DISPOSITION		20b.1	PLACEANDDAT	F OF DISPOSIT	ION /No	me of		DATE	200 100	CATION C	Very on Town	o Carto	-
age 6 m director. er must		1 X Buriel 2 Cremetion 3 C 4 Donation 5 Other (Specify		_ Ga	tery, crematory of te of H	eaven	Ce	emete	ery4	/16/9	3 Silv	er S	prin	g. Maryla	n
death. Page 6 ma e funeral director, p l, examiner must		1 X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A.													
		Vaclo	12:	ر تا در در ه		473	30 F	ls Ga Ralti	more	S 50	us rui Hvat	teral	nome	2, P.A. MD 20781	
hours after of in by the or removal.	ERTIFICATION	4739 Baltimore Ave., Hyattsville, MD 20781 23. 946 I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiretory arrest, Approximate													
24 hours filled in 1 on, or re		MEDIATE CAUSE (Final									Interval Batwe Onset and Dea				
hin 24 tely fille mation,		disease or condition resulting in dasth) a. MYOCARFIAL INFARTION DUE TO (OR AS A CONSEQUENCE OF):										15-1			
completely tal, cremat event, 1		DUE TO (OR AS A CONSEQUENCE OF):											1	_	
and com burial,		Sequentially list conditions,	b												
ate be execute ysician and c prior to buria		If any, leading to immediate cause. Enter UNDERLYING													
ertificate be ing physician giene prior t	윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												-	
DET =	E	reaulting in death) LAST										İ			
	뜅	DART II ON A LANGE												<u>+</u>	_
at the by th and N inj	8	PART II. Other significant con	ditiona contributing to	o death bu	t not reaulting	in the und	erlying	cause g	jiven in F	Part I.	24a. WAS AN . PERFOR			WERE AUTOPSY FINDING	38
igned by ealth an	MEDICAL									_	1 YES 2 NO COMPLETION OF GEATH?			COMPLETION OF CAUSE OF DEATH?	
requires seen sign of Heal										-			· ·	YES 2 NO	
SICIAN: The law requires that the certificate has been signed by the State Dept. of Health and I, or Item 23 shows any Ii.	AN	25. WAS CASE REFERRED TO MEDIC	CAL T				20 01	105 DE DE	F. 1701 - 1701 -						_
N: The ficate h State I	Sici	EXAMINER? 1 YES 2 NO	HOSPITAL:	□ ER/Outpet	Hant 2 Minnos	OTHER:		ACE DF DE							_
Certification to the the	PHYSICIAN:	27. MANNER OF DEATH	26e. DATE O	FINJURY	28b. TI	4 Nursir	8c. INJ				(Specify)	NJURY OCCI	URED		_
NG PHYS fter this c eath with marked	ВУР	1 Natural 5 Pending 2 Accident Investig	Section 1	Day, Year)	"	M M		RK7 'ES 2 🗌							
NDING F R: After or death is mar		3 Suicide 6 Could n	28e. PLACE	OF INJURY -	At home, lerm	street, lactor	y, office	1		28t. LOCA	TION (Street a	nd Number o	or Rural Ro	ute Number,	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the THE FUNERAL DIRECTOR. After this certificate has been signed by the mad within 72 hours after death with the State Dept. of Health and MPORTANT: If Item 28 is marked, or Item 23 shows any Inji	ETE	4 Nomicide determined building, atc. (Specify)													
L DIRECT Phones filem	교	290. CERTIFIER (Check only	PNYSICIAN: To the beat of	l my knowle	dge, death occu	red at the sim	e, date	end plece,	end due t	to the caus	e(e) end man	ner ee state	d.		
HOSPITAL FUNERAL Within 72 !	COMPLET		AMINER: On the basis of											and menner ee stated.	
THE HOSPI THE FUNER THE WITHIN	8	296. SIGNATURE AND TITLE OF CER	TIFIER	7 .			Т		NSE NUMI					Month, Day, Year)	
PPSM	OB	Rugu B.	- July July	n K.h				100	589	71		▶ 4,	/13/1	.993	
00	7	30. NAME AND ADDRESS OF PERSO	N WNG COMPLETED CAL	SE OF DEAT	TN (ITEM 27) (Typ	e, Print)									_

m, M.D. 6510 Kenilworth Avenue, #2400, Riverdale, MD
32. REGISTRAR'S SIGNATURE
Julia Davidson Randall

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tile.	•	ansit pe	-die
BALTIMORE, MARYLAND 21215-0020	nin 24 hours after death. Page 6 may be retained by the hospital or attending physician	tely filled in by the funeral director, page 5 should be detached for use as the burial-	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial. Bansit per the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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30. NAME AND ADDRESS OF PERSON H.

31. DATE FILEO (MORITI, Day, Year)

APR 1

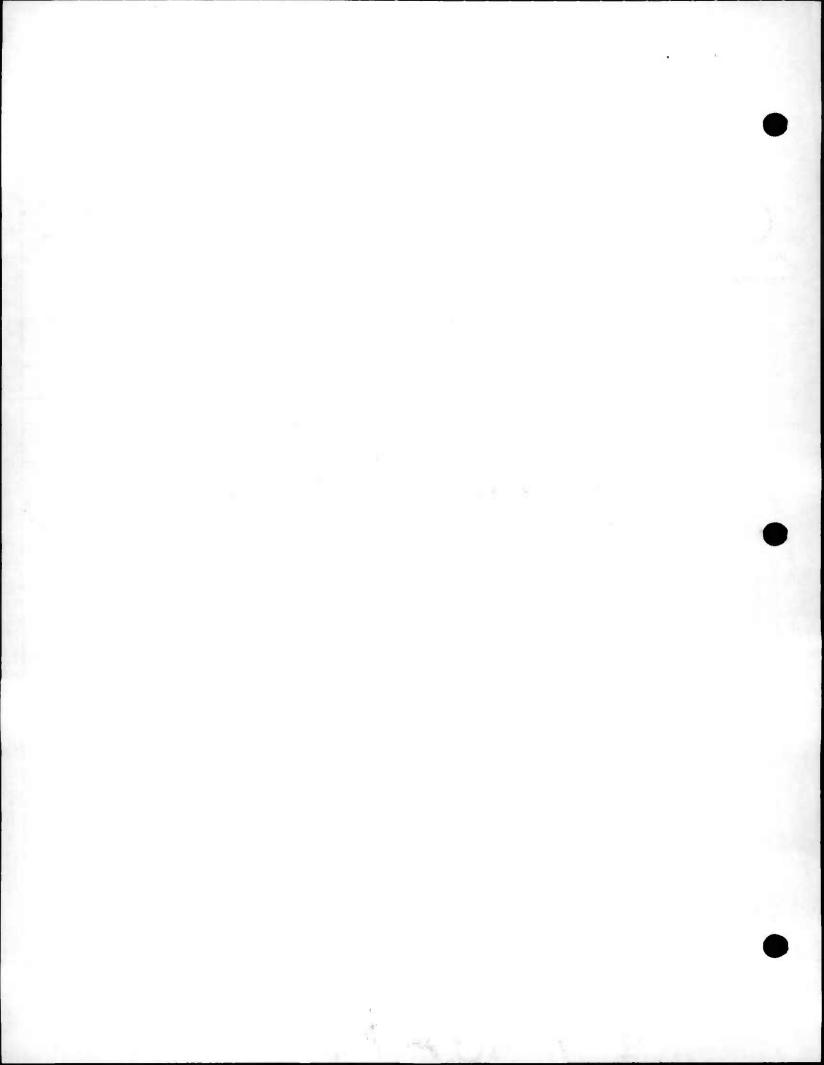
I WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1 MD 7307 BALTIA
32. REGISTRAN'S SIGNATURE
3 Julia Davidson-Randall

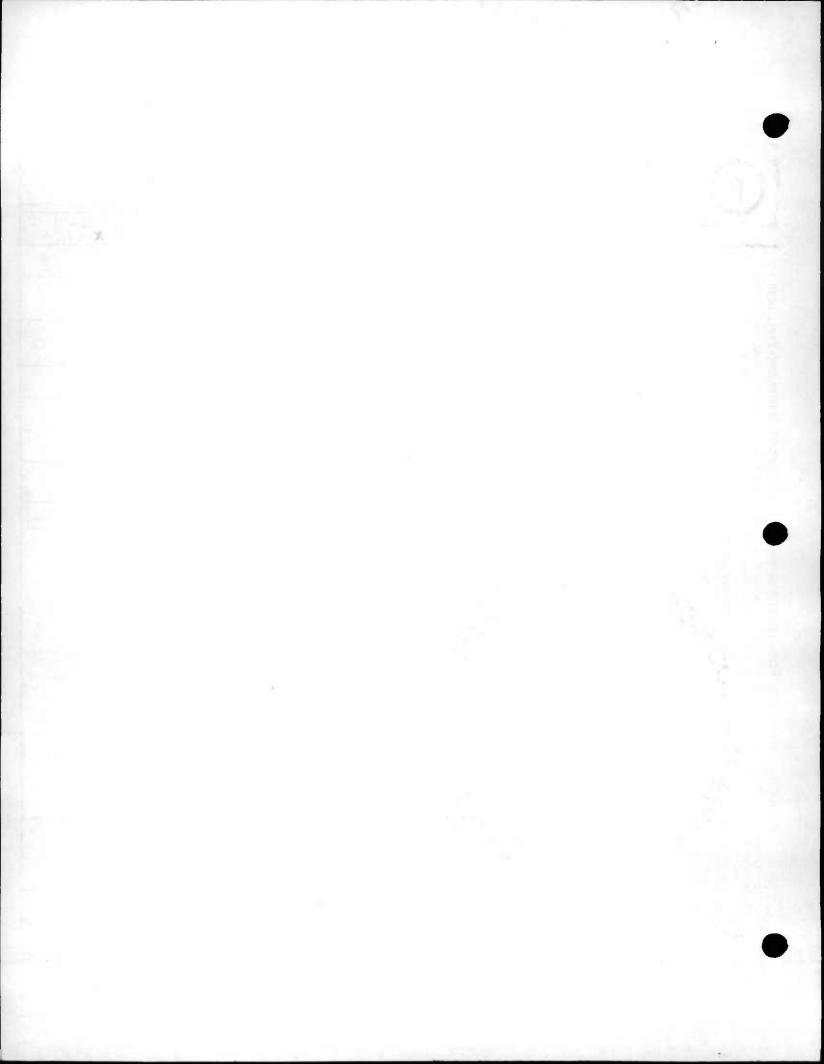
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	FOR STATE REGISTRAR		STATE OF N					EALTH DEAT		MENTAL HYGIEN	_			
- 3	1. DECEDENT'S NAME (First	Middle, Last)				IOAI		DEA		2. DATE OF DEATH		_	3. TIME OF DEATH	
1 3				4-5						MONTH D	AY	YEAR	3. TIME OF DEATH	
	CHAN			RK		,				04 1	4 1	993	9:13P M	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	t birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		B. BIRTH	IPLACE (State or Foreign	
- 3	216-90-0753		1 □ M 2 XXF	72	YRS.	MONTHS	DAYS	HOURS				920 Korea		
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9h CIT	Y TOWN C	R LOCATIO			9c. COU			
-00	Doctor's Cor			_ 7					M OF DE	AIN .				
0			y Hospita	a1		La	nham				Prin	ice G	eorge's	
ည	RESIDENCE OF DEC	10b. COUNTY	,		40. 00	w	OR LOCAT						No. of the last of	
置								ION					10d. INSIDE CITY LIMITS?	
9	Virginia	Staff	ord		Sta	ffor	d						1 XYES 2 NO	
100	10e. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
100	121 Greenfie	og ble	Бe				100	2255	1		Vo	rea		
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Ver or No.) 14. BACE - Arm													
교	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — Am 1 Never Married 2 Married 15. WAS DECEDENT EVER IN U.S. ARMED 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 17. RACE — Am 18. RACE — Am 19. Recently Cuban, Mexican, Puerto Rican, etc.)										E — American Indian, k, White, etc.			
B	> 1 TYES, GIVE WAR OR DATES 1 YES 2 V NO Specify: Specify:										My:			
	3 XX magning 4 - Died	1000						21					Korean	
ᇤ	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY													
ᇤ	(Specify only highest grade completed) (She kind of work done during most of working life. Do NOT use retired.)													
립	8 Homemaker Own Home													
COMPLETED	17. FATHER'S NAME (First, M	Solotto (nost)			Ome	CITCL								
8										ME (First, Middle, Melden	Sumame)			
BE	Chung Su Ma	an						Byon	ng Y	u Kim				
	19a. INFORMANT'S NAME (7	ype/Print)		191	b. MAILING	ADDRES	S (Street a	nd Number	or Rural F	Route Number, City or Tow	n, State, Zi	o Codel		
5	Mr. Yousun Park 121 Greenfield Rd., Stafford, Virginia 22554													
9	20. METHOD OF DISCOULTION													
- 3	XX Burtal # Cremetto	n 3 🗆 Reme	oval from State	cemetery, cre				me of						
	4 Domitton 5 Domer	(Specify)		 Chona 	ın Me	m. P	ark	4.	-19-	93 Seou	il, S	outh	Korea	
	21. SHIMATURE OF FUNERA	L SERVICE L	espect					D ADDRES						
1	16	11	//	4						nham Funer				
	1	9 //	Juon	~		J 90	13 A	nnap	olis	Rd.,Lanha	ım,Ma	ryla	nd 20706	
	23. PART I. Enter the di	seases, or o	omplications tha	t caused the de	ath. Do	not ente	r the mo	de of dyle	ng, suct	n as cardiac or respi	ratory ar	rest,	Approximate	
	Mock, or n	eart failure.	List only one cau	ise on each line							•		Interval Between	
	IMMEDIATE CAUSE (Findisease or condition	iai		_			0-	0		7 50			Onset and Death	
	resulting in death)	→ ,	. Ceca	10 (2119	21	wa	100	asx	Jaila	ra	_		
			DUE TO	(DR AS A CONSE	DUENCE P	F):				0				
z	t		2/10	nton	SI	n							1	
CERTIFICATION	Sequentially list conditi if any, leading to imme-		oue to	(OR AS A CONSEC	DUENCE O	F):								
AT	cause. Enter UNDERLY		202	1.50	In	00	4						Ì	
유	CAUSE (Disease or Inju		c. DUE TO	(OR AS A CONSE	1/12	Rec	Jus.							
Ē	that initiated events resulting in death) LAS	,	DOE TO	(OH AS A CONSEC	JUENCE U	r):							i	
1	resulting in death) LAS	· .	d											
	DADT II Osh cleatiles	-4141			7							_		
PHYSICIAN: MEDICAL	PART II. Other significa	nt condition	s contributing to	death but not r	esuiting	In the u	nderlying	cause g	iven in i	Part I. 24a. WAS AN PERFOR	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
일	_ Ul	d	STRAK	2 60	48	20	14	to	mil	PERFOR	NOT UN		AMPLABLE PRIOR TO COMPLETION OF CAUSE	
					22				7	- 11 1 1E3 Z	MO		OF DEATH?	
Σ													1 YES 2 NO	
Ϊį														
8	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF OE	ATH (Che	ick only one)				
is I	1 TYES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE.		6 G Par	eldenne !	8 Other (Specify)				
<u></u>	27. MANNER OF OEATH		28a. OATE OF		28b. TIM		28c. INJ		- Control	28d. OESCRIBE HOW I	H HIM OO	CUREO		
	1 Natural 5	Pending	(Month, D			URY	wo	RK?		200. DESCRIBE HOW I	NJURY OC	COMEO		
BY		rwestigation				161		'ES 2 🗌	NO					
	3 Suicide 8 S	Could not be	28a. PLACE O	F INJURY — At ho etc. (Specify)	me, ferm,	street, fac	tory, office			281. LOCATION (Street s	nd Number	r or Rural F	loute Number,	
쁘	4 Homicide	determined		1-2-5-7/						City or Town, State)				
"	29a. CERTIFIER		V				_							
COMPLETED	(Check only									to the cause(s) and mer				
5	2 MEDI	CAL EXAMINE	R: Dn the basis of a	xemination and/or i	investigatio	n, in my	opinion, d	eath occur	ed at the t	time, date and place, an	d due to ti	he cause(s) and manner as stated.	
	29b. SIGNATURE AND TITLE	OF CERTIFIER	1					29c. LICE	NSE MIM	IRER	204 DAY	E SIGNES	Month Day Year	
8	>F>	PL	no					7			ZPU. DAI	L SIGNED	(Month, Day, Year)	
2	CH G	N/0	10					DI	149	105		4/1	5/33	
	30. NAME AND ADDRESS OF	PERSON WILL	O COMPLETED CALE	SE OF OFATH ATER	M 27) /5	Order 1						-		

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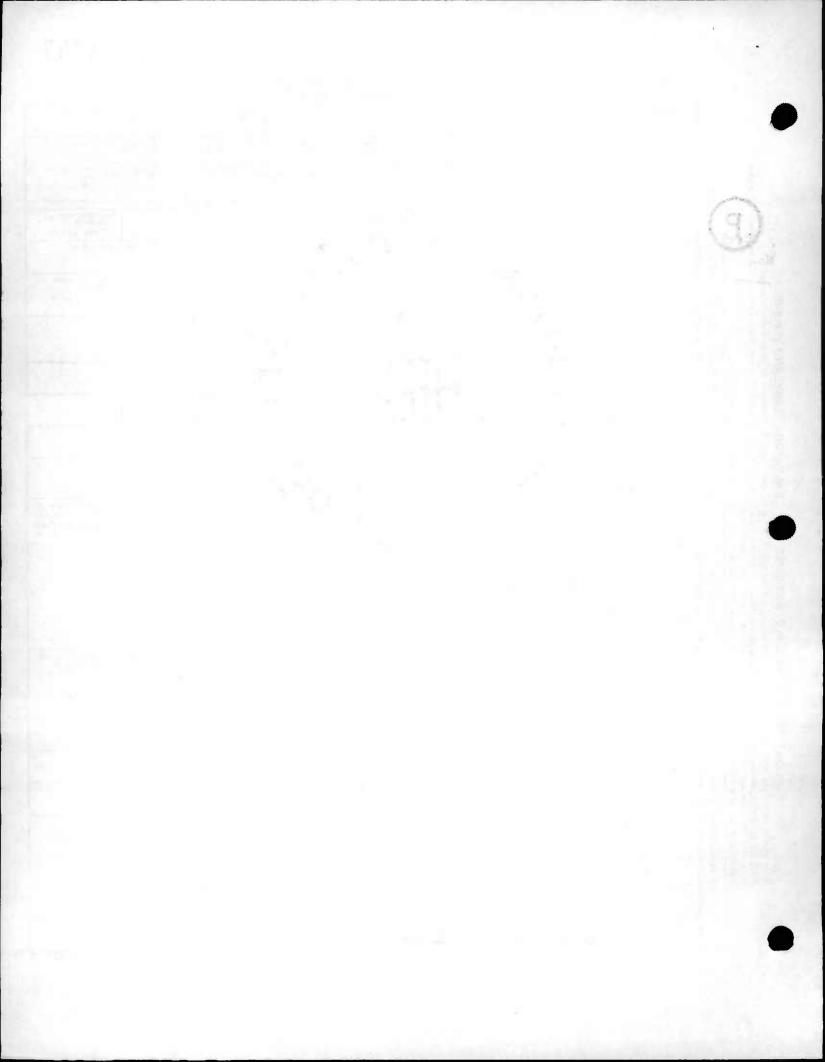


	0		FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPARTME	NT OF H	EALTH AND DEATH	MENTAL	HYGIEN REG. NO.	E 93	1 2	2646
			1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	w v	EAR 3.	TIME OF DEATH
			YVONNE ROSS							PR 10		EAR	8:45 A
W.			4. SOCIAL SECURITY NUMBER 577-72-9851	5. SEX 8.	AGE (In yrs. last	t birthday) IF UN YRS. MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month	Day: Year)	52	Country)	OISTRICI COLUMBIA
4 1	O	1	9a. FACILITY NAME (If not institution, give s			9b. C	TY, TOWN	R LOCATION OF D	EATH		9c. COUNTY		
, 1	3	ě	NATIONAL NAVAL M	EDICAL CEN	NTER		BETHE	SDA			MONT	GOME	RY
ik.		146	10a. STATE 10b. COUNT	γ		10c. CITY, TOW	N OR LOCAT	ION				10	d. INSIDE CITY
		8	DISTRICT OF C	OLUMBIA								1	LIMITS? YES 2 NO
****	B. B.	A.	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
	in. ransit	FUNER	1512 7th STREET	NW				200	001		UN:	ITED	STATES
21215-0020	attending physician. ise as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	YE8 2 N	ю	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexico 2 NO Specia	an, Puerto R		or No— 14	Black, W	American Indian, Thite, atc. BLACK
215	attend ise as	ED	15. DECEOENT'S EDU (Specify only highest grade	CATION	18a. DE	CEDENT'S USUA	ne durina ma	ON st of working	16b.	KIND OF BUS	SINESS/INDUS	TRY	
	for use		Elementary/Secondary (0-12)	College (1-4 or 5+)	lile.	Do NOT use retire	d.)	ot or working		0			
MARYLAND	retained by the hospital or 5 should be detactied for u notified at once.	COMPLET	12 17. FATHER'S NAME (First, Middle, Last)		N	ATIONAL	GUAR				nment		
LA.	by the							18. MOTHER'S NA					
AB)	5 should notified	BE	ALBERT ROSS 19a. INFORMANT'S NAME (Type/Print)		198	MAILING ADDR	FSS (Street a	ESSIE nd Number or Rural				orde)	
_		2	JO ANN WILLIAMS					SE, WA					
ш	leath, Page 6 may be funeral director, page xaminer must be	-	20 METHOD OF DISPOSITION		20b. PLACE	ND DATE OF DIS	POSITION (Na	me of	OATE	_	CATION — City		State
0	rector, p		1 🗗 Burial 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗆 Other (Specify)	oval from State	Quani	tico Na	tiona	1 4/	19/9:	3 Qua	ntico	, Va.	
Ĕ.	death. Page e funeral dire il. examiner n		21. SIGNATURE OF FUNERAL SERVICE LI	phoses		2	22. NAME AN	ier's Fu	ACILITY	Homo	Inc	,	
AL	. 69	i i	PHI (V)	h of	2206	42		Rhode Is			_	•	
	executed within 24 hours after and completely filled in by the o burial, cremation, or removal matic event, the medical	Y	23. PART I. Enter the diseases, or enock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	on each line	AIN HER			ch as cerd	ac or respi	ratory srres	ι,	Approximate Interval Between Onset and Deat
Õ.	or be	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	AS A CONSEC	NUENCE OF):	- 1						
0	D H	CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OF	AS A CONSEC	NUENCE OF):						4	
RD	w requires that the of been signed by the it, of Health and Me shows any injury.	MEDICAL	PART II. Other significant condition	s contributing to de	ath but not re	eculting in the	underlying	g ceuse given in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	AM CO OF	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE OEATH? YES 2 NO
IAI		S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7		ACE OF DEATH (C)	heck only one)			
5	certificate the State	PHYSICIAN:	I TYES 2 NO	1 Inpatient 2 ☐ El	-	DOA 4		e 5 🗆 Residence	8 🗆 Other	(Specify)			
	After this ce death with the marked,	ву рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. OATE OF INJ (Month, Day,		28b. TIME OF INJURY		URY AT RK? (ES 2 NO	28d. OE\$	CRIBE HOW II	NJURY OCCUP	REO	
DIVISION	TOR: A after d after d 28 is	ED	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							and Number or	Rural Rout	Number,
	TO THE HOSPITAL DR A TO THE FUNERAL DIREC DE filed within 72 hours IMPORTANT: If item	COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my	knowledge, de	nth occurred at II	ne Ilme, data ny opinion, d	and place, and due	e to the cause lime, data	e(s) and men	ner sa stated, d due lo lhe c	:ause(a) ar	d menner as stated.
	ORT WE	BE (29b. SIGNATURE AND TITLE OF CERTIFIE	11/11/	1			29c. LICENSE NU	MBER				orith, Day, Year)
}	2 6 8 8	2	/ 2W/3/	NANI	MI						19	Apri	193
	2)	PAUL B. MITCHEL	L. LT. MC.	USN		BET	IONAL NA HESDA MI				ΓER	
			APR1 5 19	32. REGISTRAR'S	SIGNATURE	n-Randal	2						



pinous E

	1 - STATE REGISTRAR	STATE OF M		/ DEPAR					MENTA	AL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last) Grace Osthilia	a PL	ESSINGE						MONT	E OF DEATH	MY Y	YEAR	3. TIME OF DEATH 4:21P M
		5. SEX 1 M 2 F	6. AGE (In yrs. le	lest birthday) YRS.	MONTHS	DAYS	IF UNDER	R 24 HRS.	7. DATE	E OF BIRTH	8.	. BIRTHPL Country)	LACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give stre Rt. 2, Box 1096	set and number)			9b. CITY		kland			,	9c. COUNTY		ATH
S.	RESIDENCE OF DECEDENT			T 100 CF	TY, TOWN								
T I	The state of the s	rrett			0akla								IOd. INSIDE CITY LIMITS?
I.	10e. STREET AND NUMBER	11000			Janzo	101. ZIP CODE					10g. CITIZEI		TYES 2 X NO
FUNERAL	Rt. 2, Box 1096	00				21550				USA			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	. WAS DECEOENT EVER IN U.S. ARMED 13 FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES				3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify:				or No- 14	Black, \ Specify:	- American Indian, White, etc. White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)		DECEDENT'S (Give kind of the Do NOT us	work done use retired.)	during mos)N st of workir	ng	161	b. KIND OF BU		TRY	marco
MP	8th 17. FATHER'S NAME (First, Middle, Last)			Home	emake	er					ome		
2	Lloyd	- Mo:	ore						AME (First, erva	Middle, Maiden	Sumame)	м	loore
) BE	19a. INFORMANT'S NAME (Type/Print)	110.		19b. MAILING	G ADDRES	S (Street a				nber, City or Tow	n. State, Zip Co		10016
5	Charles L. Plessir	nger, Sr								d, Mar			550
	20e. METHOD OF DISPOSITION 1	val from State	20b. PLACE cemetery, ci Plea	EANDDATE	OF DISPOS	SITION (Na	me of		DAT	TE 20c 10	CATION - CIN	v or Town	, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home										21550		
	immediate cause (Final disease or condition resulting in death) Acute Myocardial Infarction Due to (or as a consequence of):											Approximata interval Between Onset and Death 2 hours	
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Ins, DUE TO (OR AS A CONSEQUENCE OF):									years		
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO ((OR AS A CONSE	EOUENCE O	⊮F):								
	PART II. Other significant conditions	contributing to	deeth but not	resulting	in the ur	nderlying	Cause (elven in	Dari I	24a. WAS AN	Atmoney	T 245 W	PERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL				Touris		Tuerry g	Cause y	JIVOI. II.	——————————————————————————————————————	PERFOR	RMED?	CO	WALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 TO NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF OR	EATH (Ch	neck only o	ne)			
SIC		HOSPITAL: 1 Inpetient 2	ER/Outpatient	3 🗆 ODA	OTHER	R:	5 0 Re	75.					
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF I	INJURY	28b. TIM		28c, INJL WOF	URY AT		v	SCRIBE HOW II	NJURY OCCUR	REO	
TED BY	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide detarmined	26a, PLACE OF building, c	FINJURY — At he	iome, farm, s	street, fact				261. LOC City	CATION (Street a or Town, State)	and Number or I	Rural Roul	te Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CONTROL OF C											ause(a) a	nd menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER Margure	* Ka	ikin	N				ENSE NUN		26650		12/9	fonth, Day, Year)
2	Margaret A. Kasie	er, MD,	PO BOX	486,	OAKI	LAND.			550	,20030			
2	31. DATE FILED (Month, Day, Year) APR 1 3 1993	32. REGISTRAR	r's signature widson-R	and ste						-			



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	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial cremation or removal.
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or item 23 shows any injury, or other traumatic

marked,

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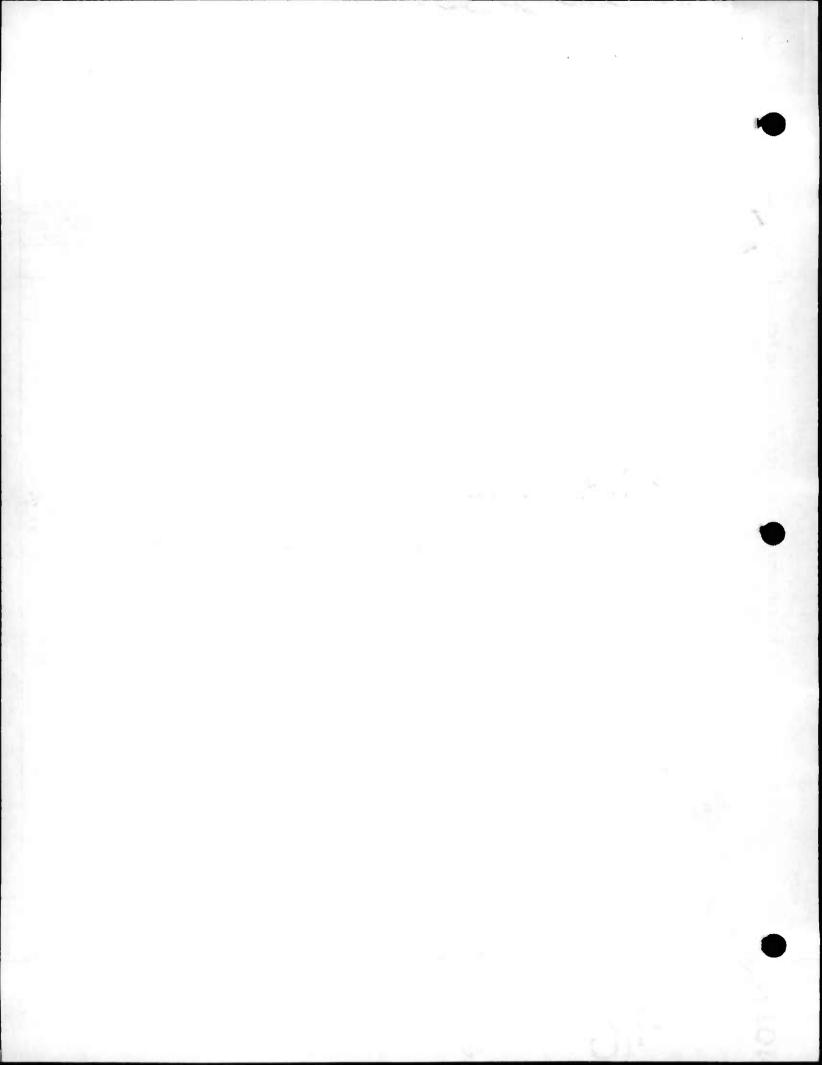
IMPORTANT: If Item

23

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Florida Virginia Quillen April 15, 1993 3:05 a 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTH (Month, Day, Year) 1 M 2 F DAYS HOURS 218-34-8889 YRS. 25,1909 November MD 9e. FACILITY NAME (If not institution, give street and number) 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH 673 Village In The Park Salisbury Wicomico 10a. STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Worcester Berlin 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11443 Gum Point Road 21811 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 X NO BY Specify: Specify: 3 Wildowed 4 Divorced White COMPLETED 16a, OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 6 Beautician Beauty Shop 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George W. Cathell Elizabeth Powell BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joan Jackson 673 Village In The Park, Salisbury, Md. 21801 20a. METHOD OF DISPOSITION

1 💢 Burlal 2 🗆 Cremation 3 🗆 R

4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Sunset Memorial Park 4/17/11 Berlin, Md. 21. SIGNATURE OF FUNERAL PRIVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
Burbage Funeral Home, 108 Williams Street Berlin, Md. 21811 23. PART I. Enter the discress or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Arrest PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE ALTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 Residence 8 - Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) D19432 4/19/93 2 30, NAME AND ADDRESS DI COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE 1993



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2- hours after death. Page 6 may be retained by the hospital or attending physician.	-
The second secon	
10 THE FUNEMAL DIRECTOR's After this certificate has been signed by the attending physician and completely hilled in by the funeral director, page 5 should be detached for use as the burial-famility memory. The filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	1
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	/

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

						CALL	- 01	DEA	111		G. NO.			
1. OECEDENT'S NAME (First, ROSEIT		Stone	e		Ryan					2. DATE OF DE		199	3 YEAR	3. TIME OF DEATH 08:00 M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (I	in yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR	тн		8. BIRTI	HPLACE (State or Foreign
224-10-5860		1 □ M 2 🂢 F	7	8	YRS.	MONTHS	DAYS	HOURS	MIN.	OCTOBER 2	^{16ar)} 22, 1	914	VIR	GINIA
90. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT						DEATH		
Calvert M		al Hospit	al			Prince Frederick Calve					ert			
10a. STATE	10b. COUNT	1			10c. CITY,	TOWN C	OR LOCA	TION						10d, INSIDE CITY
MARYLAND	CAL	VERT			LUS	BY								LIMITS? 1 TES 2 X NO
10e, STREET AND NUMBER							10	. ZIP COD	E			10g. CIT	ZEN OF	WHAT COUNTRY?
411 COYTE TRA	11.							20657				UNIT	ED ST	CATES
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARI	MED					NC ORIGIN? (Spe		or No-	14. RAC	E — American Indian, k, White, etc.
1 Never Married 2 🖟		IF YES, GIVE Y						2 X NO			Pro. j		Spec	
		<u> </u>												ITE
(Specify only	EDENT'S EDU y highest grade	completed)		(Gi	VE kind of wo	ork done	CCUPATH during mo	DN ost of worki	ng	16b. KIND	OF BUSI	NESS/INC	DUSTRY	
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)		Do NOT use	C. S. Harris								
				CLE	RK/SEC	RETAI	ΚY							
17. FATHER'S NAME (First, M										ME (First, Middle,		urname)		
EDWARD LONG		KUITT							_	ELT CAR				
19e. INFORMANT'S NAME (7										Route Number, City		State, Zip	Code)	
JAMES B. RYAN						-			Y, MA	RYLAND 20				
20e. METHOD OF DISPOSITION 1	n 3 🗆 Rem	oval from State	ceme	PLACE A etery, crer	nd DATE OF or oth NA	FDISPOS er place) TTONA	AT. CE	me of	V					own, State RGINIA
21. THE MAYLINE OF FUNETIA		cysts	> 1	шшю.	1011 141			ND AODRE			MULL	MOTOL	, VII	GINIA
mea	Mel	-				I	BRINS	FIELD	FUNE	RAL HOME				
MICHAEL	Control of the Contro	Charles Theorem Bridge Str.			_									MARYLAND 20650
23. PART I. Enter tha dishock, or himmediate cause (Findlesse or condition resulting in death)	eart fallure.	a. meta	bol	C Ilna.	OC ()	d	021	-	mg, suc	ii as cardiec oi	гтеэрпе	atory arr	7001,	Approximate Interval Between Onset and Death
Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Diseese or inju- that initiated events resulting in death) LAS	diate ING Iry	. Isd	in	mi	UENCE OF	32	m	el o	dis	elize				
PART II. Other significa	nt condition	s contributing to	death bu	ut not re	sulting in	the un	derivin	O cause (alven In	Part I 240 V	NAS AN A	IITODEV	241	WERE AUTOPSY FINDINGS
						. uic gii	dellym	g cadeo ;	aren in	P	ERFORM	EO?	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE
									-	10	YES 2	NO		OF DEATH?
							_			_	/			1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL						11.00							
EXAMINER?	U MEDICAL	HOSPITAL:	. 17.7			OTHER	₹:			eck only one)				
1 YES 2 NO		1 Inpatient 2		ntient 3	□ DOA	4 🗌 Nun	ing Hom		sidence	6 Other (Speci				
	Pending Investigation	28e. DATE OF (Month, E)	lay, Year)		10:30	RY	28c. INJ WC	PRK?	No 🏅	SUBJECT		JURY OC	CUREO	
3 Sulaida	Could not be	26e. PLACE C		- At hor			ory, offic			281 LOCATION	/Street on	d Number	or Rural I	Route Number,
4 Homicide	determined		ME (KI		N)					City or Town	, State)	411 C	oyte	Trail
		CIAN: To the best of e												a) and manner as stated.
296 SIGNATURE AND TITLE	OF CERTIFIE	hon	dr	7//				29c. LICI	NSE NUM	ABER		29d. DAT	E SIGNED	(Month, Dwy, Year)
30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAU	SE OF DEA	TH (ITEN	27) (Type, F	Print)								
Kimource	Yazda	ni, M.D.			Pri	nce	Free	derio	ck, N	Maryland	E .	2067	' 8	
31. DATE FILED (Month, Day,		32. REGISTRA												
11 114	17 3	0 46	2 your	(d/301/v	-Randa	مادر								



Kimourc

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

2000 RAY LEONARD

4. SOCIAL SECURITY NUMBER

217-28-2999

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BOX 68/60,	The law requires that the death certificate he even uted within
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RESIDENCE OF DECEDENT Um. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION PRINCE DIR MD L ANDOVER FUNERAL ... STREET AND NUMBER 101. ZIP CODE r use as the burial-transit CEWARD RUND 2000 20785 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 D YES 2 \square NO IF YES, GIVE WAR OR DATES 10-24-45 **11-6-4611. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puerto Rican, etc.)
 U YES 2 VNO Specify: 1 Never Married 2 Married В 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe Po Elementary/Secondary (0-12) 12 page 5 should be detached MECHANIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ti Bill Robbins DOROTHY notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MERLE BROWN 2000 RAY LEONARD RD. PALMER PARK, MD 20785 å 20a. METHOD OF DISPOSITION

iX Burlai 2 Cremation 3 Rem

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE completely filled in by the funeral director, rial, cremation, or removal. MARYLAND VETERANS CEM. 4-12 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.B. JENKINS FUNERAL HOME KIM 7474 LANDOVER RD. LANDOVER, MD 20785 the medical 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): event, n and com to burial, c traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL a de shows any 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Hem HOSPITAL: OTHER: 1 YES 2 NO 1 Dipatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5-67 Residence 6 ☐ Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? this c 5 Pending Investigation 1. Natural ВУ 1 YES 2 NO After 1 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Soccify) OR ATTENDII
DIRECTOR: A hours after d 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL C be filed within 72 h HOSPITAL 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death 29c LICENSE NUMBER 296 SIGNATURE AND TITLE OF CERTIFIER Denoty Walsen in Clebre Cn O 발 발 발 ELAMINA 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5 ORE MID # 203 Queen s & way Rd Hy with Wille Mid 20787

32. REGISTRAB'S SIGNATURE PRODUCE

GUND DANGLOON-RONDER 401 31. DATE FILED (MOPP) R

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9b. CITY, TOWN OR LOCATION OF DEATH

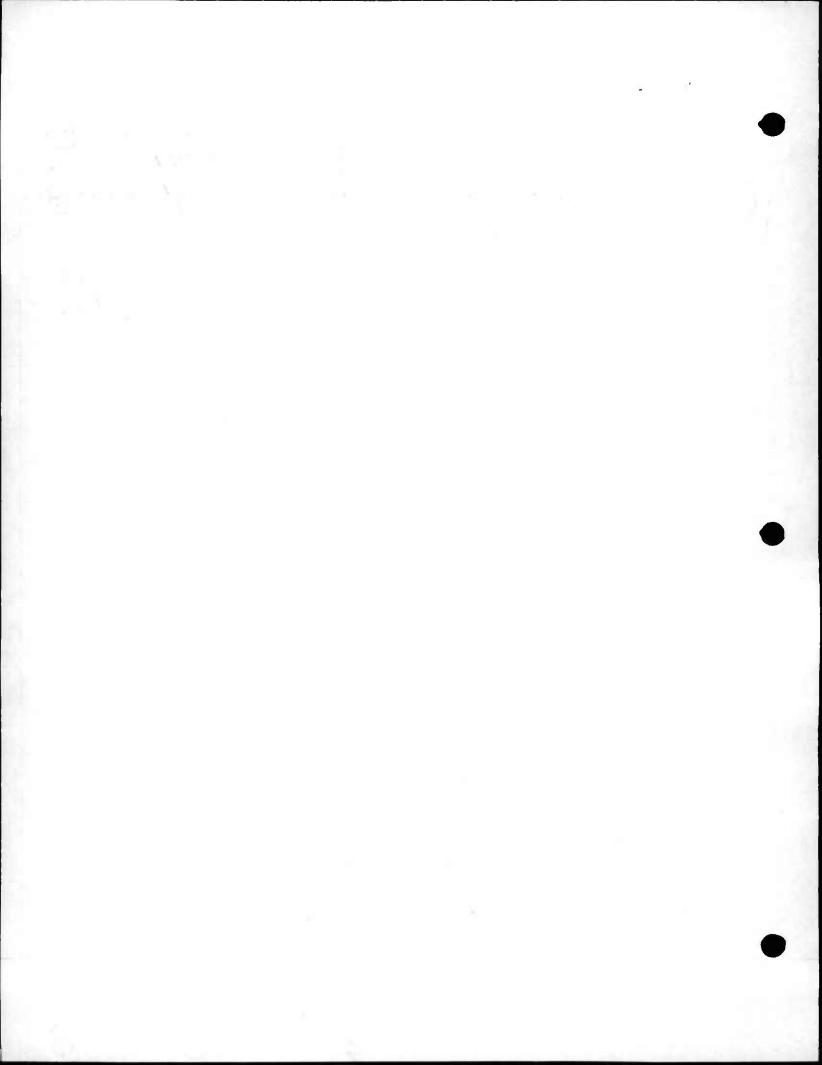
LANDOVER

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

F. ROBBINS

93 12650

3. TIME OF DEATH 332 D M 7. DATE OF BIRTH (Month, Day, Year) 27 MARYLAND PRINCE GERGET 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. 3/3/ac/L 16h KIND OF BUSINESS/INDUSTRY PVT. PURNELL 20c. LOCATION — City or Town, State CHELTENHAM, MARYLAND Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 TO NO 1 TES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)



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	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	B	DIRECTOR: After this
	TO THE HOSPITAL OR ATTENDING F	THE FUNERAL DIRECTOR: After this certificate has been signed by the within 72 hours after death with the State Dept. of Health and
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Dr.

Taky

E.D.

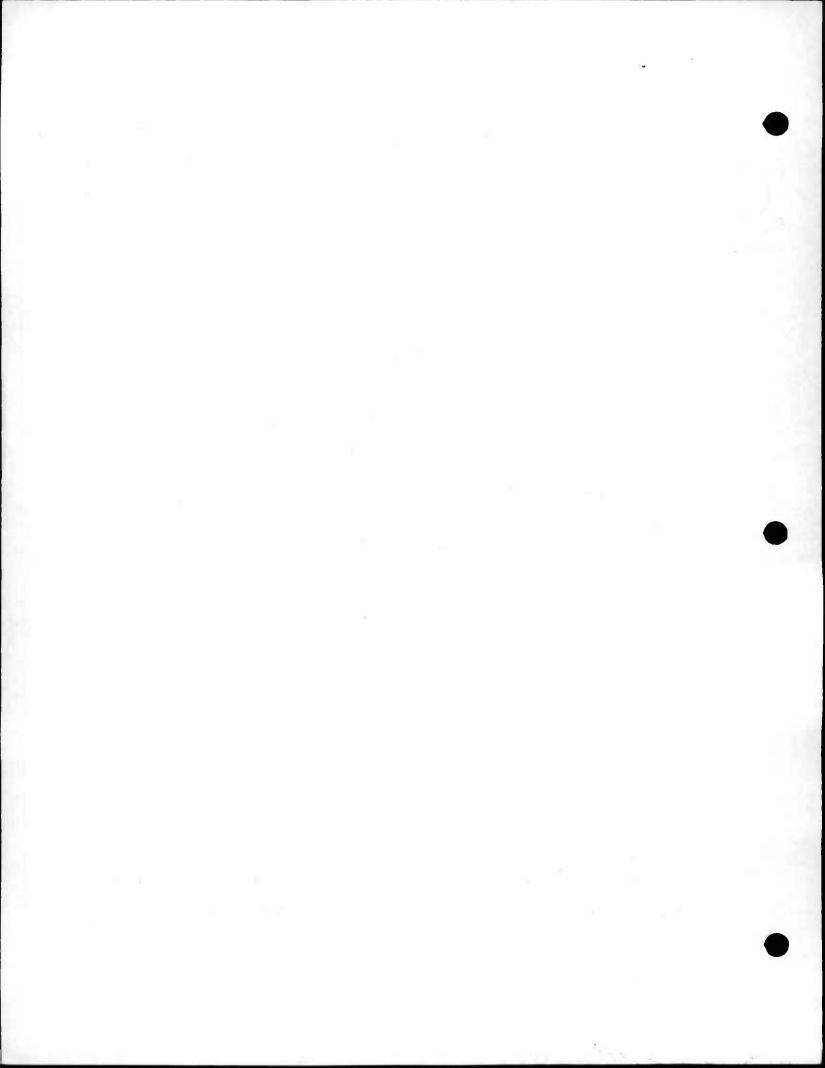
5 1993

Mourtzanakis, M.D.

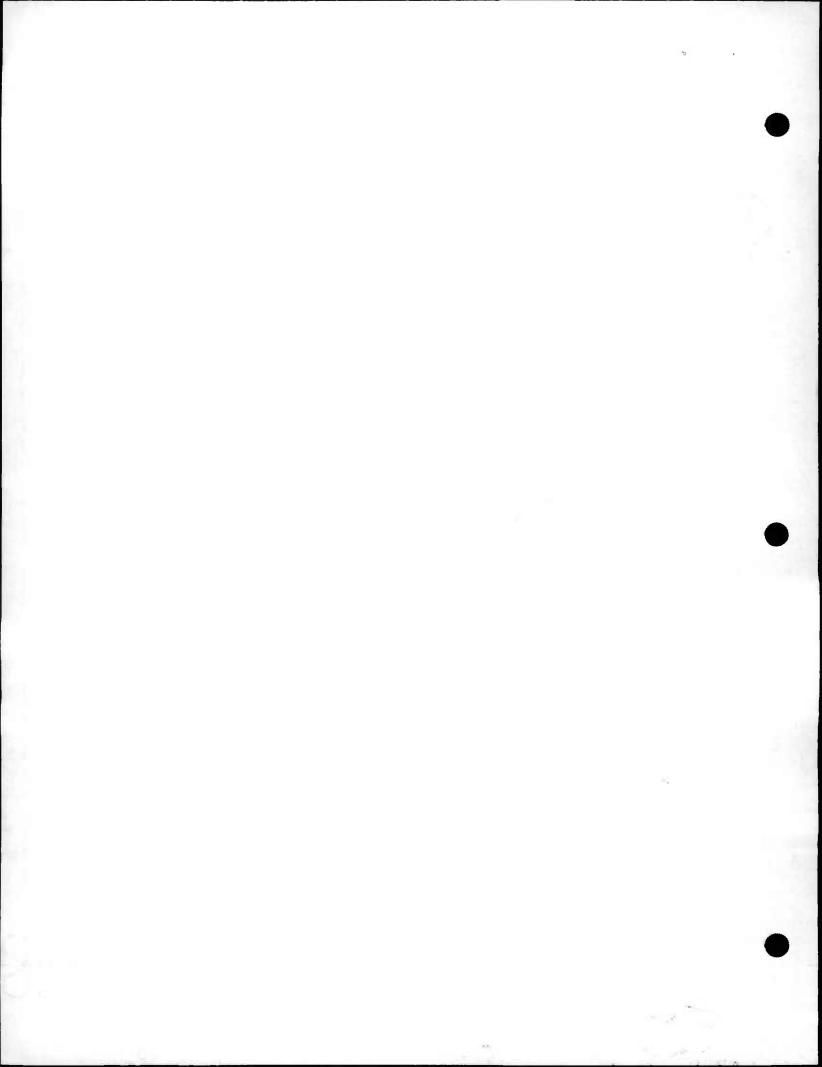
32. REGISTRAR'S SIGNATURE

											93		2651
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF					MENTA	L HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			. TIME OF DEATH
	Samuel Frank	lin Re	ed, Sr.						MONT!	13	199	YEAR	3,40 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTHPI	ACE (State or Foreign
15	213-44-7469	1 🖾 M 2 🗌 F	46	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	06/1946		Country)	
	9a. FACILITY NAME (If not institution, give s	treet and number)	-70		9b. CITY	TOWN O	R LOCATIO	ON OF DE		707 1740	Maryland 9c. COUNTY OF DEATH		
Œ	5710 East West Hi					erda		J. O. B.			1		orge's
PLETOR	RESIDENCE OF DECEDENT	giiway			KIV	CIU	TC				TITIL	- 66	orge s
遵	10a, STATE 10b, COUNTY	1		10c. CIT	Y, TOWN C	OR LOCAT	ION					1	Od. INSIDE CITY
	Maryland Prin	ce Georg	e's	Riv	erda	1e						١,	LIMITS?
4	10e. STREET AND NUMBER					10f.	ZIP CODE				10a. CITIZ		AT COUNTRY?
E	5710 East West Hi	ghway				2	0737				U.S.		
FUNERA	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. AR	MED	13.1				UC OBICIA	12 (Canally Van			A day to the day
E	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 16. Yes 2 No 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 18. RACE — American Indian, 19. Black, White, atc. 19. Yes 2 No 10. Yes 2 No 10. Yes 2 No 11. Yes 2 No 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 14. RACE — American Indian, 15. Black, White, atc. 16. Yes 2 No 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 18. RACE — American Indian, 19. Black, White, atc. 19. Yes 2 No 19. Ye												
В													
8	15. DECEDENT'S EDU	CATION	18a. DE	CEDENT'S	USUAL O	CCUPATIO	N		16b	. KIND OF BUS	INESS/INDU	STRY	WILLE
Ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gi	ive kind of a Do NOT us	vork done (e retired.)	during mos	it of workin	g	133				
7	6			chani	.c					Sheet	Meta:	L	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18 MOTH	IFD'S NA	ME /First 1	Middle, Maiden S	Summanual .		
O	William Samuel	Reed					Ann		Loui		ylor		
8	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street or	ad Akımbar	or Pural I	Dougla Museul	ber, City or Town	Ct-4- 7/- /	De elek	
2	Joan V. Taylor									Riverda			20737
	20a. METHOD OF DISPOSITION		20b. PLACE					0	DATE				land.
	20b. PLACE AND DATE OF DISPOSITION 1 Dariel 2 The Transform of the property o												
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		- F	22	NAME AN	D ADDRES	S OF EM	CHITY				
	· 70	AM.		/	Fr	anci	s Ga	sch	s Sc	ns Fun	eral	Home	, P.A.
- 8	Yach 1	X Tru	end	_	47	39 B	alti	more	e Ave	.,Hyat	tsvi	lle,	
	23. PART i Entar the diseases, pro ahock, or haart failure.	omplications the	caused the da	ath. Do r	Dt entar	tha mod	da of dyl	ng, aucl	h aa card	llac Dr respir	atory arre	at,	Approximata
- 1	IMMEDIATE CAUSE (Final	1.1											Intarval Batween Onset and Daath
	disease or condition resulting in death)	. MET	ASTAT	10	A	TOR	100	AR	11.7	AMOL	-		
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ERTIFICATION	Sequantially list conditions, if any, laading to immediate	DUE TO	OR AS A CONSEC	DUENCE OF	7):				30	1700	-00		
2	CAUSE (Disease or Injury	à											
E	that initiated events	DUE TO	OR AS A CONSEC	WENCE OF):								
H	resulting in death) LAST	4											
O		1	death had and										
O	PART II. Other significant condition	a contributing to	daath but not re	nauiting i	n tha un	derlylng	cause g	iven in	Part i.	24a. WAS AN A			ERE AUTOPSY FINDINGS
O		a contributing to	daath but not r	saviting i	n tha un	derlying	cause g	lven in	Part i.		MED?	C	
O		a contributing to	daath but not ra	aaviting i	n tha un	derlyIng	cause g	lven in	Part i.	PERFORM	MED?	O O	MILABLE PRIOR TO OMPLETION OF CAUSE
O	PART II. Other significant condition	a contributing to	death but not re	eaulting (n tha un	derlying	cause g	lven in	Part i.	PERFORM	MED?	O O	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
O			daath but not ri	aauiting i		26. PL/			Part i.	PERFORM 1 YES 2	MED?	O O	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
O	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	A contributing to HOSPITAL: I Inpetient 2			OTHER	26. PL/	ACE OF DE	EATH (Che		PERFORM 1 YES 2	MED?	O O	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
O	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 28a. DATE OF	ER/Outpetient 3	DOA 28b, TIM	OTHER 4 Nurs	26. PL/ t: sing Home 28c. INJU	ACE OF DE	EATH (Che	ock only on	PERFORM 1 YES 2	MED?	All Cr	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
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ED BY PHYSICIAN: MEDICAL C	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Date Of building, Inc.) 28a. PLACE Of building, Inc.	ER/Outpetient 3 INJURY y, 'ber' FINJURY — At horitic. (Specify) my knowledge, dea	DOA 28b. TIMM INJ	OTHER 4 Nurse E OF URY M Attreet, factor	26. PLJ 8: sing Home 28c. INJU WOF 1 YI ory, office	ACE OF DE RESERVAT RK? 2 and place, and place, ath occure 29c. LICE	NO and dua	28d. DE\$ 28d. DE\$ 281. LOC: City of	PERFORM 1 YES 2 e) r (Specify) CRIBE HOW IN ATION (Street ar or Town, Stete) se(a) end menr and place, and	JURY OCCU	A A A A A A A A A A A A A A A A A A A	MILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH? YES 2 NO to Number, Ind manner as stated.

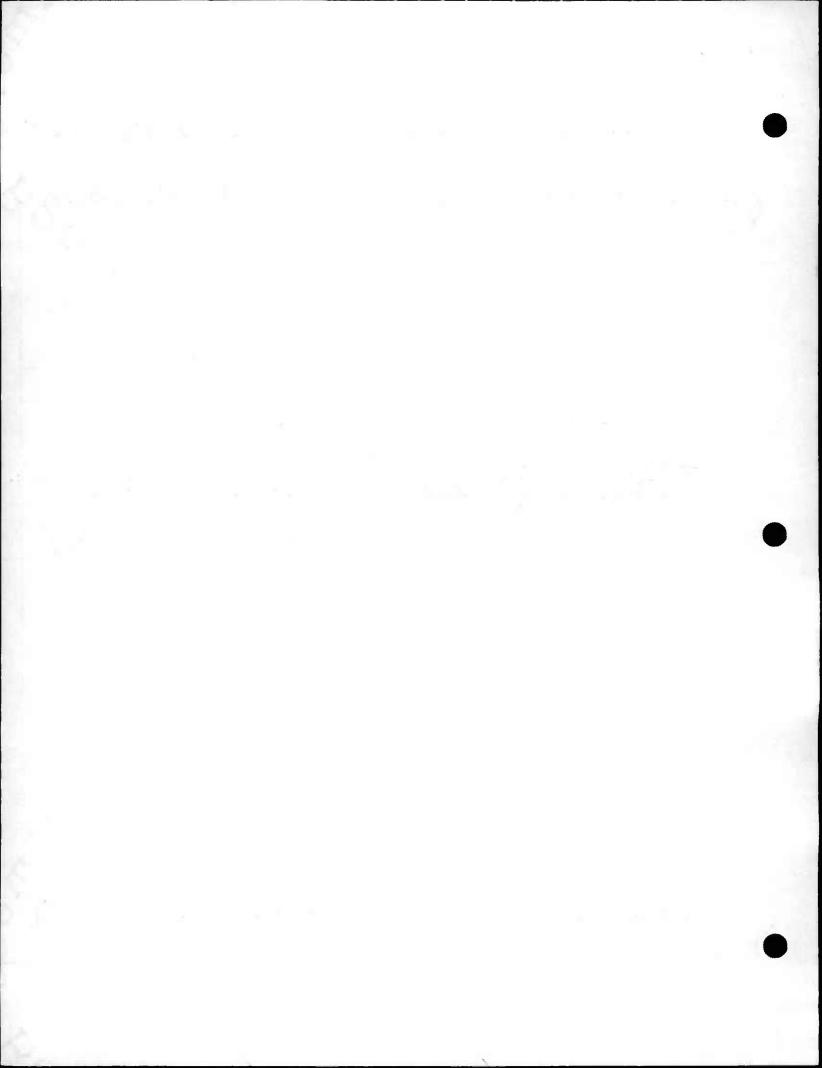
3450 Ft. Meade Road, #109, Laurel, MD 20724



		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT (OF HEALTH AND	MENT/	AL HYGIEN					
		DECEDENT'S NAME (First, Middle, Last) KENNITH	WAYNE		MSEY		2. DATI MON	E OF DEATH	IAY Y	YEAR	TIME OF DEATH	рм	
pj. 🕶		219-94-1978	1 XM 2 F	(In yrs. lest birthday) 21 YRS.		AYS HOURS MIN.	7. DATE (Mon 12	E OF BIRTH (th, Day, Year)	71	Country)	ata, MD		
2, should	TOR	98. FACILITY NAME (If not institution, give stree CROOM RD.AT CAN RESIDENCE OF DECEDENT		₹D.		DYWINE	HTAB		9c. COUNTY PRINC		H EORGES	3	
(F)	PADIRECTO	Maryland Prince	e George ^t s		ry, town on a						d. INSIDE CITY LIMITS?	10	
Live. J. Add.		POB 661 Brandyw				101. ZIP CODE 20613			Unite		ates		
21215-0020 al or attending physicial for use as the burial-ty	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If ye	S DECENDENT OF HISPA es, specify Cuban, Maxic YES 2 NO Speci	can, Puerto	N? (Specify Yas Rican, etc.)			American Indian,		
21215-00	LETED			life. Do NOT us	work done durir se retired.)	ng most of working		b. KIND OF BUS	SINESS/INDUS	TRY			
LAND 2 the hospital e detached for	COMPLET	9 17. FATHER'S NAME (First, Middle, Lest)		Heavy I	Equipn	nent Oper	AME (First,		Surname)				
MARYL. retained by the 5 should be of notified at or	TO BE	John Ramsey, Jr.				Lillian	l Route Nun	nber, City or Tow					
May be		John Ramsey, Jr. 20g. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remove	al from State 20b	PI ACE AND DATE	OF DISPOSITIO	ivingston ON (Name of	0.47	20- 10	CATION ON		04-4-		
death e funer e. funer il.		21. SIGNATURE OF FUNERAL SERVICE LICEN	& Frio.	Perpetery, organicary or other places Washington National Cemetery4/15/93 Suitland, Mar Prancis Gasch's Sons Funeral Home, 4739 Baltimore Avenue, Hyattsville, N									
24 hours filled in the tion, or relation, or relation		23. PART I. Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
be execute clan and co ior to buria	ICATION	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF	F):								
S, P.O. Bodeath certificate attending physiemal Hygiene print, or other t	CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):								
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AL KE he law req thas been e Dept. of m 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEATH (C)	heck only o	ne)	-				
VIIAL CIAN: The lav striffcate has he State Dep or item 23	YSIC	1X YES 2 NO	IOSPITAL:	etlent 3 🗆 DOA	OTHER:	Home 5 - Residence			ROADWA	ΥY			
ING PHYSIC frer this ce eath with t		27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 1/10/93	286. TIMI INJ 8 : 5 5	IURY	C. INJURY AT WORK?		SCRIBE HOW IF					
TTENDI TTOR: A after d	TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec	- At home, farm, a	street, factory,		28f. LOC City	CATION (Street a or Town, State)	and Number or I	Aural Route	pact a Number ill rd		
4 4 Z	COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MMEDICAL EXAMINER: 0					a to the car	use(a) and man	ner as stated.				
THE HOSPIT THE FUNER THE FUNER THE MITHIN 7	TO BE (296. SUGNATURE AND TITLE OF CERTIFIER	Dright 1	10		29c. LICENSE NU				IGNED (Mor	nth, Day, Year)		
(2)			OMPLETED CAUSE OF DEA	111 Per		reet, Ba		nore,			2120) 1	
	'	APR1 5 1993	32. REGISTRAR'S SIGNA	Son-Randae	2								



		FOR STATE REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)	STATE OF MARYL	CE	RTIFI	CATE OF		2. D/	REG. NO).	3. TIME OF DEATH		
		HELEN	F.	KU	555	ELL	_		4 S	3 9	YEAR 6:10 M		
Pir		4. SOCIAL SECURITY NUMBER 578-07-9445	1 🗌 M 2 💢 F	(In yrs. lest t		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	7. DA A D	TE OF BIRTH onth, Pay, Year) TII 13,	1899	6. BIRTHPLACE (State or Foreign Country) Nepbraska		
(P	HOT.	9a. FACILITY NAME (If not institution, glass SOUTHERN A RESIDENCE OF DECEDENT	RYLANDHOS	spit							WCE GEORGE		
	DIREC	10e. STATE 10b. COUNTY		Washington, D.C.							10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
020 physician. burial-transi: per	NERA	2805 31st Street	21. WAS DECEDENT EVER II				20020			U.S	EN OF WHAT COUNTRY?		
5-0 Iding	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	CENDENT OF HIS pecify Cuben, Me 8 2 XNO Sp	xican, Puer	GIN? (Specify Ye to Rican, atc.)	s or No—	4. RACE — American Indian, Black, White, etc. Specify: White						
21 for u	LETED	15. OECEDENT'S EOUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	life. D	kind of wo On NOT use	,	ON ost of working		166. KIND OF BU		STRY		
the hosp detached	COMPL	17. FATHER'S NAME (First, Middle, Last)	4	пош	e mal	ker	4 4407145010		Own Ho				
_ > % %	H	Unobtainable		196	MAILING A	DDBESS (Street		obta	inable				
	2	Margaret E. Goldsm	ith				urch Rd				20602		
6 ma stor, p		20e. METHOD OF OISPOSITION 1	oval from State	PLACEAN netery, creme ETPOP	DDATEOF	disposition (N	atory	4/1:	ATE 20c. LC 3/9B A1		cia, VA		
. 0 = 0		71. SIGNATONS OF FUNERAL SERVICE LIC	A Gello	ul		4308	No ADDRESS OF Suitlan	d Rd	• Suit1	and, N			
ECX 68/60, ficate be executed within 24 hours physician and completely filled in the prior to burial, cremation, or relet traumatic event, the median	RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a						int				
ines that the death signed by the attendeath and Mental Health and Injury, or	MEDICAL CERI	PART II. Other aignificant conditions	A .	ut not rea		1 4	g cause given	in Part i.	24a. WAS AN PERFOR	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
S ept P	PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check pally one)										
SICIAN: The certificate he the State I, or Item	YSIC	1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outp	atlent 3 🗆		OTHER:	ne 5 🗆 Residen	ce 6 🗆 OI	ther (Specify)				
S E SE SE	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	1	28b. TIME INJUS	RY WO	JURY AT ORK? YES 2 NO	28d, C	EŞCRIBE HOW I	INJURY OCCU	RED		
TTENDI TTOR: A after d	ETED 8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home	, term, etr	est, factory, offic	:0	28t, L	OCATION (Street a lty or Town, State)	and Number of	Rural Route Number,		
Z Z Z =	COMPLE		CIAN: To the best of my knowl R: On the beele of examination								i. ceuse(a) end manner as stated.		
TO THE HOSPI TO THE FUNER be filed within	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	A. Jan	ho Q	You	vy	29c. LICENSE I	9 6/6	5	29d. OATE 5	SIGNED (Moreth, Day, Year)		
2	Ė	30. NAME AND ADDRESS OF PERSON WHO J. SANFORD V 31. DATE FILEO (Month, Day, Year)	SUNG M.D.	11-	101	LIVING	stonk	ld. #	101 F	f.WAS	hington, Md.		
5		APR1 4 1993	32. REGISTRAR'S SIGNA	dson-1	fandal	2							



VISION OF VITAL RECORDS, P.O. BOX 68760, BALTIM	BALTIMORE, MARYLAND 21215-0020	1
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	6 may be retained by the hospital or attending physician	ir.
ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnel man	ctor, page 5 should be detached for use as the burnel man	A special
s after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.		
1.28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at our	nust be notified at once	2

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BENJA 3:55 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH Nov. 3, 1915 579-07-0208 77 YRS. 1XXM 2 - F South Carolina 9a. FACILITY NAME (If not institution, give 9b. CUFY, TOWN OR LOCATION OF DEATH 9c. OQUNTY OF DEATH CORES 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Washington, D.C. t KXYES 2 NO FUNERAR 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4423 Edson Place N.E. 20019 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YYES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ВҰ 1 TYES 2 X NO Specify: 3XX Widowed 4 Divorced 1941 -1945Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) College (1-4 or 5+) 12 Chef Restaurant / self employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Benjamin F. Richburg Sr. unobtainable Harris BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lena P. Richburg 4423 Edson Pl. N.E. Washington, D.C. 20019 20s. METHOD OF DISPOSITION

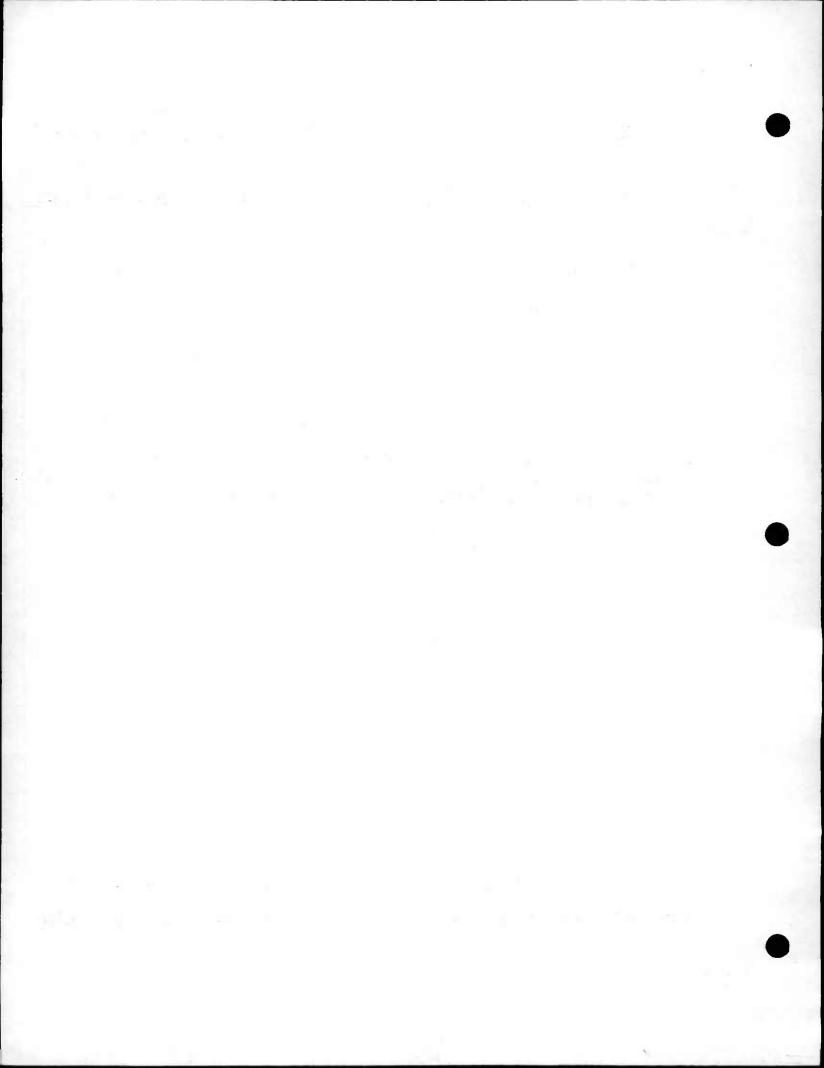
1 □ Buriel 2 ☒ Cremation 3 □ Removal fro

4 □ Donalton 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Metropolitan Crematory 4/13/93 Alexandria, VA 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY Marshall's Funeral Home, Inc. 4217 9th St. N.W. Washington, D.C. 20011 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, of heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (FIRE **Onset and Death** diseese or condition Uremia resulting in death) DUE TO (OR AS A CONSEQUENCE OF); Cancer of frostate
DUE TO (OR AS A CONSCOUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequantielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING Chronic Myclo 4tic Lukenna CAUSE (Diseese or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Blenlin PART II. Other significent conditione contributing to deeth but not resulting in the undarlying ceuse given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Anema 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetiant 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 5 Pending 1 Natural BΥ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be 4 🔲 Homicide Ш DIRI Hour 29a. CERTIFIER (Check only one)

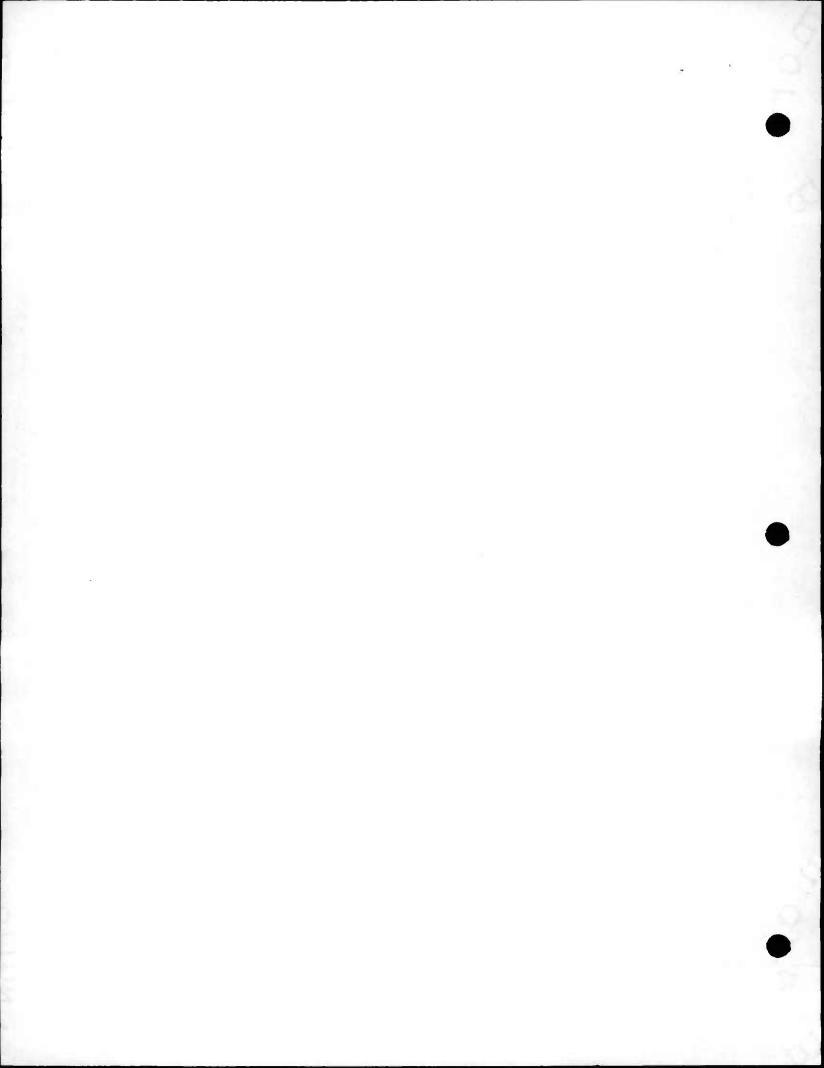
A DEPICE SYMMETE. On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL TO THE HOSPITAL D
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If ite 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VACH! KHOSROW

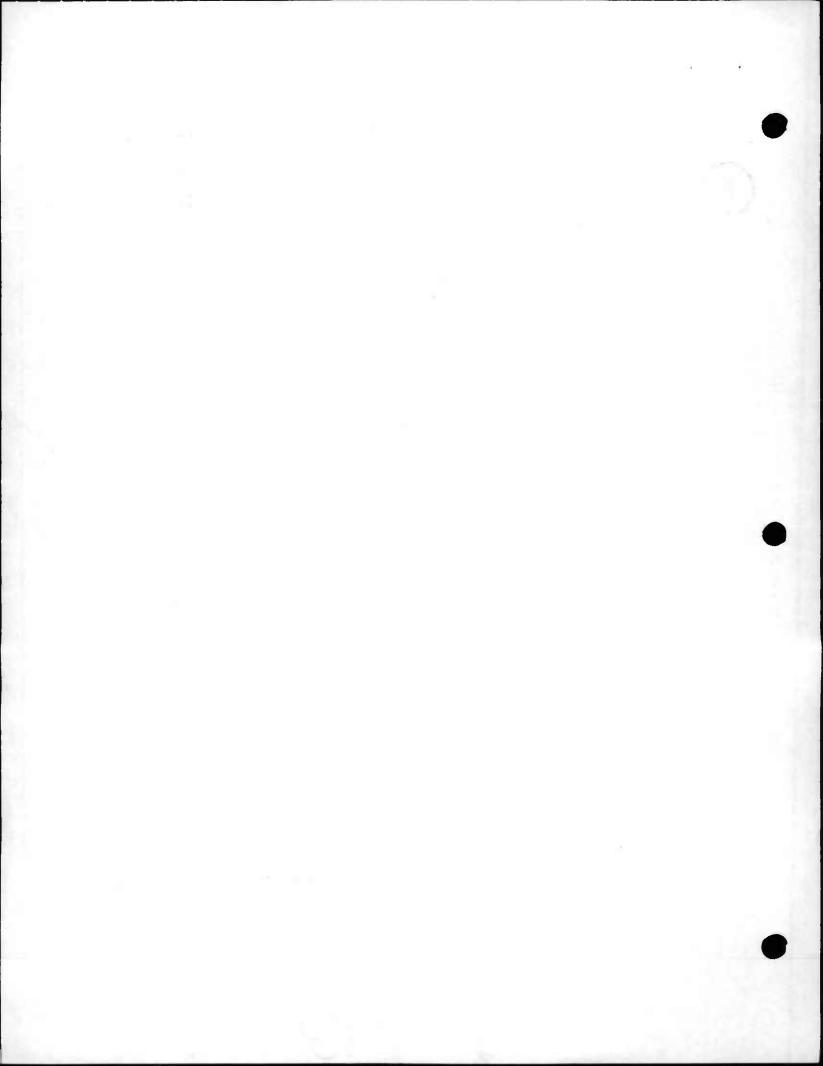
32. REGISTRAR'S SIGNATURE

4 1993



		1 - STATE REGISTRAR		STATE OF I	MARYL			MENT O				MENTA	L HYGIE				
v 1		1. DECEDENT'S NAME (First	, Middle, Last)			02.11		7115	<u> </u>	DEAI	-	2. DATE OF DEATH 3. TIME OF DEATH			3. TIME OF DEATH		
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		4. SOCIAL SECURITY NUMBER		5. SEX	l	(In yrs. last birti	MO	UNDER 1 YE	EAR	# UNDER	24 HRS.		OF BIRTH			PLACE (State or Foreign	
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/ E	Œ)						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE						ATH				
14		Prince Georges Hospital						Ch	ev	erly	7			Pr	Prince Georges		
Line .	55	MD. 106. COUNTY P.G.				104	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?		
- E		. 10e. STREET AND NUMBER	P.G	•			Hya	ttsv	_					_		1 X YES 2 NO	
Sit	RA	5243- Ker	milwor	th Avon	10	#204			101.	2074						HAT COUNTRY?	
physician. burial-transit	FUNER	11. MARITAL STATUS		12. WAS DECEDEN	T EVER II	N U.S. ARMED		13. WAS	DECE	NDENT O	F HISPAN	IIC ORIGI	N? (Specify		U.S.A	- American Indian	
phys buri	ВУ F	1 Never Married 2		FORCES? 1 YES 2XXN IF YES, GIVE WAR OR DATES			If yes, specify Cuban, Maxican, 1 YES 2 XNO Specify:			n, Puarto Rican, etc.) Blaci			Black, Specify	White, atc.			
as th		3 Wildowed 4 Divorced												Black			
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detach	COMPL	17. FATHER'S NAME (First, M.	liddle, Last)						T	16. MOTH	ER'S NA	ME (First,	Middle, Maid				
ad by	BE (Leon Awk											eland				
5 should notified	6	19a. INFORMANT'S NAME (7)												own, State, Zi			
ay be		Harry Row	ION		206	.PLACE AND D					Ave	#20		OCATION -		Md. 20747	
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death. Pag tuneral dii L examiner		21. SIGNATURE OF FUNERAL	L SERVICE LICE	NSEE ./	1			22. NAN	AE AND	ADDRES		CILITY				<u> </u>	
e fune al.	-	Mi	lta	W. Ha	rcki	150								pel,	Inc.		
d in by th or remova		23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, encock, or heart fellure. List only one cause on each line. Approximate interval Returned.															
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within 24 npletely fille cremation, vent, the		disease or condition resulting in death)	→	MUL	HY			URII	25								
D 5 - 6				DUE TO	(DR AS A	CONSEQUEN	CE OF):										
a pag	CATION	Sequentially list conditi		DUE TO	(OR AS A	CONSEQUEN	CE OF):										
ysiciar prior trau	CAT	cause. Enter UNDERLYI CAUSE (Disease or inju	NG													ĺ	
ertificating phy ing phy giene p	RTIF	thet initiated events resulting in death) LAS	1	DUE TO	(OR AS A	CDNSEOUEN	CE DF):										
he death certificate be ex the attending physician a Mental Hygiene prior to njury, or other traum	EH I	Todaling in dodlin EAG	d.														
that the death certificate led by the attending physis th and Mental Hygiene pri any Injury, or other to	ICAL	PART ii. Other signitice	nt conditione	contributing to	deeth b	ut not resuit	ting in t	he under	lying	ceuse g	ven in	Part i.		N AUTOPSY		WERE AUTOPSY FINDINGS	
	EDIC						_					_	1 YES			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
requires been sign t. of Heal	≥∥												1			YES 2 NO	
ATENDING PHYSICIAN. The law requires the ECTOR: After this certificate has been signed is after death with the State Dept. of Health 128 is marked, or Item 23 shows an	AN	25. WAS CASE REFERRED TO	MEDICAL					-								/	
ficate has the State Dept State Dept Item 23	SICI/	EXAMINER?		HOSPITAL:	ER/Oute	etions 3 D D		THER:		CE OF DE							
S certif	≟ ∥	27. MANNER OF DEATH		28a, DATE OF	INJURY		. TIME OF		. INJU	RY AT	Idence			INJURY OC	CURED		
NG PHYSI frer this co eath with t marked,	ВУ Р		Pending Investigation	(Month, Da	19	93 2	222	4-	WOR		NO	Ped	estr	ian s	struc	ck by auto	
ENDIN DR: Aff ter de:	8	Suicide 6 🗆	Could not be	28e. PLACE Of building,	F INJURY atc. (Spec	— At home, fa	erm, stree	t, factory,	offica			28f. LOC		t and Number			
OR ATT DIRECT TOURS aff tem 28	ᇤᆙ					on st						540				Lworth Dr	
4 72 =	MPL			AN: To the best of													
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	8			On the basis of as	mination	and/or Invest	igation, in	n my opinic	on, des	th occure	d at the t	time, data	and place,	and due to ti	he cause(a)	and manner as stated.	
교 를 볼 볼	8	294 BIGHATURE AND TITLE	CERTIFIER	111	A-	1				29c. LICEI	ISE NUM	BER		29d. DAT	E SIGNED (Month, Day, Year)	
2 6 2 3	2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DE	ATH (TEM 27)	(Type, Prin	nt)		0.	C.M	Ε.			04 03	3 1993	
		MARIO F.	GOLL	E, JR	ME)			-r-	A+	D ~	1+4	m 0 ~ 0	Ma	er 1 ==	A 21201	
		31. DATE FILED (Month, Day, 1		32. REGISTRA	R'S SIGN			п эт	_r. C	٠.	Вđ		поте	. Mal	ylar	nd 21201	
Ĺ		APR1 5	1993	Julia	Davids	on-Rand	مالالم										

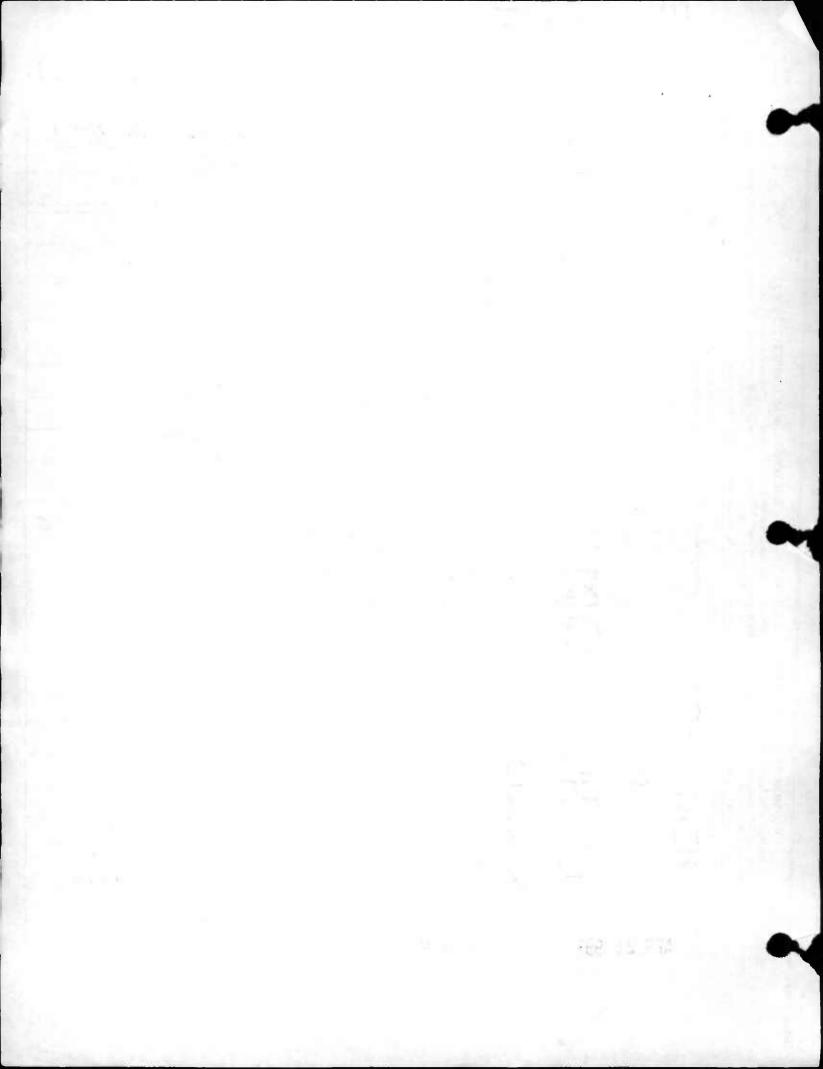




DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The iaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compistely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL	TO THE FUNERAL	IMPORTANT: IF

FOR STATE REGISTRAR	STATE OF MARYL		ATE OF DE			EG. NO.			
1. DECEDENT'S NAME (First, Middle,	CREEK FE	MALE	ipes		2. DATE OF MONTH	DEATH DAY	J ğ	3. TIME OF 3 7.10	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR IF UNI	DER 24 HRS. S MIN. 51	7. DATE OF I (Month, De 3-1		6.	BIRTHPLACE (Sta Country) Mary1	
9a. FACILITY NAME (If not institution,	give street and number)	96	CITY, TOWN OR LOCA	ATION OF DE	ATH		9c. COUNTY	OF DEATH	
PRINCE GEORGE			CHEVERLY				PRIN	CE GEOR	GE'S
Maryland Pri	ince George's		own on Location estville					10d. INSID LIMIT 1 X YES	E CITY S? 2 NO
100. STREET AND NUMBER 5505 Marlboro	Pike #T-1		101. ZIP C	00E 20747				U.S.A.	TRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 Tyes IF YES, GIVE WAR OR D	2 XNO	13. WAS DECENDEN If yes, specify Cr 1 YES 2 X	uban, Maxicar	n, Puerto Rica		or No 14	RACE — America Black, White, etc Specific ack	en Indian,
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most of wo tired.)	orking	16b. KJN	ID OF BUSI	NESS/INDUS	TRY	
17. FATHER'S NAME (First, Middle, Las	t)		18. M	OTHER'S NAI	ME (First, Midd	le, Maiden S	umame)		
Peter Inston S	Snipes				Dill:				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street end Num					ode)	
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetlon 3	Removal from State of	b. PLACE ANO OATE OF cemetary, crematory or o			OATE	20c. LOC	ATION Cit	y or Town, State	
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE			22. NAME AND ADD	RESS OF FAC	CILITY				
IMMEDIATE CAUSE (Final disease or condition	ure. List only one cause on e	ach lina.			h es cerdiec	or reepin	atory arres	inte	
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	be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pryntosing	sian and completely filled in by the funeral director, page 5 should be detached for use as the burner count profile 1, 2, 3
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law requires that the death certificate

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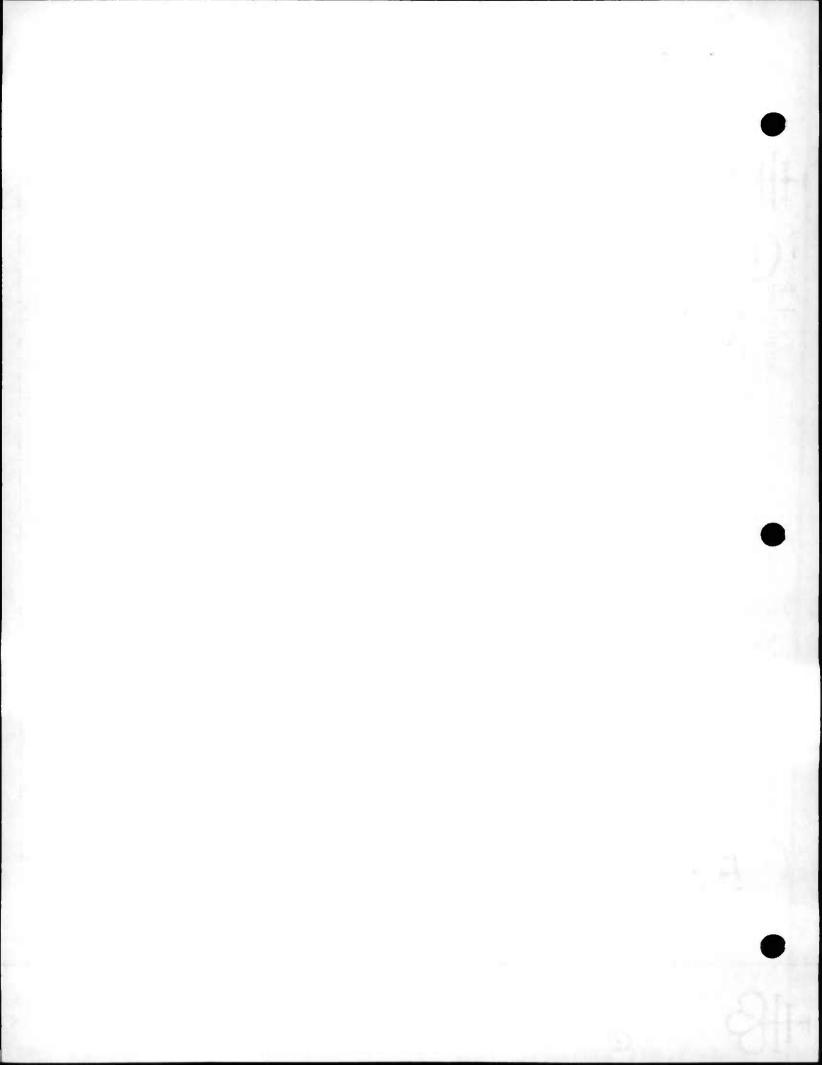
Austin Pearre.

31. DATE FILED MARK 2 6 1993

DIVISION OF VITAL RECORDS, P.O.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 93 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH Ruth Cresence SIMMONS March 23, 1993 YEAR 6:30 PM 7. DATE OF BIRTH (Month, Day, Year)
March 15, 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 212-38-8452 DAYS HOURS 1 🗌 M 2 💢 F 93 1900 Maryland YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Citizens Nursing Home Frederick Frederick RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Frederick 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 1781 Valley Side Drive 21702 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY White 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe idary (0-12) College (1-4 or 5+) 10 Homemaker COMPL Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Frank E. Sheffield Annie C. Welty notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Doris E. Gilbert 1781 Valley Side Dr., Frederick, Md. 21702 å 20a METHOD OF DISPOSITION
1 M Burlel 2 Cremation 3 Re 20b. PLACE AND DATE of DISPOSITION (Name of Mount and DATE 1993 Frederick, Md. examiner must 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Richai Keeney and Basford P.A. Funeral Home MO0255 106 East Church St., Frederick, Md. 21701 the medical 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** Preumna disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): mullia traumatic Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CERTIFICAT physici. Te prior CAUSE (Disease or Injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST signed by the atte PART II. Other significant conditions contributing to deeth but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 X NO 1 | YES 2 | NO been : PHYSICIAN Dept D 13 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) certificate to llem. L OR ATENDING PHYSICIAN; TH L CHRECTOR: After this certificate 2 hours after death with the State If Item 28 is marked, or Item HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as steled. FUNDAL WITTO = 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPI TO THE FUNDER TO PROPERTION 23 五五 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 3 24 D 09689 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 32. REGISTRAN'S SIGNATURE TINDALE

MD 300 West Ninth St., Frederick, Md. 21701



Pages 1, 2, 3 should

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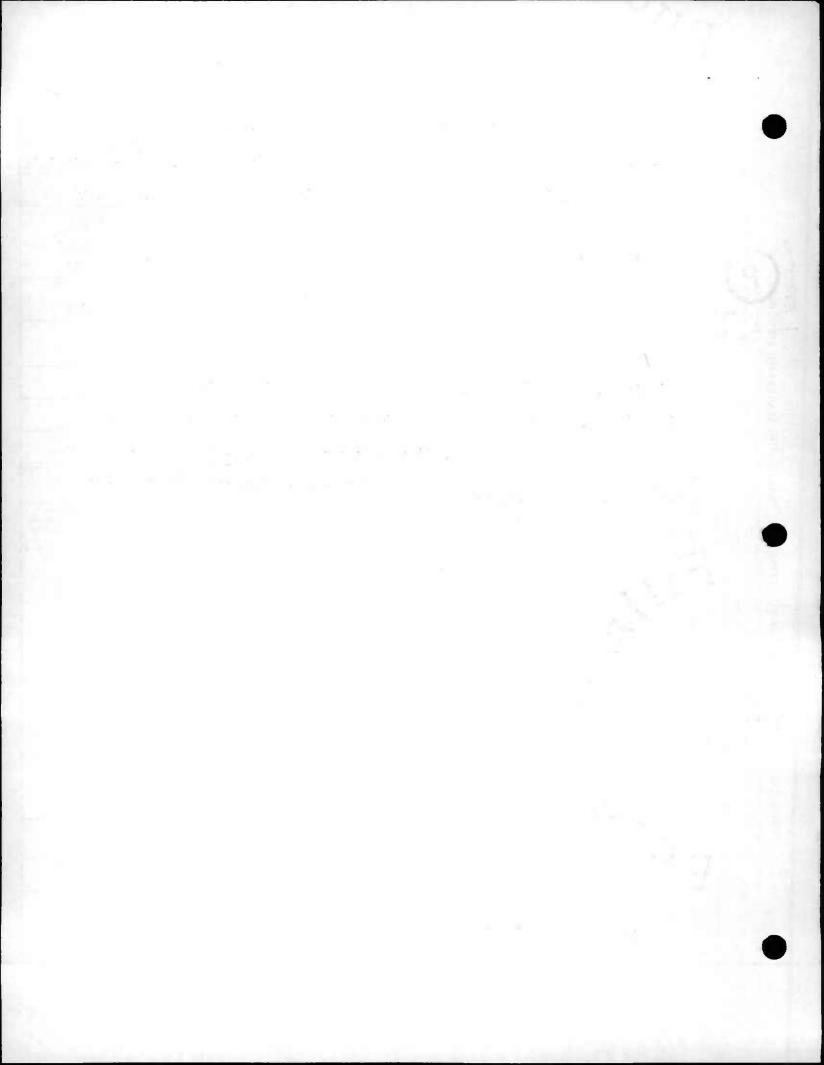
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH William C. Satterfield, Jr. April 13 1993 2:00 P M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTNPLACE (State or Foreign June 17 1944 48 214-66-1090 YRS. West Virginia Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD Anne Arundel Annapolis 1 YES 2 XXNQ FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21403 log. CITIZEN OF WHAT COUNTRY? 88 River Drive United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF NISPANIC QRIGIN? (Specify Yea or No-if yea, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES 2 (X 0 Specify: 14. RACE — American Indian, Black, White, etc. 1 Xiver Married 2 Married spocky: White B 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) NONE NONE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at William C. Satterfield. Sr. Lumarilyn Swick 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lumarilyn S. Carroll 88 River Drive Annapolis, Maryland 21403 20s. METHOD OF DISPOSITION

1// Burlel 2 Commetton 3 Removal from State
4 Donatton 5 College Commetted pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Ft. Lincoln Cemetery 04-16-93 Brentwood, Maryland Donation 5 - Other (Specify) 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 21. SIGNATURE OF FUNERAL SERVICE VICENSES 147 Duke of Gloucester St. Annapolis. MD event, the medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heart feiture. List only one cause on each line. interval Between 0 Onset and Desth diseese or condition resulting in death) Respiratory mer wet traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury injury, or other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? been signed by pr. of Health and 3 shows any i demention Confer, tal 1 TYES 2 NO 1 YES 2 NO has bept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE QF DEATN (Check only one) Hem HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 🔼 Natural 1 YES 2 NO BY 2 Accident TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If Item 28 is m 26a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDIÇAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year) 025812 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) isc.al 134 ecx locomer 1 EIter Jam MI 3 REGISTRAR'S SIGNATURE AND SELECTION OF THE SAUTHOON - MONTH OF THE SELECTION - MONTH OF THE SELECTION OF T



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

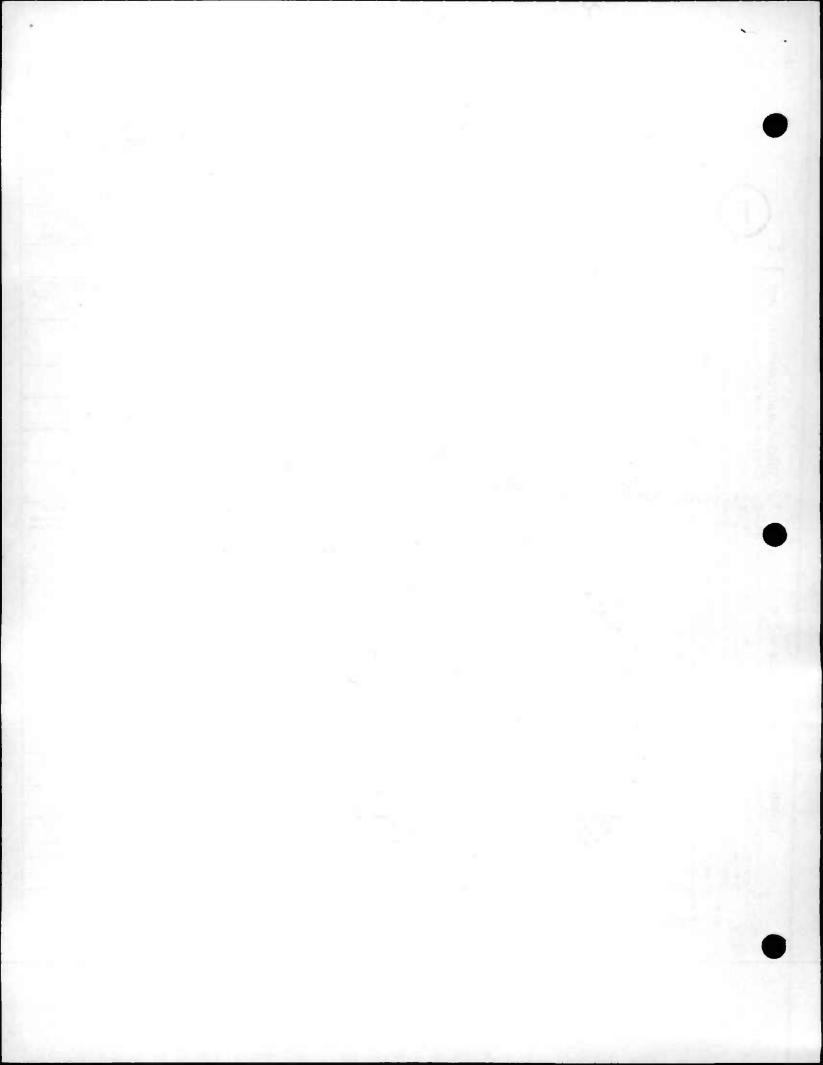
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	1 - FOR STATE REGISTRAR	STATE OF M			TMENT				MENTAI	HYGIEN	E	33	12660
	1. DECEDENT'S NAME (First, Middle, Last) LOVEN C. C. 4. SOCIAL SECURITY NUMBER	Clarence	Ernes	mi	执,				4	OF DEATH L	9	15 6	TIME OF DEATH
,	545-40-5070	1 AM 2 - F	6. AGE (In yrs. les	YRS.	IF UNDER 1	DAYS	IF UNDER	24 HRS.	7. DATE (Month	OF BIRTH () () () () () () () () () () "	Country)	ryland
TORS	90. FACILITY NAME (If not institution, give st Frederick Memori RESIDENCE OF DECEDENT	al	96. CITY, TOWN OR LOCATION OF DEA					9c. COUNTY OF DEATH Frederic					
DIRECTOR	10a. STATE 10b. COUNTY			16c. CIT	V. TOWN O		on svill	.е	_				d. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 79 Main St.					101.	ZIP CODE	793			_		T COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 A Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	A YES 2 N	MED NO	H	yes, spe	ENDENT Cube 2 A NO	n, Mexicar	n, Puerto f	? (Specify Yes lican, etc.)	or No- 1	Black, W Specify:	American Indian, htte, etc.
COMPLETED	15. DECEDENT'S EDUCATION 16a. DECEDEN					uring mo	st of working	ng	16b.	CON	struc		
BE CO	17. FATHER'S NAME (First, Middle, Lest) Clarence M. Smit	h					-	Geor	giea	diddle, Meiden na Eng	lar		
2	190. INFORMANT'S NAME (Type/Print) Dolores A. Denn		190							er, city or Town			, MD21793
	20er METHOD OF DISPOSITION 1		20b. PLACE / cemetery, cre Beav		ther place)	met	erv		4/	20c. LO	Johns	ville	. MD
	21. SIGNATURE OF PUNERAL SERVICE LIC	O. Xar	Slen	/		Woo	dsbo	ro,	MD	.D. Ha			ons
	23. PART I. Enter the diseases, or c ahock, or heart failure. I iMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that List only one cause	e on each line).								st,	Approximate interval Between Onset and Desth
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ĕ	1 Netural 5 Pending 2 Accident Investigation 3 Sulcide 6 Could not be determined	(, Year)	INJURY WORK? 1 VES 2 NO RY — At home, ferm, street, factory, office					28d. OEŞCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of m											d manner as stated,
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Lursan	m				29c. LICE	27	IBER		29d. DATE 5	SIGNED (Mo	orth, Day, Year)

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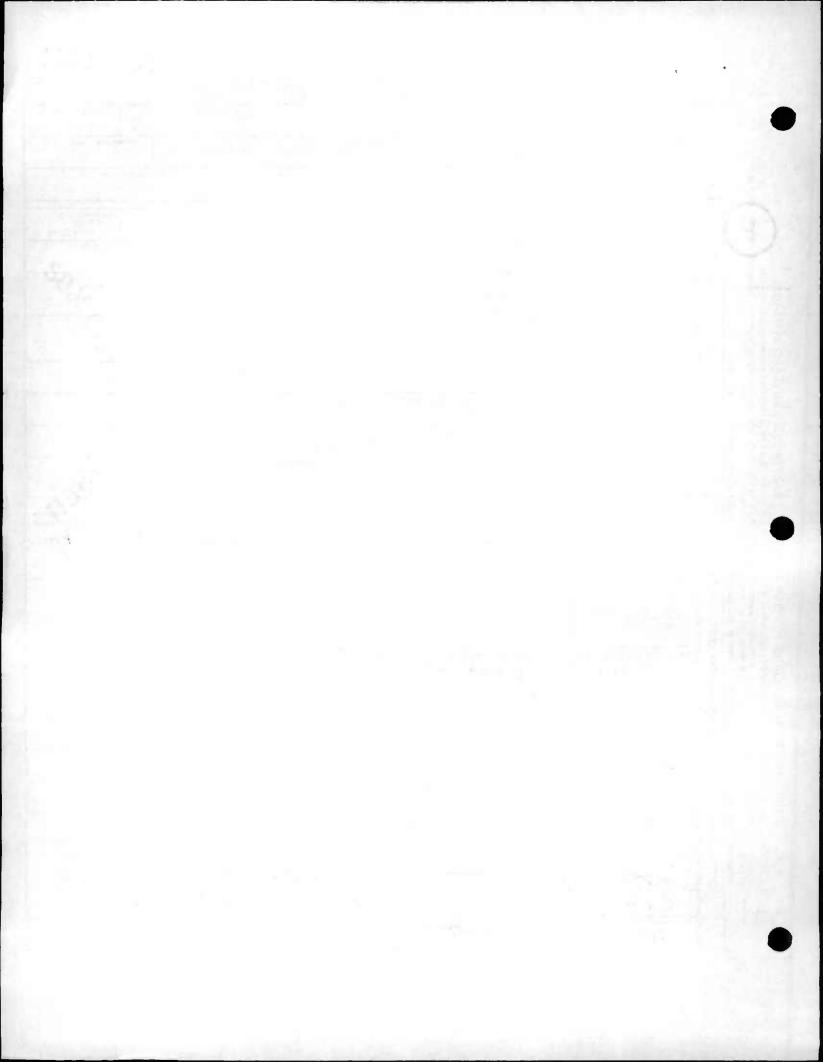
32. REGISTRAR'S SIGNATURE
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	9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH												
5	Calvert Memorial Hospital Prince Frederick												
	RESIDENCE OF DECEDENT												
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d. INSIDE CITY LIMITS?		
	Maryland Calvert Port Republic 106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF V									1 TES NO			
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TO BE CON	17. FATHER'S NAME (First, Middle, Last) William J. Stockt	- 0.7						ME (First, Middle, Melder					
BE	19e. INFORMANT'S NAME (Type/Print)	7011						te Landers					
5	Kathryn Stockton				DRESS (Street o	and Numbe	or Rural I	Route Number, City or Tox	vn, State, Zic	Code)			
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Xamingr	17/20	12011						Rausch					
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DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build-transit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

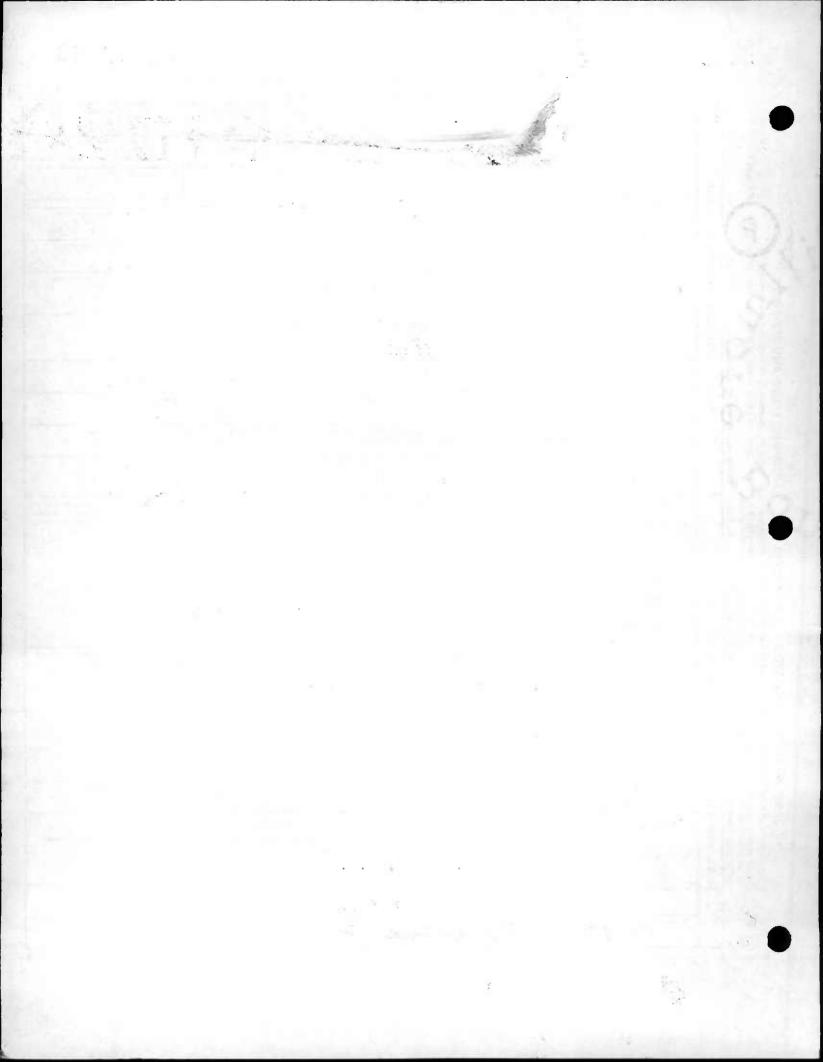
	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND / D	EPARTME	ENT OF HE	ALTH AND	MENTA	L HYGIEN	E J	3 1266	2
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH	_	3. TIME OF DEAT	н
	DAVID SCOTT SHE	LLER					APR		, 199	3 11:00	Λ м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b			IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPLACE (State or Fo	
	287-68-1907	1 🔀 M 2 🗆 F	30	YRS. MONT	HS DAYS I	HOURS MIN.	AUG	th, Day, Year) 23, 1		ORRVILLE, (
	9a. FACILITY NAME (If not institution, give	atreet and number)		9b. (CITY, TOWN OR	LOCATION OF D		23, 1		OF DEATH	71110
E	1314 HILTON DRIV	VE		Ι,	FXINCTO	ON PARK					
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2	10a. STATE 10b. COUNT		12	IOc. CITY, TOV	WN OR LOCATIO	ON				10d. INSIDE CITY	
۵	MARYLAND ST.	MARY'S		LEXII	NGTON F	PARK				1 VES 2	NO
A I					10f. Z	CIP CODE			10g. CITIZE	N OF WHAT COUNTRY?	
FUNERAL DIRECTOR	1314 HILTON DRIV					20653			IINIT	ED_STATES	
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BY	3 Widowed 4 Divorced	NAVY	A OR DATES			NO Speci		,,		Specify:	
	15. DECEDENT'S EDU	JCATION	18a DECE	DENT'S LISUA	L OCCUPATION		140	b. KIND OF BUS	1	WHITE	
6	(Specify only highest gradi	e completed)	(Give	kind of work do	one during most	of working	100	D. KIND OF BUS	MESS/INDUS	INT	
립	12	College (1-4 or 5+)		DAD DI			_ [
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		INUGL	EAR RE		OPERATO		Adidata Advidos	Comment		
Ö	JOHN SHELLER				1				Sumame)		
00	19a. INFORMANT'S NAME (Type/Print)		19h A	IAILING ADDE	PESS /Street and	MARYAN Number or Rural	N RI	OUGH	0-1-7-0	4.1	
2	SHARON SHELLER										
	20a. METHOD OF DISPOSITION		20b. PLACE AND				DATING			ARYLAND 206	53
	1 Surial 2 Cremation 3 Ren 4 Donation 5 Dother (Specify)	noval from State	UNION	ory or other pla	CEMETE	DV	DA				-
	21. SIGNATURE OF THERAL SEPSICE	CENSEE /	ONION			ADDRESS OF FA	ACILITY	CANA	T MINC	HESTER, OH	10
	· CAMMOIIV.	sun	-	- 1	BRINS	FIELD F	UNER	AL HOM	E		
_	EDWARD N. BR	INSFIELD,	JR. MOO	052	59 N.	WASHIN	IGTON	STREE	T. LEC	NARDTOWN.	MD
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that	caused tha deati	. Do not ar	ntar tha mode	of dying, suc	ch as car	diac or respi	ratory arrest	Approxima	Ite
	IMMEDIATE CAUSE (Final									Onset and	
	disease or condition resulting in death)	8.	vicio	10 -	-65	WI	tea	D		eun	wel !
		DUE TO (OR AS A CONSEQUE	NCE OF):	86-5 52-						
S	Sequentially list conditions,	b									
F	If any, leading to immediate cause. Enter UNDERLYING	DOE 10 (OR AS A CONSEQUE	NCE OF):							
원	CAUSE (Disease or injury	C	OR AS A CONSEQUE	NCE OE							
Ē	that initiated events resulting in death) LAST	302 10 (ON AS A CONSEQUE	NCE OF):							
CERTIFICATION		4									
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<u>4</u> H	PART II. Other significant condition			ilting in the	Undariying o	cause given in	Part i.	24a. WAS AN		24b. WERE AUTOPSY Fit	NDINGS
DICAL		na contributing to o		ulting in the	Undarlying o	cause given in	Part i.	PERFOR	MED?	AVAILABLE PRIOR COMPLETION OF C	ro
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				ulting in the	Undarlying o	cause given in	Part i.	PERFOR	MED?	AVAILABLE PRIOR COMPLETION OF C	ro
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	<u>De</u>		100	ОТН	26. PLAC	CE OF DEATH (C)	neck only o	PERFOR 1 TYES 2	MED?	AVAILABLE PRIOR COMPLETION OF	ro
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to Burlal, cremation, or removal.	F

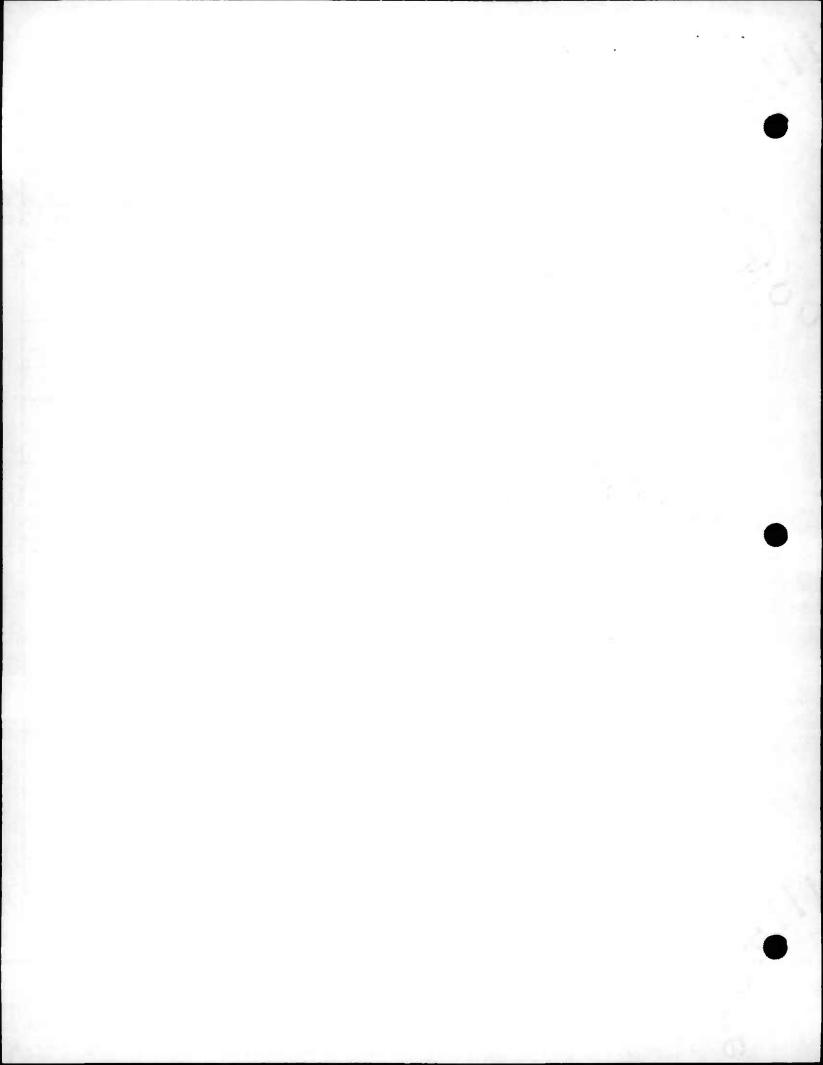
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	FOR 1 - STATE REGISTRAR		STATE OF M			TMENT O				HYGIEN REG. NO.	_			
	DECEDENT'S NAME (First,	ARUDI		50	Sc9t				4	054TH	w 16·	93 3.	TIME OF DEATH	N
	362-12-7135 ₹₹₩2□F			8. AGE (In yrs. k	YRS.		YS HOURS	125	7. DATE OF BIRTH Country) 11 12 1907 Missouri					
TOR	Dorchest	er G		Hospit	al	9b. CITY, TO	Caml	orid;					ster	
PUNERAL DIRECTOR	MD.	10b. COUNT	v orcheste	er	10c. CIT	r, town on L Ca	ocation mbric	dge					d. INSIDE CITY LIMITS? YES 24 NO	_
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COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDU v highest grade 1-12)	CATION completed) College (1-4 or 5+)		Give kind of fe. Do NOT u	work done during se retired.)	g most of wor	king	16b. K	IND OF BUS	dica		White	
	17. FATHER'S NAME (First, M	bert	Sco		uica	1 400			ME (First, Mid	dle, Maiden	Sumame)			
TO BE	19a. INFORMANT'S NAME (7) Lawrence H	ype/Print)				Cour		er or Rural F		City or Town	n, State, Zip	unk. ^{Code)} 2161		_
	20a. METHOD OF DISPOSITI	ION on 3XDXRam				OF DISPOSITIO		10 00	DATE	_		City or Town,		_
	21. SIGNATURE OF FUNERAL	L SERVICE LI	R In	no On									Home	
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respondence, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Chromatolist St. Camb: Competitive Heart Failure							or respi	ratory arm	est,	Approximete interval Betwee Onset and Deat			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
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SICIAL	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	6. PLACE OF							_
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TED BY	3 Sulcide 8 .	Could not be determined	28s. PLACE OF building, a	INJURY — At h	ome, farm,		_		28f. LOCATION City or 1	ON (Street a fown, State)	nd Number	or Rural Route	Number,	-
COMPLETED			CIAN: To the best of n										d manner as stated.	
TO BE CO	296. SIGNATURE AND TITLE	OF CERTIFIE	Hubert	L. F	iery	, M.D.	1	CENSE NUM					onth, Day, Year)	
	30. NAME AND ADDRESS OF	L FI	COMPLETED CAUSI	OF DEATH (IT)	503	BY D	N 5	7			/			
	31. DATE FILED (Month, Day,	'9 3	Julia D	signature avidson-1	Pande	2								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending however	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the couract the completely filled in by the tuneral director, page 5 should be detached for use as the couract the completely filled in by the tuneral director, page 5 should be detached for use as the couract the completely filled in by the tuneral director, page 5 should be detached for use as the course the completely filled in by the tuneral director, page 5 should be detached for use as the course the completely filled in by the tuneral director, page 5 should be detached for use as the course the completely filled in by the tuneral director.	
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The law	ite has	em 23
SICIAN:	certifica	i, or it
VIG PHY	ter this	marked
TENDIA	TOR: Af	28 is r
L OR A	DIREC	Item
OSPITA	UNERAL	ANT: If
THE H	THE P	be med within 72 hours are dead with the State Dept. Of regaint and wenta hybere prof to burda, cremator, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
H	F	ā =

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIE REG. N					
- 5	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH			
1	Olive Mae Shaffer					April 19	. 1993	5:30 p M			
			in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIFTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)			
	199-24-5969 Se. FACILITY NAME (If not institution, give street	M 2 XF 62	YRS.	MONTHS DAYS	OR LOCATION OF D	Dec. 2, 1	930	Pennsylvania			
Œ	16 Pinehurst Road			Berlin	OH EUCATION OF D	EATH		NTY OF DEATH			
ĊТĈ	RESIDENCE OF DECEDENT	i, Ocean Fil	nes	beriin			Wor	cester			
DIREČTÓR	10a. STATE 10b. COUNTY Md Worces	ster		, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
FÜNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT										
N.	16 Pinehurst Roa	2. WAS DECEDENT EVER IN		12 WH C DE	21811	NIC ORIGIN? (Specify)	USA	14. RACE — American Indian,			
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, s	pecify Cuban, Mexics S 2 X NO Specif	en, Puerto Rican, etc.)	96 OF 140—	Black, White, etc.			
BÝ	3 Wildowed 4 Divorced			1 1 12	a Miles abacii	·y-		Specify: White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	rion mpleted)	16a. DECEDENT'S (Give kind of w	rork done during m		16b. KIND OF B	USINESS/IND	USTRY			
7		College (1-4 or 5+)	life. Do NOT us			1					
W	12. 17. FATNER'S NAME (First, Middle, Last)		Sun Oil	Compar		Secre		oil			
	William E. Shaffer					manda We	,				
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To		(Code)			
2	Ralph Fries, Sr.					rlin, Md.					
- 1	26s. METHOD OF DISPOSITION 1 Structed 2 Commetter 3 G Remove	20b	PLACEANDDATEC	F DISPOSITION (A				City or Town, State			
	4 Donation S D Other (Specify)	S	unset Me		Park	Be	rlin.	Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE			ND ADDRESS OF FA	CILITY					
	N Jun /24	ulas_					, 100	williams Street			
	Burbage Funeral Home, 108 Willian Berlin. Md. 21811 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final										
	disease or condition Mark. I Is a see to										
	disease or condition resulting in death)	Metes + of	CONSEQUENCE OF	exist	Cance	çno.		Onset and Death			
N	disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	Cance	**	-	0.8250.020			
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	Carce	,,,,		0.8250.020			
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):	Cance	•		0.8250.020			
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	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):		Part I. 24s. WAS A	N AUTOPSY RMED?	0.8250.020			
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PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contributing to death be	CONSEQUENCE OF CONSEQUENCE OF ut not resulting i	26. P OTHER: 4 Nursing Nor EOF 28c. IN JRY W	g cause given in	Part I. 24a. WAS A PERFC 1 YES	PRMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the conditions of the cause o	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contributing to death be 4OSPITAL: Inpatient 2	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF ut not resulting i	26. P OTHER: 4 \ Nursing Nor EOF 28c. IN HRY W 1 \ \ \ \	g cause given in LACE OF DEATH (Ch ne 5 Residence JRY AT JRY 7 YES 2 NO	Part I. 24a. WAS A PERFO 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street	PRMED? 2 NO INJURY OCC	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contributing to death be HOSPITAL: Inpetient 2 = ER/Outp 288. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF ut not resulting i	26. P OTHER: 4 \ Nursing Nor EOF 28c. IN HRY W 1 \ \ \ \	g cause given in LACE OF DEATH (Ch ne 5 Residence JRY AT JRY 7 YES 2 NO	Part I. 24a. WAS A PERF(1 YES heck only one) 6 Other (Specify) 28d. DESCRIBE NOW	PRMED? 2 NO INJURY OCC	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
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E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditio	DUE TO (OR AS A DUE TO	consequence of conseq	26. P OTHER: 4 Nursing Nor M 1 Itreet, factory, officed at the time, date, in my opinion, in	g cause given in LACE OF DEATH (Ch ne 5 Residence JURY AT NYES 2 NO ne end place, end due death occured at the	Part I. 24a. WAS A PERFO 1 YES 1 YES 5 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Stree City or Town, State to the cause(e) and me time, date and place, of MBER	INJURY OCC and Number enner se state and due to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED Or Rural Route Number, ed. e cause(e) and menner as stated.			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditio	DUE TO (OR AS A DUE TO	consequence of conseq	26. P OTHER: 4 Nursing Nor M 1 Itreet, factory, officed at the time, date, in my opinion, in	g cause given in LACE OF DEATH (Ch ne 5 Residence JURY AT NYES 2 NO ne end place, end due death occured at the	Part I. 24a. WAS A PERFO 1 YES 1 YES 5 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Stree City or Town, State to the cause(e) and me time, date and place, of MBER	INJURY OCC and Number enner se state and due to the	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED Or Aural Route Number, ed. e cause(e) end menner as stated.			



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

9c. COUNTY OF DEATH

Utah

3.35 PM

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AND 21215-00	he hospital or attending p	detached for use as the b
BALTIMORE, MARYLAND 21215-0020	age 6 may be retained by	director, page 5 should be
BALTI	in 24 hours after death. P.	by filled in by the funeral affion, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 from a their death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainer for second by the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Raymand

577-28-9519

9a. FACILITY NAME (If not institution, give street and number)

100	RESIDENCE OF DECEDENT	ital		Bethe	esda		Mon	tgomery		
∦ ₩	10a. STATE 10b. COUNT	Υ	10c, CITY,	TOWN OR LOC	ATION		10d. INSIDE CITY			
DIREC	Maryland Mont	gomery	Betl	nesda				LIMITS?		
虚	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
密	8818 Chalon Dr		20817			USA				
FUN	11. MARITAL STATUS	IN U.S. ARMED	13. WAS DI	ECENDENT OF HISPANIC	ORIGIN? (Specify Ya					
ВУ				If yea, t	specify Cuban, Maxican, P ES 2 NO Specify:	uarto Rican, etc.)		Conniti		
								White		
TED	15. DECEDENT'S EOU (Specify only highest grade	ISUAL OCCUPAT	TION most of working	16b. KINO OF BU	SINESS/IND	USTRY				
	Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)									
COMP	17. FATHER'S NAME (First, Middle, Last)	JAIR	Execut	Tive F		IBM		•		
8					18. MOTHER'S NAME					
8	Carl Axel Sod	erberg				a Maria				
2		- A l			t and Number or Rural Rout					
	Kuniko Koide So				n Drive,					
	1 Buriel 2 Cremetion 3 Rem	oval from State	b. PLACE AND DATE OF metery, cremetory or oth	F DISPOSITION (I	Name of	DATE 20c. LO	CATION —	City or Town, State		
	4 (X)Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE -	eorgetov	vn Med	AND ADDRESS OF FACILITY	4/5/93	Was	hington, DC		
	/				tin Royst		eral	Home		
	1	they		360	5 14th St	reet N	. W . 1	Wash, D.C.20		
	23. PART I. Enter the diseases, or	complications that cause List only one cause on a	d the death. Do no	t anter tha m	node of dying, such as	cardiac or reap	iratory arre	est, Approximata		
	iMMEDIATE CAUSE (Final disease or condition			La. +	+ 10	2		Onset and Das		
	resulting in death)	a. OUF TO (OR AS	A CONSEQUENCE OF	rem	Jackson					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	/	disan	<i>y</i>				
	PART II. Other significant condition	s contributing to death t	out not resulting in	the underlyi	ng cause given in Par	t I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDING		
EDICAL	avenoch						RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
요	/1	CA	· lle	nu la	dune	1 TYES 2	NO	OF DEATH?		
Σ		9	WUTT	nun	men	-		1 TYES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL			26.1	PLACE OF DEATH (Check of	internal	-			
Sic	EXAMINER?	HOSPITAL:		OTHER:				/==		
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE OF INJURY	28b. TIME		me 5 Residence 8 I	d: DESCRIBE HOW I	u umu Ked	7		
	1 Natural 5 Pending	(Month, Day, Year)	INJUI	RY / W	YORK?	//	1	ONED		
BÁ	2 Accident Investigation	28a. PLACE OF INJURY	- At home term at	1		L OCATION (Suppl)	7 /	Dest Dest North		
	3 Suicide 4 Homicide 4 Homicide 5 Could not be detarmined 6 detarmined 6 detarmined 6 detarmined 7 Sea. PLACE OF INJURY — At home farm, street feature, office 7 Sea. PLACE OF INJURY — At home farm, street feature, office 8 Could not be detarmined 9 Sea. PLACE OF INJURY — At home farm, street feature, office 9 City or Town, State) 9 City or Town, State)									
巴	29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. OATE SIGNED OF 29d. O									
LETE	an ormana A			···			_			
MPLETE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	rledge, death occurred	at the time, dat	te and place, and due to ti	he cause(a) and mar	nner sa state	d.		
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE	R: On the basis of exemination	riedge, death occurred on and/or investigation,	at the time, dat	te and place, and due to ti	he cause(a) and mar	ner as state	d. cause(a) and manner as stated.		
98	298. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	R on the basis of examination	on and/or investigation,	In my opinion,	te and place, and due to ti death occured at the time 29c. LICENSE NUMBER	, data and place, an	d due to the	d. cause(a) and manner as stated. SIGNEO (Month, Day, Year)		
) BE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE	R on the basis of examination	on and/or investigation,	In my opinion,	death occured at the time 29c. LICENSE NUMBER	, data and place, an	29d. OATE	cause(a) and manner as stated. SIGNEO (Month, Day, Year)		

Soder berg

8. AGE (In yrs. last birthday)

82

5. SEX

1 4 2 | F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

YRS.

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

DHMH-16 Rev 1/89

W 1 4 M 1 M 1 M 2 M 2

BALTIMORE, MARYLAND 21215-0020 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial secured within 24 hours after death. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bighal-me. In fill within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.

IN PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

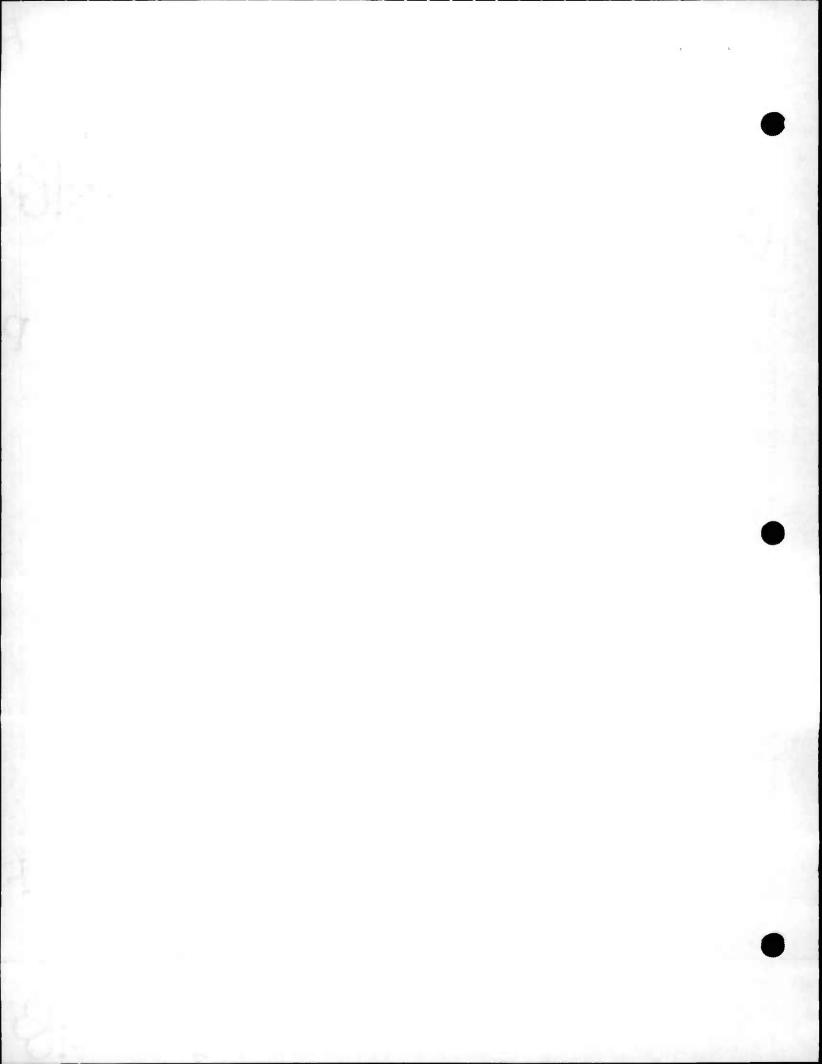
											9	3	1200	0
	1 - STATE REGISTRAR	STATE OF N	IARYLAND /			T OF H				HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DE	ATH
		ERFASS						MONTH DAY YEAR 10				10:12	Дм	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF	BIRTH		6. BIRTH	PLACE (State or	Foreign
	213 32 2221	1 M 2 X F	86	YRS.	INCAT I THE	DATS	HOURS	MIN.	Mar.	" 18	1907	Wash	nington	D.C.
_	9a. FACILITY NAME (If not institution, give st					Y, TOWN C		ON OF DE	EATH			NTY OF D		
E	Doctors Community	Hospita	l		Lo	unhan	n				Pru	ice G	George'	
E I	10a, STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d, INSIDE CI	TV
DIRECTOR	Maryland Anne	Arundel	Arundel Glen Burnie								LIMITS?			
FUNERAL	10e. STREET AND NUMBER					101.	. ZIP COD	E	_		10g, CIT	IZEN OF W	HAT COUNTRY	
推	7981 Perthshire	Path					210	061			Uni	ited	States	
5	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S	specify Ye	s or No—	14. RACE	— American in	dian,
BY	1 Never Married 2 Married 3 XWidowed 4 Divorced	IF YES, GIVE W	TYES 2 NATES	ю 10		If yes, spe	2X NO	n, Mexica Specify	n, Puerto Rica			Specif	y TTI	
									No				White	
12	15. DECEOENT'S EDUC (Specify only highest grade	completed)	(Gi	ve kind of a Do NOT us	work done	CCUPATIO	ON st of workin	19			siness/inc			
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)	ompt	,						lture			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						10 MOTI	HED'S NAI	ME (First, Mide					
_	William P. Money								M. Ho					
BE	19e, INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRES	S (Street a			Route Number,			n Codel		
2	Vic Serfass					thsl							. 2106	1
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Remo		20b. PLACE A	ND DATE	OF OISPOS	SITION (Na	me of		DATE		CATION —			
	4 Donation 5 Other (Specify)	TVIII FROM State	Cedar	matory or o	Ther place)	emete	ery 4	4/10/	/93	S	uitla	and M	ld.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME AN	D ADDRE	SS OF FAC	unera	1 но	mo I	ο Λ	-	
	Kolyst E.	Clan	2 M	00-					lis Rd		-		20715	
	23. PART i. Enter the diseases, or c	omplications that	caused the dea	ath. Do r									Approxi	mate
	shock, or heart failure. I	List only one caus	se on each line.											Between nd Death
	disease or condition resulting in death)	Reprectory Congestive Heart Failure												
		OT BUG	OR AS A CONSEC	UENCE O	7:0	0						101		
Z	Sequentially list conditions,		non		A	th	eno	250	cle	101	25			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC		,	-			20 00	. 0				
은	CAUSE (Disease or Injury	DUE TO	OR AS A CONSEO	CUL		-	- 1)/(0)	17				
Ē	that initiated events resulting in death) LAST	Cillia	0:150	d	1	201	14	w	tomo	1	7.5	-0	i	
빙		, (3000)				10-					011		T-	
N N	PART ii. Other significant conditions	contributing to	death but not re	suiting	in the ur	nderlying	cause g	given in	Part I. 24	n. WAS AN	AUTOPSY	24b.	WERE AUTOPSY MAILABLE PRIO	
MEDICAL									_ 1	YES :	NO 🗆		COMPLETION OF DEATH?	
꽃									_			- 1	1 YES 2	NO
Z														
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- 0-0	T	OTHE		ACE OF 0	EATH (Che	eck only one)					
1×S	1 YES 2 NO	1)3 Inpatient 2			4 🗆 Nur	sing Home	_	eldence	8 Other (S					
РНУ	1 Natural 5 Pending	28e. OATE OF (Month, Da	y, Year)	28b, TIM INJ	URY	28c. INJU WOI	RK?	, l	28d. DESCRI	BE HOW	INJURY OC	CUREO		
ВУ	2 Accident Investigation	28e, PLACE OF	INJURY — At hor	ne. farm	ttreet fact		ES 2	J NO	284 LOCATIV	M (Chart	and Mumber	on Oursel O		
3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)									City or To	own, State)	or nurar Ho	oute reumber,	
LET	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge des	th occur	d at the 4	المقالية	and of							
OMPL	(Check only one) 2 MEDICAL EXAMINE												and menner ee	stated
00	206: SIGNATURE AND TITLE OF CERTIFIER		^		.)	NI		NSE NUM		,				
BE	Kakusi	nov	10/10	7.	M.	1)	, 1		010	8	≥ UAT	I I	(Month, Day, Yea	·
12	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OE DEATH (ITEM	1 27) /Yma	Orinti	•	1		-1-	,		1/ /	1175	

ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

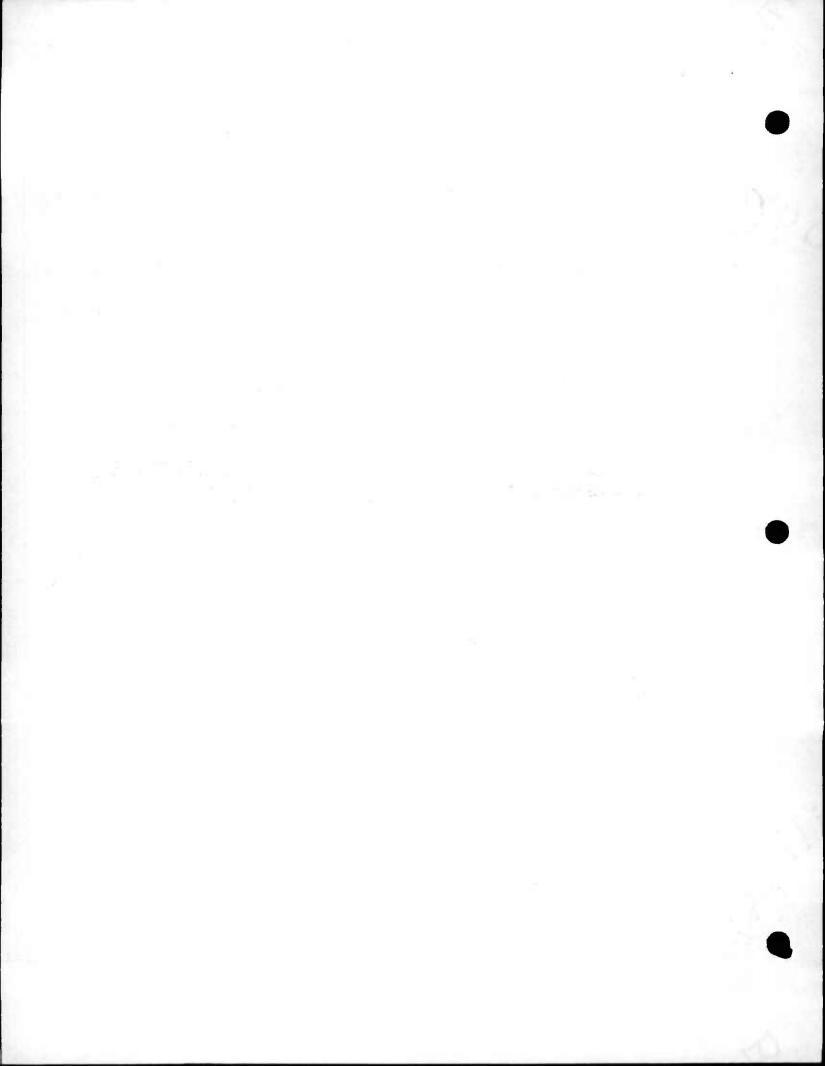
32. REGISTRAR'S SIGNATURE
3 Julia Davidson-Randelle

31. DATE FILED (Month, Day, Year)

H 222



	1. DECEDENT'S NAME (First,	Middle, Last)	a	?,,,,,,,,	220	ICATE O		in_	2. DATE OF DEAT		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBI	FR	5. SEX 6	AGE (la um la	1110	IF UNDER 1 YEAR			4-	8-7	2	3:05 P M
	578-66-644		1 M 2 F	AGE (In yrs. Ia:	st birthday) YRS.	MONTHS DAYS	-	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	7)	8. BIRTH Countr	HPLACE (State or Foreign (Y)
	9a. FACILITY NAME (If not ins			09	4	9b. CITY, TOW	N OR LOCAT	ION OF DE	3-8-0			yland
E E	Southern RESIDENCE OF DEC	ma		Hospit	tal	011	ton	TON OF DE				Georges
屉	10a. STATE	10b. COUNT	TY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
ō.	Md.	Prir	nce Georg	e's	A	quasco)					LIMITS?
FUNERA	10s. STREET AND NUMBER						10f. ZIP COD	Œ		10g. CIT	IZEN OF W	VHAT COUNTRY?
NE I	16000 St.	Phi	lips Road	1			206				ite	d States
- 1	1 Never Married 2 1	Married	12. WAS DECEDENT E FORCES? 1	YES 2 X	RMED NO	13. WAS D If yes,	ECENDENT specify Cub	OF HISPAN an, Maxica	IC ORIGIN? (Specification, Puerto Ricari, etc.	Yes or No-	14, RACE Black	— American Indian, c, White, atc.
B	3 Widowed 4 Divor	rced	IF YES, GIVE WAR	OR DATES		1 🗆 Y	ES 2 NO	Specify	7		Specif	White
2	15. DECE	EDENT'S EDU	UCATION	16a. DE	CEDENT'S	USUAL OCCUPA	TION		16b. KIND OF	BUSINESS/INC	DUSTRY	
	Elementary/Secondary (0-		College (1-4 or 5+)	life	Do NOT u	work done during se retired.)	most of work	ing	St.	Eliza	betl	h's
COMPL	8				Atte	endant				spita		
8	17. FATHER'S NAME (First, Mic William B		presi ale					-	ME (First, Middle, Ma	den Surname)		
B			HWICK						a Scott			
2	19a. INFORMANT'S NAME (7y)		_						loute Number, City or			
	Hazel B.		n					e., F	orestvi			
	1 Donation 5 Other	n 3 🗆 Ram	noval from State	cemetery, cre	emetory or o		1	-13	02	LOCATION —		
	21. SIGNATURE OF FUNERAL		CENSEE	Wash	. Nat	ional I22. NAME	C			uitla	ind .	Md. lome, Inc.
	1	2/-	\sim			6633	Old	ale	xander	Ferry	z Ro	ome, inc.
-	00 0000 0000					Clin	ton.	$Md \cdot 2$	20735			
		eart tellure.	List Dnly Dne ceuse	on eech line	eath. Do i b.	not enter tha n	node of dy	ing, suci	as cerdiac or n	spiratory an	rest,	Approximete Interval Between
	IMMEDIATE CAUSE (Fine disease or condition	ni E	121	/		12		1	1/2	12	-	Onset and Death
1	resulting in death)											
_	Oue to (on as a conseguence of):											
5 I		-	Ans	will	HUENCE O	71.	1	.0	1111		1	2
ĔΙ	Sequentially list condition	ona,	a Journe to	ur ye	VENCE OF	in (Sa.	rle	exic	dee	1	Jenne.
	if any, leeding to immed cause. Enter UNDERLYIN	flate NG	a Dubos (or	ur ye	215	in (Tas,	ele m	latin	elee ee	4	denue
1	if any, leeding to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events	flate NG Ty	DUE TO (OF	ur ye	215	in (Pas ofio	ele n)	Variation !	de	4	denne
Coluct	if any, leeding to immed cause. Enter UNDERLYIN CAUSE (Disease or injur	flate NG Ty	a Segna	ur ye	215	in (Sa fio	ell m	lafen	dee	4	denue.
CHILL	if any, leeding to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events resulting in death) LAST	flate NG ry	DUE TO (OI	A AS A CONSECUTION AS A	QUENCE OF	and,	gradient of the second of the	given in	Part 1. 24e WAS	AN AUTOPSY	240	WERE AUTOPSY FINDINGS
AL CERTIFI	if any, leeding to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events	flate NG ry	b Dut to contributing to de	A AS A CONSECUTION AS A	QUENCE OF	and,	of couse	given in	PER	FORMED?	240.	MAILABLE PRIOR TO COMPLETION OF CAUSE
AL CERTIFI	if any, leeding to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events resulting in death) LAST	flate NG ry	DUE TO (OI	A AS A CONSECUTION AS A	QUENCE OF	and,	fig.	given in	PER		240.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CERTIFI	if any, leeding to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events resulting in death) LAST	flate NG ry	b Dut to (or d)	A AS A CONSECUTION AS A	QUENCE OF	and,	of couse	given in	PER	FORMED?	240.	MAILABLE PRIOR TO COMPLETION OF CAUSE
שבסיסה סבחורי	if any, leeding to immed cause. Enter UNDERLYIM CAUSE (Disease or injur that initiated events resulting in death) LAST	flate NG Py T Condition	amen	A AS A CONSECUTION AS A	QUENCE OF	in the underlyi	ng ceuse	ti.	1 0 YE	FORMED?	249.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL CERTIFI	if any, leeding to immed cause. Enter UNDERLYIM CAUSE (Disease or injur that initiated events resulting in death) LAST	flate NG Py T Condition	b. DUE TO (OF the country of the cou	AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION	QUENCE OF	in the underly	LACE OF D	LATH (Che	1 0 YE	FORMED?	246.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL CERTIFI	if any, leeding to Immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events resulting in death) LAST PART II. Other algnificen 24. WAS CASE REFERENCE TO EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH	nt condition	poly June HOSPITAL:	eth but not r	guence of cauting down	in the underlying the	PLACE OF D	LATH (Che	1 TYE	FORMED? 3 X NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHISICIAN: MEDICAL CERTIFIE	if any, leeding to immed cause. Enter UNDERLYIM CAUSE (Disease or injur that initiated events resulting in death) LAST PART II. Other algnificen 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 28. Hatural 5 P	nt condition	HOSPITAL: 1 X inpation 2 = El 20a. DATE OF IN. (Month, Day	eth but not r	GUENCE OF SENTING	In the underlying the	PLACE OF COME 8 RANGEY AT WORKY YES 2 [DEATH (Che	ok only one)	FORMED? 3 X NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	if any, leeding to immed cause. Enter UNDERLYIM CAUSE (Disease or injur that initiated events resulting in death) LAST PART II. Other algnificen 25. WAS CASE REFERENCE TO EXAMINER! 1 Yes 2 MO 27. MANNER OF DEATH X Natural S PA Accident Suicide C	nt condition MEDICAL Pending reveiligation Could not be	HOSPITAL: 1X Inpatient 2 El	eth but not r	GUENCE OF SENTING	In the underlying the	PLACE OF COME 8 RANGEY AT WORKY YES 2 [DEATH (Che	ock only one: 6 Other (Specify) 26d. DESCRIBE NO 281, LOCATION (Sin	W INJURY OCC	CURED	AMALABLE PRICE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED DI PRINSICIAN. MEDICAL CENTIFIC	if any, leeding to immed cause. Enter UNDERLYIM CAUSE (Disease or injur that initiated events resulting in death) LAST PART II. Other algnificen 25. WAS CASE REFERENCE TO EXAMINER! 1 Yes 2 MO 27. MANNER OF DEATH X Natural S PA Accident Suicide C	nt condition A MEDICAL Pending resettigation	HOSPITAL: 1% inpatient 2 = 61 28s. DATE OF IN. (Morth, Day)	eth but not r	GUENCE OF SENTING	In the underlying the	PLACE OF COME 8 RANGEY AT WORKY YES 2 [DEATH (Che	PER 1 YE 1 YE Ch only one) 5 Other (Specify) 26d. DESCRIBE HO	W INJURY OCC	CURED	AMALABLE PRICE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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THE PROPERTY OF THE PROPERTY O	if any, leeding to Immed cause. Enter UNDERLYIN CAUSE (Disease or Injur that Initiated events resulting in death) LAST PART II. Other algnificen 24. WAS CASE REFERENCE TO EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH X Hatural 5 PA 2 Accident 3 Suicide 6 Check only 1 CERTIFIER (Check only 1 CERTIFIER)	Int condition A MEDICAL Pending modulat not be letermined FY/NO PHYS	HOSPITAL: 1% inpatient 2 El 28e. DATE OF IN. (Morath, Day) 28e. PLACE OF III building, etc.	eth but not r Broutpetient 3 RUPTY At ho (Specify)	DOA TIME IN THE RESERVE OF THE RESER	in the underlying the state of	PLACE OF D PLACE	BEATH (Che estidents)	ock only one: If I YE Other (Specify) 26d. DESCRIBE NO City or Your, Si to the cause(s) and	W BUURY OCC	CURED or Flural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
L COMPLETED BY PRINCIPAL MEDICAL CERTIFIC	if any, leeding to Immed cause. Enter UNDERLYIN CAUSE (Disease or Injur that Initiated events resulting in death) LAST PART II. Other algnificen 24. WAS CASE REFERENCE TO EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH X Hatural 5 PA 2 Accident 3 Suicide 6 Check only 1 CERTIFIER (Check only 1 CERTIFIER)	Int condition The condition MEDICAL Pending meetigation Could not be letermined IFYINO PHYS CAL EXAMINE	HOSPITAL: 1 X Inpatient 2 Eit 28s. DATE OF IN. (Month, Day 28s. PLACE OF III building, etc. (CIAN: To the best of my ER: On the best of axam	eth but not r Broutpetient 3 RUPTY At ho (Specify)	DOA TIME IN THE RESERVE OF THE RESER	in the underlying the state of	PLACE OF DOME S R. N.JURY AT YORK? YES 2 [lice te and place death occu	BEATH (Che estidents)	Ck only one) S Other (Specify) 28d. DESCRIBE HO City or Year. Stote to the cause(a) and time, data and place	W INJUSTY OCCUPATED AND AND AND AND AND AND AND AND AND AN	or flural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFIE	if any, leeding to Immed cause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events resulting in death) LAST PART II. Other algnificen PART II.	nt condition The condition MEDICAL Pending resulting the selection of t	HOSPITAL: 1 1% Impaction: 2 = 61 28e. DATE OF IN. (Month, Day. 28e. PLACE OF IN building, etc. (CIAN: To the best of my building, etc.)	eth but not recommend as a consecutive that not recommend as a consecutive that not recommend as a consecutive that no consecu	esulting DOA 286. The next occurrent investigation	in the underlying the underlying the underlying the underlying the unit of the underlying the unit of the underlying the unit of the underlying the unit of the underlying the unit of the underlying the	PLACE OF DOME S R. N.JURY AT YORK? YES 2 [lice te and place death occu	NO NO	Ck only one) S Other (Specify) 28d. DESCRIBE HO City or Year. Stote to the cause(a) and time, data and place	W INJUSTY OCCUPATED AND AND AND AND AND AND AND AND AND AN	or flural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Dute Aumber.
	if any, leeding to Immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events resulting in death) LAST PART II. Other algnificen PART II.	nt condition The condition MEDICAL Pending resulting the selection of t	HOSPITAL: 1 1% Impaction: 2 = 61 28e. DATE OF IN. (Month, Day. 28e. PLACE OF IN building, etc. (CIAN: To the best of my building, etc.)	eth but not recommend as a consecutive that not recommend as a consecutive that not recommend as a consecutive that no consecu	esulting DOA 286. The next occurrent investigation	in the underlying the underlying the underlying the underlying the unit of the underlying the unit of the underlying the unit of the underlying the unit of the underlying the unit of the underlying the	PLACE OF DOME S R. N.JURY AT YORK? YES 2 [lice te and place death occu	NO NO	ock only one) B [] Other (Specify) 28d. DESCRIBE HC 28f. LOCATION (Str. Scott Str. Sc	W BUURY OCC wel shift Number shell and due to the	or flural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Dute Aumber.
10 BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	if any, leeding to Immed cause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events resulting in death) LAST PART II. Other algnificen PART II.	met condition MEDICAL MEDICA	HOSPITAL: 1 1% Impaction: 2 Eli 28e. DATE OF IN. (Month, Day. 28e. PLACE OF IN building, etc. (CIAN: To the best of my building, etc.)	eth but not r eth but not r consecutive at home and a security when the secutive and a security at home and a security at home and a security at home and a security at home and a security at home and a security at home and a security at home and a security at home and a security at home and a security at home and a security at home and a security at home and a security at his s	esulting DOA 286. The next occurrent investigation	in the underlying the underlying the underlying the underlying the unit of the underlying the unit of the underlying the unit of the underlying the unit of the underlying the unit of the underlying the	PLACE OF DOME S R. N.JURY AT YORK? YES 2 [lice te and place death occu	NO NO	ock only one) B [] Other (Specify) 28d. DESCRIBE HC 28f. LOCATION (Str. Scott Str. Sc	W INJUSTY OCCUPATED AND AND AND AND AND AND AND AND AND AN	or flural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Dute Aumber.



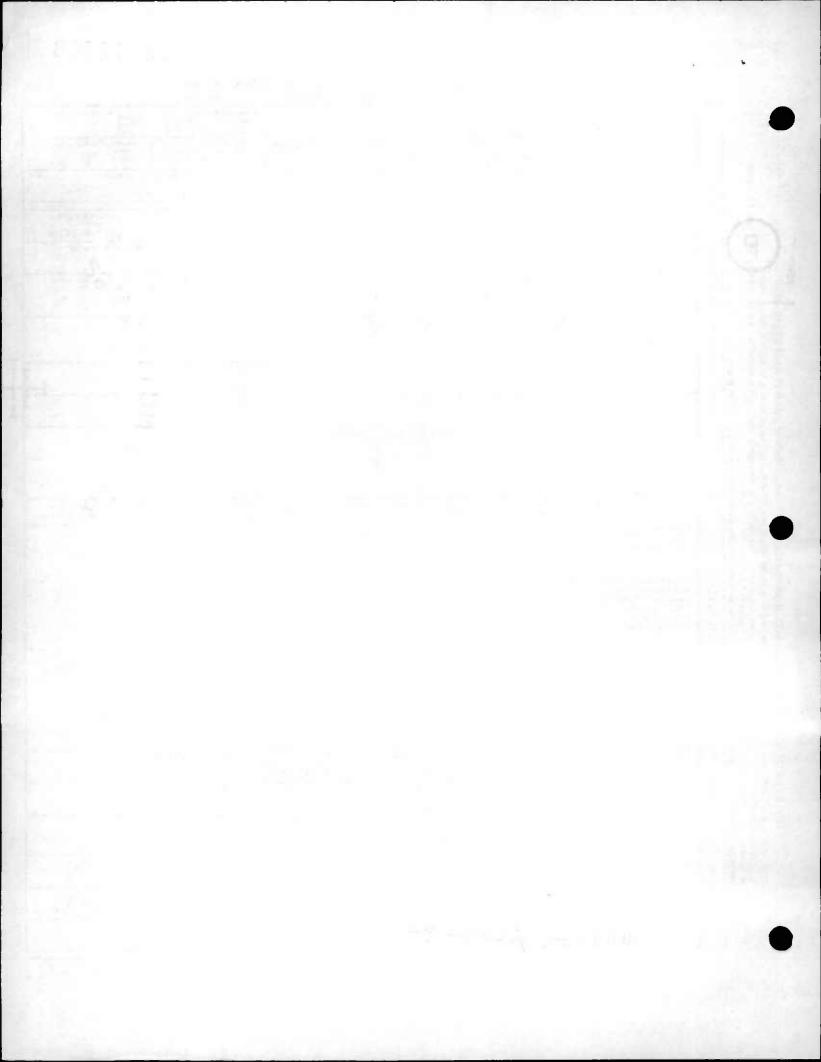
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	death. Page 6 may be retained by the hospital or attending physicial
TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlands	funeral director, page 5 should be detached for use as the burial-in
be filed within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	xaminer must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENE REG. NO.		
	A. TAYLOR				3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 219-32-3411	1 □ M 2 🖾 🗶		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 190 OCTOBER 20	2 s. BIRTI	HPLACE (State or Foreign RYLAND
9a. FACILITY NAME (If not institution, give so 7 KIRBY LANE RESIDENCE OF DECEMENT	street and number)			POLIS	ATH 9c.	ANNI	E ARUNDEL
10a. STATE 10b. COUNT	NNE ARUNDEL		TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 7 KIRBY LANE			10	21401	10g.	U.S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Mindowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 (2) (9)	If yes, sp	ecify Cuban, Mexican		9- 14. RACI Blac Spec BLA	
15. DECEOENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)		16e. OECEDENT'S U (Give kind of wo life. Do NOT use DOMESTI	ork done during mo retired.)	ON set of working	16b. KIND OF BUSINES:		
17. FATHER'S NAME (First, Middle, Last) CHARLES E. SMOTH	ERS			JENNI	E (First, Middle, Maiden Surnal E PRATT		
190. INFORMANT'S NAME (Type/Print) ROSLYN PORTER 200. METHOD OF DISPOSITION		7 KIRI	BY LANE	ANNAPOLI	S, MD. 21401		
20a. METHOD OF DISPOSITION 1 National 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE GREUNERAL SERVICE LIC	noval from State ceme	PLACE AND DATE OF elery, cremetory or oth RYLAND NA	AT. MEM		/10/93 LAUR	EL, MD	
Fary D	Rese		REESI 821 V	E & SONS VEST ST.	MORTUARY, P. ANNAPOLIS, M	D. 214	01
23. PART I. Enter the disease, or shock, or freet feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO IOR AS A	CONSEQUENCE OF:	gett sow	da of dying, such	as cerdiac or respirator	y arrest,	Approximate Interval Between Onset and Death
PART II. Other significant condition	s contributing to deeth bu	it not resulting in	the underlying	g ceuse given in F	Part I. 24a. WAS AN AUTOI PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NQ	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outpe		26. PL	ACE OF OEATH (Chec	ck only one)		
27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME INJUI	RY WO	-	28d. DESCRIBE HOW INJURY	OCCURED	
3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, stc. (Specific	At home, farm, atr	eet, factory, offic		281. LOCATION (Street and Nu City or Town, State)	mber or Rurel F	Route Number,
2 MEDICAL EXAMINE 200/SIGNATURE AND TITLE OF CERTIFIES	ICIAN: To the best of my knowle RI: On the bests of examination OCOMPLETED CAUSE OF DEA	and/or investigation,	In my opinion, d		ime, data and place, and dua		
31. DATE FILED (Month, Day, Year) APR 1 3 19	32. REGISTRAR'S SIGNA 33. Guha Davidso	June Broke					

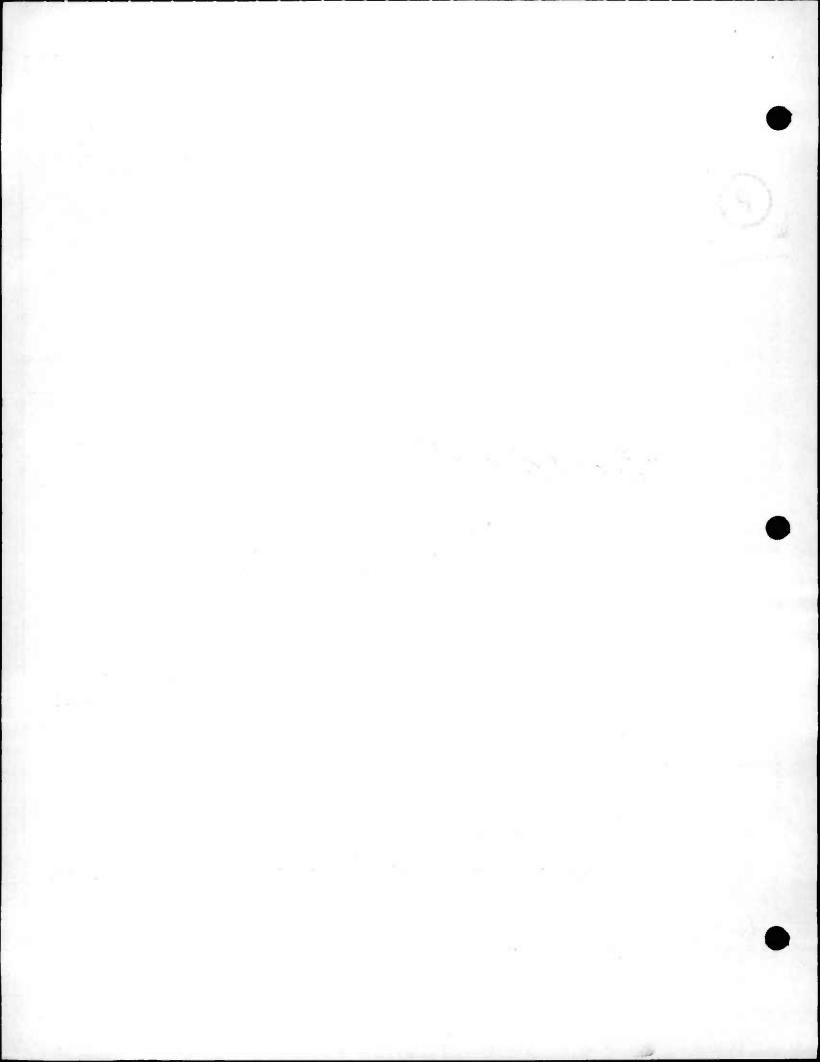
OHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	cian.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	-trans
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	-

10

	FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND I		IYGIENE REG. NO.		J ()	12002	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF OEATH	
	ELIZABETH M. THOMPS	ON				APRIL	16 10		YEAR	4:30 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AC	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH		6. BIRTH	PLACE (State or Foreign	
-	217-32-4544	1 □ M 2 □ F	88 YRS.	MONTHS DAYS	HOURS MIN.	MAY 1,		1	Country	y)	
wages	9e. FACILITY NAME (If not institution, give	street and number)	OR LOCATION OF DE		1904			Y LEE, MARYLANI			
۳ ا	SECONITY OF DEATH										
5											
FUNERAL DIRECTOR											
0	MARYLAND ST. MARY'S VALLEY LEE 1										
¥.	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT										
Ä	GENERAL DELIVERY	·			20692			UNIT	ED ST	CATES	
5	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVE FORCES? 1 7	R IN U.S. ARMED ES 2 THO	13. WAS D	ECENDENT OF HISPAN specify Cuben, Mexica	IIC ORIGIN? (S	pecify Yee a	r No — 1	4. RACE Black	- American Indian, White, etc.	
A	3 X Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES 21		ES 2 NO Specify				Specif		
8	15. DECEOENT'S EDU	JCATION	16a. DECEOENT'S	USUAL OCCUPA	TION	16h KIN	D OF BUSIN	LESS/INDI	BLA(A.	
	(Specify only highest gradi Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during i	most of working	I GO. KIII	D 01 B0311	1235/11100	JIM		
립	12	1	HOMEMA	KER							
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl	e, Malden Su	ımame)			
BE C	WILLIAM BUNTON THOMPS	SON			ELLEN JAN	E HAWKT	NS			1	
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	t end Number or Rural F			State, Zip C	Code)		
F	ELFREDA MATHIS		P.O. E	OX 80, V	ALLEY LEE, M	IARYLAND	20692				
ı	20e. METHOD OF DISPOSITION 11☆ Buriel 2 □ Cremation 3 □ Reg	novel from State	20b. PLACE AND DATE	OF DISPOSITION /	Neme of	OATE		TION — CI	ty or To	wn, State	
	4 Donation Specify)	10 1	ST MARK'S U	NITED ME.	THODIST 4	/20/93	VALL	EY LEE	E. MA	RYLAND	
	21. SIGNAME CONTINUE SERVICE OF	Grand L	X		ANO ADDRESS OF FAC SFIELD FUNER						
- 1	EDWARD N. BRINS	SETELD IR MOO	2052					A D. DVIIVOI	TAT BY	WINT AND OOCEO	
	23. PART I. Entar tha diseasea, or	complications that cau	ead the death. Do	not antar tha n	node of dyling, audi	SIKECI	or respire	ARDION	VIN, I	IARYLAND 20650	
	ahock, or haart failura. IMMEDIATE CAUSE (Final	List only one cause or	each lina.				or toopiio	tory arran	.,	Intarval Between	
	disease or condition	(Vy	10000	7	1.11					Onset and Death	
	resulting in death)	DUE TO (OR A	S A CONSEQUENCE O	F):	ary of	01	_	1	_	1	
z		· Can	ninon	100	MS	Rom	AAL	4	>	1 1	
윤	Sequantially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O	F):							
₫	CAUSE (Disease or Injury	с			//						
E	that initiated events resulting in death) LAST	OUE TO (OR A	S A CONSEQUENCE OF	F):	V						
CERTIFICATION		d,									
CALC	PART II. Other algnificant condition	na contributing to death	but not reaulting	In tha underlyi	ng cause given in i	Part i. 24a	. WAS AN AL	JTOPSY	24b.	WERE AUTOPSY FINDINGS	
							PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
빌						_ ''	YES 2	CHO		OF DEATH?	
=						_				1 VES 2 NO	
ž I	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (Che	ck only one)				10,1	
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 DOA	OTHER:	me 5 🗆 Residence		acihi)				
主	27. MANNER OF DEATH	26e. DATE OF INJUR	Y 26b, TIM	E OF 28c. II	IJURY AT	26d. DESCRIE		URY OCCU	REO		
BY	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Yea	") and		YES 2 NO						
	3 Suicide 6 Could not be	26e. PLACE OF INJU building, atc. (S	RY — At home, ferm,	streat, fectory, of	Ice	28f. LOCATIO	N (Street end	Number or	Rural Ro	oute Number,	
H	4 Homicide determined	and in a second	poony			City or To	wn, State)				
2	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kn	owledge, death occurre	ed at the time, de	te end place, end due	to the couse(e)	and manne	r as stated			
COMPLETED	one) 2 MEOICAL EXAMINE									end menner ee stated.	
0	296. SIGNATURE AND TITLE OF CENTIFIE		-/-	11/	29c. LICENSE NUM					(Month, Day, Year)	
8	XX	160	NOS	-NV \	7 (2	1410	7 1	▶ ∐	-	11-92	
2	30. HAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) (No.	Print)	1000	271		7		0 10	
	J. PATRICK JARBOE, MI	1 1	RTS BLDG.,	750034	IN MARVI AND	n 20650					
İ	31. DATE FILED (Month, Day Year)	Tan beautiful			WIN, THINILAN	20000		_			
I	APR 1 9	93 / Sulia	Davidson-Ran	dall							
	V	0		140						DHMH-16 Rev 1/89	



1	P	8
68760, BALTIMORE, MARYLAND 21215-0020	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending paracient.	FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buttan transition or removal
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the n 72 hours after death with the State Dent. of Health and Mental Hyniere prior to build cremation, or removal

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEP CERT	ARTMEN	F OF H	IEALTH DEAT	AND I	MENTA	L HYGIEN		3	12670
	1	1. DECEDENT'S NAME (First, Middle, L	est)						2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATN
		CLAUDE DANTEL TH									993	TEAR	8:00 A
		4. SOCIAL SECURITY NUMBER	45440-	(In yrs. last birthd	MONTHS	DAYS	HOURS	24 HRS. MIN.	(Mont	OF BIRTN		8. BIRTN Country	PLACE (State or Foreign
Pa		213-54-9636 9a. FACILITY NAME (If not institution, g	Λ	43 YR		- 70	27.2	1.22		BER 31,	_		YLAND
2, 3 should	DIRECTOR	APT. #2, GENERAL	DELIVERY		RID		OR LOCATIO	ON OF DE	EATH			MARY	
1	l Ä	10e. STATE 10b. CO		10c.	CITY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
P	1		ST. MARY'S	F	IDŒ								LIMITS? 1 YES 2 NO
V	FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE				10g. CITI	ZEN OF W	THAT COUNTRY?
F 15	岁	APT. 2, GENERAL					2068					ED ST	ATES
the bullial-tran	BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 (X) YES IF YES, GIVE WAR OR D VTETNAM	2 ND		If yes, sp	ENDENT OF	n, Maxicai	n, Puerto l	? (Specify Ye Rican, etc.)	s or No	14. RACE Black Specifi WHI	— American Indian, , Whita, atc.
use as the		15. DECEDENT'S (Specify only highest of	EDUCATION	16a. DECEDEN					18b	KIND OF BU	SINESS/IND		
- >	Ē	Elementary/Secondary (0-12)	Coflege (1-4 or 5+)	llle. Do NO	of work done use retired.)	auring mo	st of working	g					
ached fo	COMPI	12		CARPENI	ER				- (CONSTRU	CTION		
e de de	8	17. FATNER'S NAME (First, Middle, Last					18. MOTH	ER'S NAI	ME (First, I	Aiddle, Maiden	Surname)		
uld be	띪	CLAUDE W. THARPE							AY HA				
5 should notified	일	19a. INFORMANT'S NAME (Type/Print)		1						er, City or Tow			
page page		CLAUDE W. THARPE		PLACE AND DA				XING	-	PARK, M			
e funeral director, pa funeral director, pa f. examiner must b		1 Murial 2 Cremation 3 1 1 4 Donation 5 Dillag (Specify)	tamova from State cen	netery erematory	or other place)				DAT		CATION —		
al dire		21. SIGNATURE OF THERAL SERVICE	LYCENSO	RST PRIEN			DIST D ADDRES		19/93	I RI.	DGE, M	ARYLA	ND .
funer		Letter MON	zu]]	BRINS	FIELD	FUNE	RAL H				
arter localit. raye o may be by the funeral director, page emoval.	\vdash	23. PART I. Enter the discesses,	INSFIELD, JR. MOOO										MARYLAND 2065
and completely filled in by the to burial, cremation, or removal matic event, the medical		shock, or heert failuitement of the state of	a. Solcion DUE TO (DR AS A	ech line.							iratory sm	••t,	Approximats Intervel Between Onset and Death
anding physician and co Hygiene prior to buria or other traumatic	CERTIFICATION	Sequantisily list conditions, if any, isading to immediata csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	CONSEDUENCE	OF):								
6 5	MEDICAL	PART II. Other eignificent condi	tions contributing to deeth b		g in the ur	derlying	g ceuse gi	iven in I	Part I.	24a. WAS AN PERFOR	IME?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
TO THE FUNKFAL DIRECTOR: After this centificate has been signed be filled within 72 hours after death with the State Dept. of Health iMPORTANT: If Item 28 is marked, or item 23 shows an			1						_				1 TES 2 NO
has the Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICA	L			26 PI	ACE DF DE	ATH /Cho	sk ontvon	-1	_		/\
State (Sic	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outs	estient 3 🗆 DOA	OTHER		M						
th the	PHY	27. MANNER OF DEATH	26s. DATE OF INJURY	28b. 1	IME OF	28c. INJ	URY AT	HOUNCE (6 Other	CRIBE HOW I	NJURY OCC	URED.	
th wil	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 4-15-9	3 8	A M	1 🗌 Y		ND	(354	1-5	vie	ide
TOR: After this c after death with 28 is marked,		3 Suicide 6 Could not		- At home, farm	, street, fact	ory, office	,		281. LOCA	TION (Street a	and Number	or Rural Ro	oute Number,
n 28	ETE	4 Nomicide detarmine		6 me					City (r rown, state)			
TO THE FUNERAL DIRECTORY TO THE FUNERAL DIRECTORY TO THE FUNERAL DIRECTORY TO THE FORMAL TO THE THEM	COMPLI		HYSICIAN: To the best of my know	ledge, death occi									
Within	8		MNER: On the beals of examination	n and/or investigs	tion, in my o	pinion, de	eath occure	d at the t	time, data	and place, an	d due to the	cause(a)	and menner as stated.
E E	BE	296. CONATUPE AND TITLE OF CERT	IFIER			İ	29c. LICEN	NSE NUM	BER	_	29d. DATE	SIGNED (Month, Day, Year)
288	5	30 NAME AND ADDRESS OF DESCRIPTION	D will	ATA: 45-22			DI	15	85		• 4	1-1	5-93.
		30. NAME AND ADDRESS OF PERSON				DOT!							
0		WILLIAM D . BOYD, 1 31. DATE FILED (Month, Day, Voar)		N SIREET	P.O.	BOX 2	∔35, L	LONAR	MOTON	, MARYI	AND 20	650	
(4)		APR 19 '	32. REGISTRAR'S SIGN Gulia Davi	dson-Rang	all								

DHMH-16 Rev 1/89

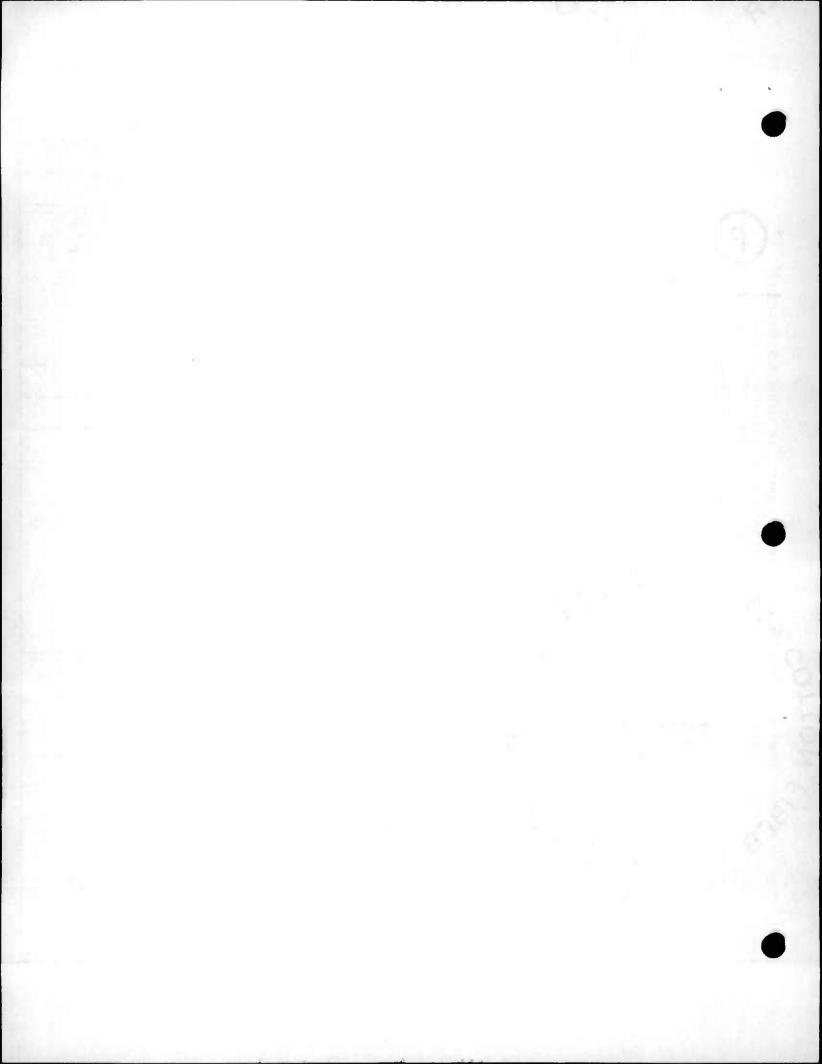
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impletely filled in by the funeral director, page 5 should be detached	cremation
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certificate has been signed by the attending physician and completely fill	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
tending	al Hygien
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signed	Health
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has b	Dept.
tificate	e State
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							93	126/1
	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		NTAL HYGIEN REG. NO		
8	1. DECEDENT'S NAME (First, Middle, Last)				2	DATE OF DEATH		3. TIME OF DEATH
ij	NATHAN L.		Jr.			монтн 0	3 9	1:27 P M
1	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)
	577-52-6602	1₺ M 2 🗆 F 6	O YRS.	MONTHS DAYS	HOURS MIN.	/26/32	r'a	urmount Hats
	9a. FACILITY NAME (If not institution, give :				R LOCATION OF DEATH	4	9c. COUNTY	
6	PRINCE GEORGE'S	HOSPITAL CEN	TER	CHEVERL	_Y M	D	PRI	NCE GEORGE
ទួ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	v	140 CIT	Y, TOWN OR LOCAT	1011			Total units
DIRECTOR	Md.	Р.			unt Hgts			10d. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER	-	0.		ZIP CODE	•	Tan OFFICE	1 🔀 YES 2 🗌 NO
FUNERAL	5905 J St.			1.0		2	101-100	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	US ARMED	12 WAS DEC	2074 ENDENT OF HISPANIC			. S . A . RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 ZNO	If yes, spe	cify Cuban, Mexican, P		1 OF PRO - 14.	Bleck, White, atc.
BY	3 Widowed 4 Divorced	IF TES, GIVE WAR OR DA	II ES	1 U YES	2 NO Specify:			Specify: Black
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATIO	IN .	166. KIND OF BU	SINESS/INDUST	TRY
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during mo- se retired.)	st or working	i		
M M	12th		Unemp	oloyed		No	ne	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME			
BE		Tilghman, Si			Ruth K	idwell		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street a	nd Number or Rural Rout	e Number, City or Tow	n, State, Zip Coo	de)
-	Ruth E. Tilghm	an	Same	as #	10 above			
-	20s. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rem	loval from State com	otory cromotory or o	OF DISPOSITION (Na	1			or Town, State
	4 Donation 5 Other (Specify)	На	armony	Mem. Pa	ark 4/9/	93 Lan	dover	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AN	Washing	TY		
	Xany	N. Pra	U	492	Burrou	ton & S ghs Ave	ons,I	nc.
	23. PART I. Enter the diseases, or	complications that caused	the death. Do					
	IMMEDIATE CAUSE (Final	List only one cause on ea						Interval Between Onset end Death
	disesse or condition resulting in death)	Sept	in shoc	: k.				
- 1	resulting in dealing	DUE TO (OR AS A	CONSEQUENCE O	F):				
Z		a Abd.	minal	abscen	Collection	7		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):				
5	CAUSE (Disesse or Injury	С						
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
#	Tooling in death, Exo.	d						
- 1	PART II. Other significant condition	s contributing to death be	ut not resulting	in the underlying	ceuse given in Par	t I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
2	-					PERFOR	11.00	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2	⊠ NO	OF DEATH?
2								1 TYES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATN (Check	only one)		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☑ inpatient 2 ☐ ER/Outpu	atient 3 DOA	OTHER:	5 - Residence 8 -	Other (Specific)		
主	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. INJ	JRY AT 28	d. DESCRIBE NOW I	NJURY OCCUR	ED
ВУР	1 Natural 5 Pending Investigation	(Month, Day, Year)	C A .	JURY WO	RK?	ALA		3
	2 Accident Investigation 3 Suicide B Could not be	28a. PLACE OF INJURY	— At home, farm,	- //	28	f. LOCATION (Street a	and Number or F	Rural Route Number,
COMPLETED	4 Homicide determined	building, atc. (Speci		VA.		City or Town, State)		
٦	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	edge, death occurr	nd at the time date	and place, and due to 6	the councils) and mar	nne en eleted	
Ž		R: On the basis of examination						nuse(s) and menner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIE	8						
BE	Rointan F	work. Fan			29c. LICENSE NUMBEI			GNED (Month, Day, Year)
2			TH (ITEM 27) (7	Print	D434			414193
	Rointan Farak	ifar,M.D.	Prince	George	e's Hosp	. Cente	r, Sta	ff
					-	cneve	LLY, MO	u.

32. RECISTRAR'S SIGNATURE

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending the	TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as me by	be hied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If I lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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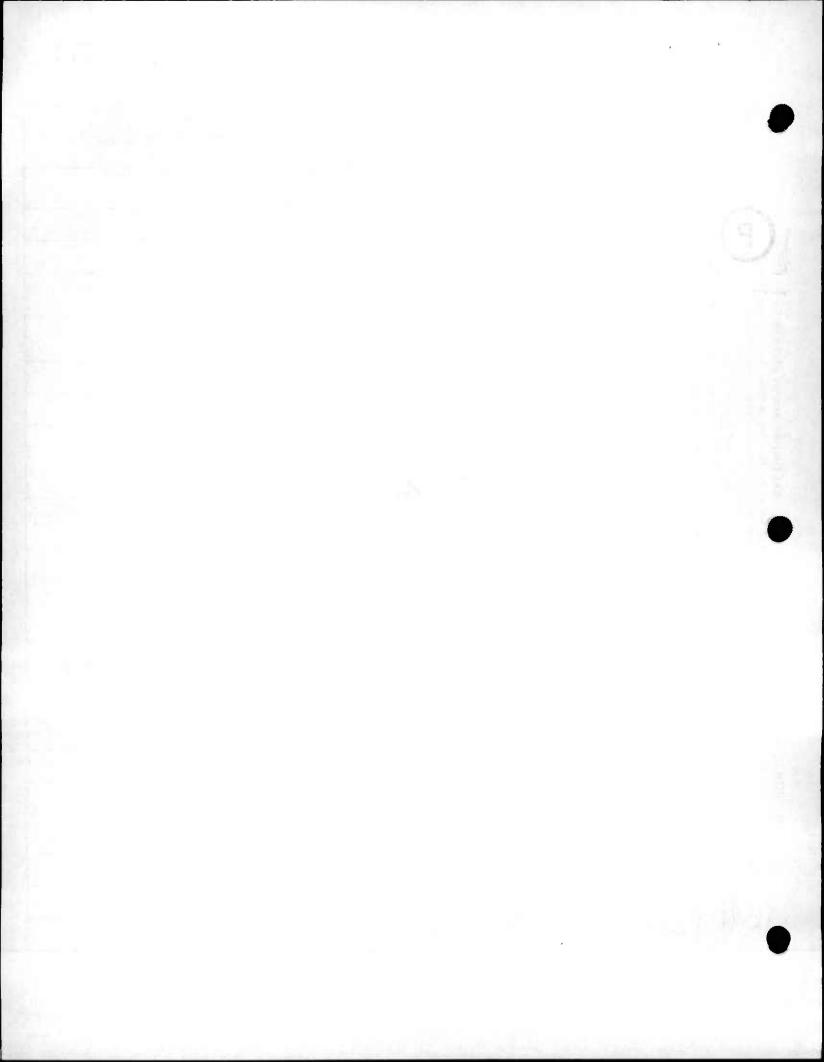
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

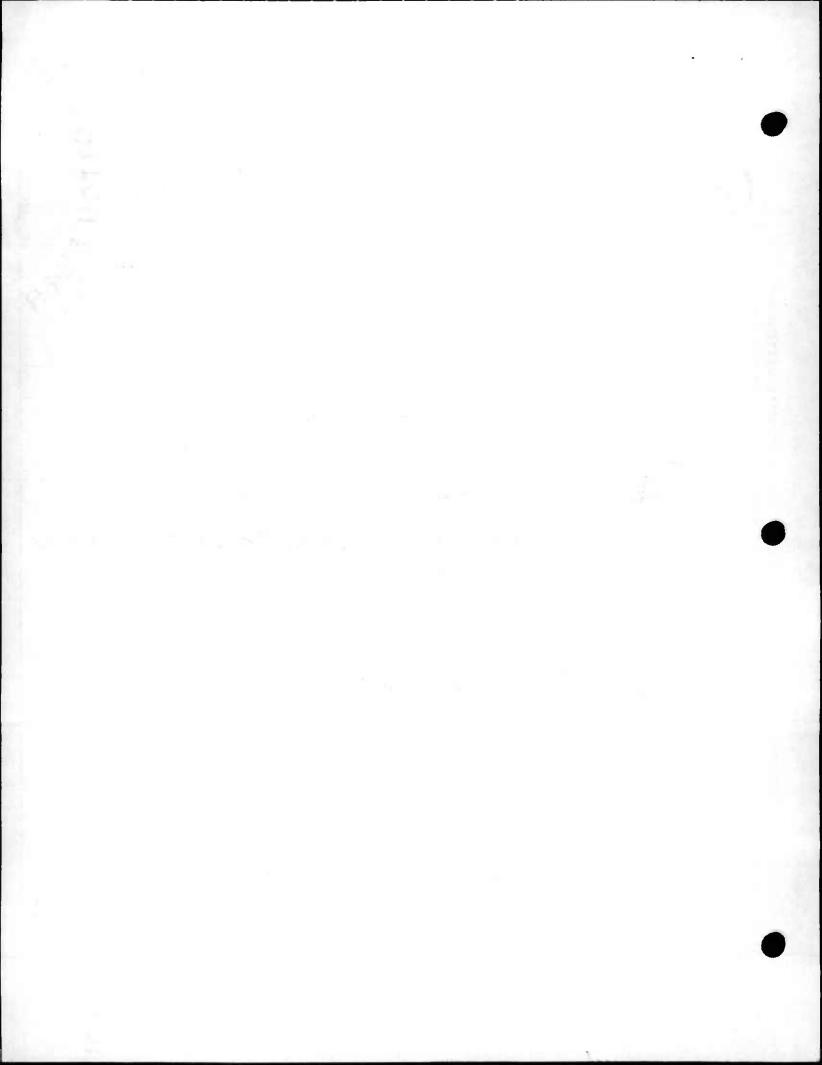
FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF DEAT	Ή	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH		YEAR 3. TIME OF DE	ATH
- 3	Louise Dia	ama Towers			4	10			0 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER :		OF BIRTH		8. BIRTHPLACE (State of	
	577-16-7755	1 🗌 M 2 🔯 F	85 YRS.	IONTHS DAYS HOURS		1, Day, Year) 1–1908	1	Washingto	n. DC
	9e. FACILITY NAME (If not institution, give a	treet and number)		96. CITY, TOWN OR LOCATIO				TY OF DEATH	,
DIRECTOR	Presidential Wood	s Nursing H	ome	Hyattsvill	e			nce George	¹s
EC	10a. STATE 10b. COUNT	Y	10c, CITY.	TOWN OR LOCATION				10d. INSIDE C	***
뜸	Maryland Prin	ce George's	Hva	ttsville				LIMITS?	
=	10e. STREET AND NUMBER			10f. ZIP CODE			10- CITIZ	1 YES 2	
WE BAL	4845 66th Avenue			2078	4		U.S.A		
₩.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 2 YE		13. WAS OECENDENT OF Il yes, specify Cuben	HISPANIC ORIGIN	? (Specify Yea	or No-	4. RACE — American in Black, White, atc.	dlan,
B	3 🖾 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2 NO	Specify:	,,,,,,,		Specify: White	2
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade		16a. DECEOENT'S U	SUAL OCCUPATION rk done during most of working	16b.	KIND OF BUS	INESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	retired.)					
교	12		Catering		C	ongres	siona	ıl Club	
Ö	17. FATHER'S NAME (First, Middle, Last)				ER'S NAME (First, A	Aiddle, Maiden S	Sumame)		
BE	George Lee			Lou	ise C	arter			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	OORESS (Street and Number of	or Rural Route Numb	er, City or Town	, State, Zip C	Code)	
۲	Mark R. Towers		4845	66th Avenue	, Hyatts	ville,	Mary	land 207	84
	20e, METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremetton 3 ☐ Remo	ound from State	06. PLACE AND DATE OF	DISPOSITION (Name of	DATI	20c. LOC	ATION - C	ty or Town, State	
	4 🗆 Donailon 5 🗆 Other (Specify)	(emetery, cremetory or othe Cedar Hill		4/14/93			, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	// -	Francis Ga	S OF FACILITY	ne Fun	oral	Home P A	
	1 Const	and li	and	4739 Baltin					
	23. PART I. Enter the diseases, or o	complications that caus	ed the deeth. Do no	t enter the mode of dyin	g, auch aa cerd	lec or respir	atory arre	nt, Approxi	
	innock, or neart failure.	List only one couse on	each line					interval	Between nd Death
1	disease or condition	CE	REBRO	PL Ja	FARC	T		Onset a	iid Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):						
z				Pu Fur	AINDA				
	Sequentielly list conditiona, if any, leeding to immediata	DUE TO (OR AS	A CONSEQUENCE OF):	1					
<u>র</u> ∥	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury	2						1	
#	that initiated eventa	OUE TO (OR AS	A CONSEQUENCE OF):						
CERTIFICATION	Toursday of deadily CAST	1							
	PART II. Other aignificant condition	a contributing to deeth	but not resulting in	the underlying cause gi	ven in Part i.	24a. WAS AN A	WTOPSY	24b. WERE AUTOPSY	FINDINGS
EDICAL	k	TRUHR	2101			PERFORM		AVAILABLE PRIC	R TO
						1 TES 2	NO	OF DEATH?	
Σ.								1 [] YES 2 [NO ON
NA I	25. WAS CASE REFERRED TO MEDICAL			26 PLACE OF DE	ATH (Check only one	-			
Sic	EXAMINER? 1 YES 2 OHO	HOSPITAL:		THER:					
PHYSICIAN:	27, MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c INJURY AT		(Specify) CRIBE HOW IN	IURY OCCU	RED	
	1 Natural 5 Pending	(Month, Day, Year)	INJUI			ornoc now ne	ooni occo	NEO	
BÁ	2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE OF INJUS	RY — At home, ferm, str			TION (Street or	od Number o	Rural Route Number,	
COMPLETED	4 Homicide 8 Could not be determined	building, atc. (Sp	ecify)	,	City o	or Town, State)	o manbar or	num none wanter.	
۳	29e. CERTIFIER	NAM: To the heat of my kee	and and an indicate the second						
₹ II				at the time, date and place, a in my opinion, death occure					com =
8			on and or investigation,			and place, and			
H	2940 SIGNATURE AND TITLE OF CERTIFIER	A - O		29c LICEN	SE NUMBER	,	29d. DATE	SIGNED (Month, Day, Yea	r)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED COURT CE	EATH OFFICE	IV	177	/ (1110193	
	C. C. PERSON WHO	A A A A A A A A A A A A A A A A A A A	7610 C	TR RUCE A	v6 42	30,			
	LIVUNAL	1) 5 m 1)	1010 61	L 10 1	A A A	0 -	. A - A	126511	
	31, PATE FILED (Month, Day, Year)	A 32. REGISTRAR'S SIG		はあため、	B 08	PX	mi	20912	
	31. DATE FILED (Month, Day, Year) APRI 2 1993	32. REGISTRAN'S SIG		MARON	A DA	PK	40)	20912	-

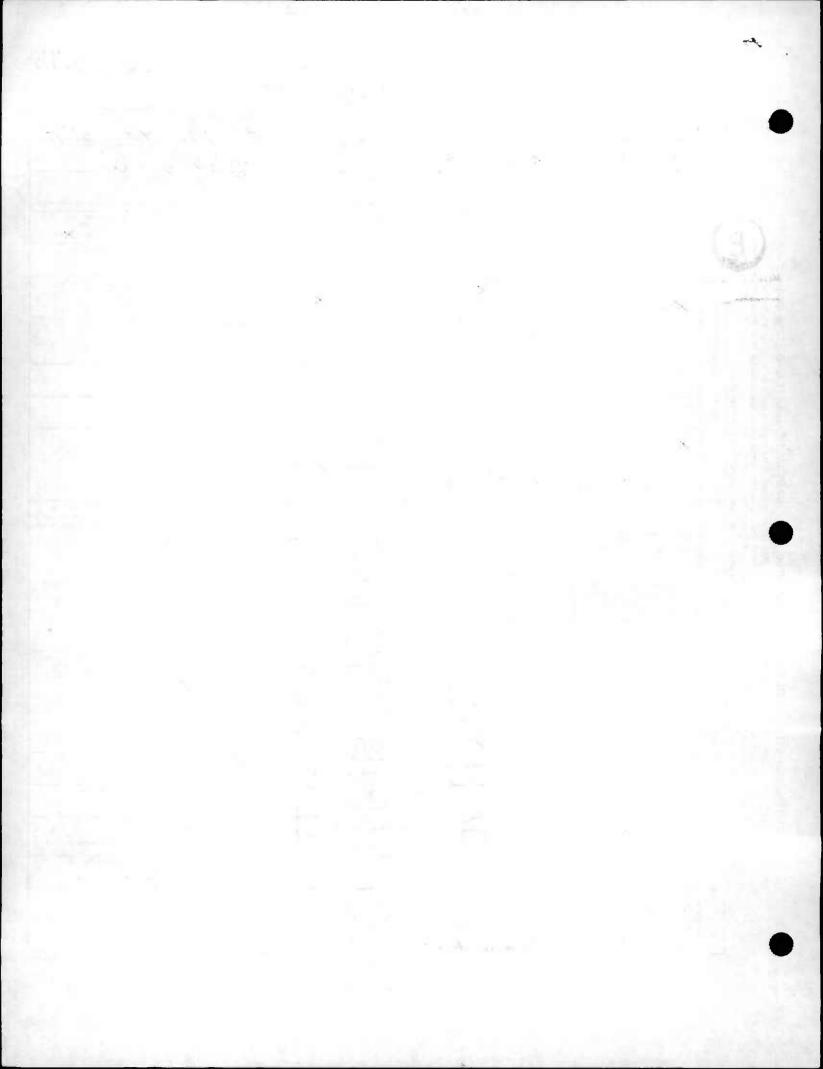


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICAL	<u> - Ur</u>	DEAL	Н		REG. NO			
		1. DECEDENT'S NAME (First,		CTI .							2. DATE O	F DEATH	AY 1 000	YEAR :	. TIME OF DEATH
		Marie Fan		r Thato		7							1993		12:20 P. M
	1	220-48-3600		1 🗆 M 2 💥 F	6. AGE (In yr	s. lest birthday) + YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	Feb.	E BIRTH 20,1	899	SWITTE	erland
	B)	Bradford Oa	ks Nur		nter			nto	OR LOCATE	ON OF DE	ATH			ce Ge	eorges
	3 0	RESIDENCE OF DEC	10b. COUNT	,		10c CI	Y, TOWN (D LOCAT	TION	-,-					
M. S	DIR	Maryland 100. STREET AND NUMBER	Princ	e George	es		inton							- 1	Od. INSIDE CITY LIMITS? X YES 2 NO
in. ansit per	FUNERA	9603 Michae	1 Driv	re				101	r. zip codi 20	735				S.A.	AT COUNTRY?
BALTIMORE, MARYLAND 21215-0020 24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal.	₽	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDER FORCES? IF YES, GIVE Y	YES 2	NO		f yes, sp	CENDENT OF	n, Mexica	NC ORIGIN? n, Puerto Rie /:	(Specify Yes	14. RACE - Black, 1 Specify:	- American Indian, White, etc. White	
21215 al or attend for use as	ETED		EDENT'S EDU		164	. DECEDENT'S	USUAL O	CCUPATIO	ON	~	16b, 8	UND OF BUS	SINESS/IND	JSTRY	
MARYLAND 2121 retained by the hospital or att 5 should be detached for use	급	Elementary/Secondary (0		College (1-4 or 5		(Give kind of life. Do NOT u Home ma		auring mo	as or workin	v	0,	vn Hoi	me		
AP the ho	OM CO	17. FATHER'S NAME (First, M.							16. MOTH	ER'S NA	ME (First, Mic	ddie, Malden	Surname)		
A A	10 211	Gottfred		user					N	larie	e Jag	ggi			
, MARYLAND be retained by the hospit	일	Joseph That	. ,			196. MAILING 9603 I							n, State, Zip 20735	Code)	
BALTIMORE, after death. Page 6 may be by the funeral director, page	must be	20g. METHOD OF DISPOSITE 1 Description METHOD OF DISPOSITE 2 Cremation Cremation Other	n 3 🗌 flam	ovel fram State	20b. PL/ cemeters Ced 2	CEANDDATE Computery of C	of bispos	ition (Na	ame of	4/	DATE /14/93		cation — c		
TIN Page	ner	21. SIGNATURE OF FUNERAL	L SERVICE LIE	efte				_	ND ADDRES		DH CDV				
BAL ter death the fune oval.	ai examiner	Da	12/	Tee	back		430	8 S1	uitla	ind H	Rd., S	Suitla	and,	MD 2	ral Home, I 20746
	event, the medical	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO OR AS A CONSEQUENCE OF):										Approximate Interval Between Onset and Death			
O. BOX 6 certificate be execting physician and ygiene prior to bu	쓅	Sequentially list condition of the condi	flata NG ry	OR AS A COL	NSEQUENCE O	F):									
deat deat aft	ت اخ	PART II. Other significa	at condition		4 11 1	S									+
Signed Health	MED!	KENG	T	BILL	re/	TIE	15	aeriyini	g cause g	iven in		PERFOR	IMED?	0	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
AL Iaw	AN S	25. WAS CASE REFERRED TO	MEDICAL												
VITAL IAN: The lav rifficate has ne State Dep	SICIAN: M	EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	7 5000 11 11		OTHER	t:			eck only one)				
> 4 = e		27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D	INJURY	28b. TIM		28c. INJ WO	URY AT		6 Other (NJURY OCC	VRED	
DIVISION OF OR ATTENDING PHYSIC DIRECTOR: After this cer hours after death with th	28 is marked, or TED BY PHY	2 Accident 3 Suicide 6	nvestigation Could not be letermined	28e. PLACE C building,	OF INJURY — A	At home, farm,			YES 2	NO	281. LOCAT City or	ION (Street a	and Number o	or Rural Rou	te Number,
OR OR DIRI	Item 2	as consisten		CIAN: To the best of	my knowledge	a, death occurr	ed at the 1	me date	and place	and due	to the cause	u(e) and mar	anar an atain		
HOSPITAL FUNERAL within 72	ANT: If item 2 COMPLET	one) 2 MEDI	CAL EXAMINE	R: On the basis of e	sumination and	d/or investigation	on, in my o	pinion, d	leath occur	ed at the	time, data a	nd place, an	d due to the	cause(a) a	nd manner as stated.
O THE P	B H	296, SIGNATURE AND TITLE	1/11	ny	Jan	-			29c. LICE	NSE NUM	145				lonth, Day, Year) 2, 1993
(10)	2	Michael D.						Ave.	#40	9 C1	inton	. MD	2073	——— 35	
	1	31, DATE FILED (Month, Day,		as projects	Javidson										



	1 - STATE OF MARYLAI REGISTRAR		TMENT OF H		NTAL HYGIENE REG. NO.					
	1. OECFRENT'S NAME (First, Middle, Last) James Preston	Thomps	son	2	DATE OF DEATH	YE.	3. TIME OF DEATH			
	220-36-8945 1×12 F	yrs. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, May)	10 1	BIRTHPLACE (State or Foreign			
ECTOR	Sa. FACILITY NAME (If not institution, give street and number) Manor Care RESIDENCE OF DECEDENT			WSON	(-)-1/	Baltimore				
MEC	10e. STATE 10b. COUNTY Maryland Baltimore	10c. CITY	Upperc			10d. INS LIM 1 — YE				
	10e. STREET AND NUMBER 17209 Falls Road			. ZIP CODE 21155		10g. CITIZEN OF WHAT COUNTE				
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EYER IN IT FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	ENDENT OF HISPANIC perify Cuban, Maxican, F		or No— 14.	RACE — American Indian, Black, While, atc. Specify: White			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	on st of working	NESS/INDUST							
6th grade Maintance Foreman State Highway F 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
BEC	James Wilmer Thompson				Virginia D					
10	19e. INFORMANT'S NAME (Type/Print) James E. Thompson			nd Number or Rural Rou ace, Towso			(de)			
	1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	t. Carme	or oisposition of other place) el Cemet	ery	4/21 Par		or Town, State Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE . Elin	e		. Main St	FITHE		1 Home , Md. 21074			
	23. PART I. Enter the diseases, or complications that caused a shock, or heart fellure. List only one ceuse on each immediate cause (Finel disease or condition resulting in death) Due To (OR AS A C	ch line.			0		Approximate interval Between Onset and Death			
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE, Disease or Journ	CONSEQUENCE OF	νΛ n:	FAILU	N.					
ERTIF	that initiated events resulting in deeth) LAST	CONSEGUENCE OF	ງ :							
PHYSICIAN: MEDICAL C	PART ii. Other significent conditions contributing to deeth but	t not resulting i	n the underlyin	g cause given in Pa	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PI	ACE OF DEATH (Check	only one)					
	1 YES 2 NO	28b. TIM	E OF 28c. INJ	URY AT PRINCE 2 NO	Other (Specify) 8d. DESCRIBE HOW IN	JURY OCCUR	ED			
TED BY	2 Accident Investigation 3 Suicida S Could not be determined 28e. PLACE OF INJURY - building, site. (Specification)	At home, farm, s			81. LOCATION (Street & City or Town, State)	nd Number or I	Burel Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINER: On the basis of examination						suse(a) and menner as stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER A. SEVEGIO CASSAN	640		29c, LICENSE NUMBE	70	29d. DATE SI	GNED (Month, Day, Year)			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 17 44 VIDGE VCd1	TH (ITEM 27) (Type)	Print)	- 213	236					
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNA	TURE								



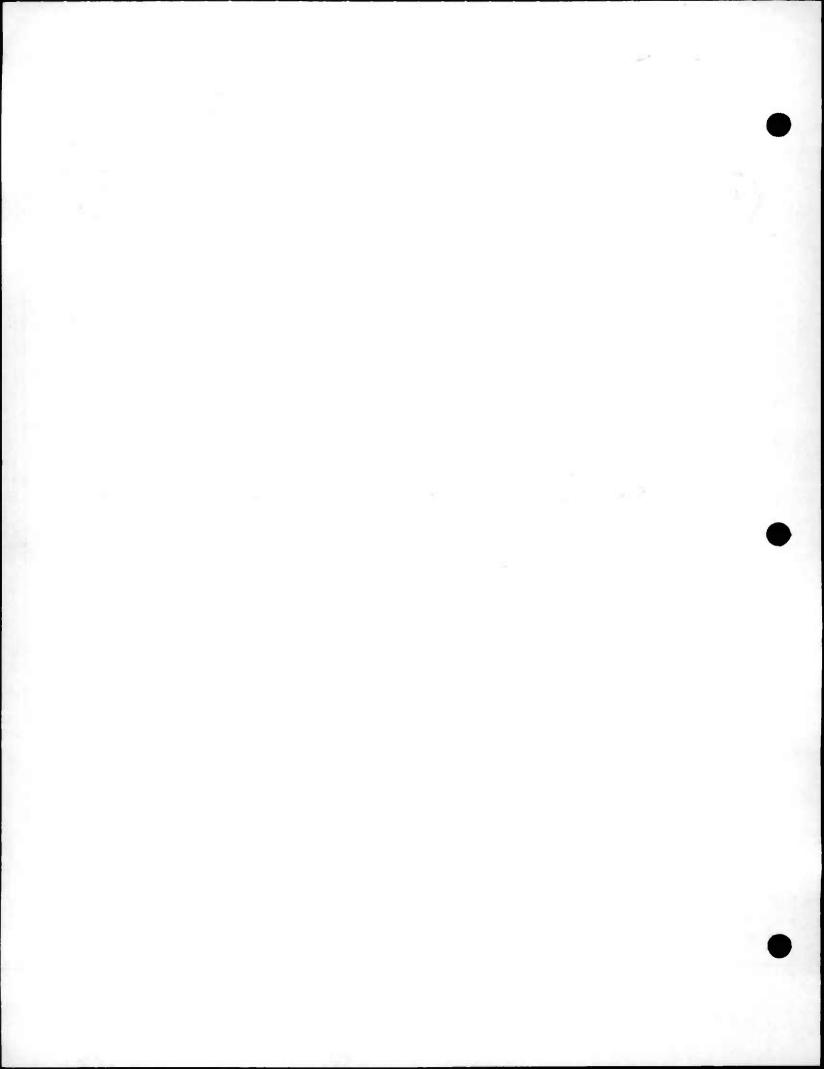
DNMN-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRE

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate bas been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundartarist permit. Be filled within 72 hours after death and Mermal Hygher prior to bunda, cremation, or removal.		ŧ	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 22 hours after death with the State Dept. of Health and Mental Hygher prior to burial, cremation, or removal.	462	en series	SPA:
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely if the piled within ? About stafe death with the State Dept. or Health and Mental Hygiene prior to burial, cremation and completely in the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state Dept. or Health and Mental Hygiene prior to burial, cremation and the state of the state	BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	III, UT TETTUVAI,
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 I/O THE KINGAL DIRECULAR. After that this case of the second by the attending physician and completely fill the control of th	INCOMPANY. If from 30 to mondeal or from 32 observed in the second injury or when because the

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEI Cert	PARTM	IENT OF ATE O	HEALTH	AND TH	MENT	AL HYGIEI			
1. DECEDENT'S NAME (First	00.5								2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATN
JANET	D.	К.		TINE	KER				0.4		199		6:20 A M
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In	yrs. last birtho		UNDER 1 YEAR		R 24 HRS.	7. DAT	E OF BIRTH			PLACE (State or Foreign
216-74-6926		1 M 2 X F	34	YE	is.	THS DAY	8 HOURS	MIN.	Oct	. 31,	1958	. '	apolis, MD
9a. FACILITY NAME (If not in					9b	CITY, TOW	N OR LOCATI	ON OF D	EATN		9c. COL	INTY OF DE	
DOCTORS H		ral			I	JANH	MA				PF	RINCE	E GEORGE
RESIDENCE OF DEC	10b. COUNTY			Len	CITY W	OWN OR LO	0171011						
Maryland							CATION						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	FIIII	ce Georg	es		Lanh		404 710 000						1 YES 2 NO
5202 Uhitfi	- 1 d Ch	1 D	.1			1	10f. ZIP COD						HAT COUNTRY?
5303 Whitfie	era Cn.	12. WAS DECEDEN		I C ADMED		1 40 1110 0		0706					States
1 Never Married 2 🔀	Married	FORCES? 1	YES	2 X NO		If yea,	specify Cubi	n, Mexic	en, Puerte	ilN? (Specify Ya o Rican, etc.)	a or No-	14. RACE Black,	- American Indian, Whita, etc.
3 Widowed 4 Divo	rced	IF YES, GIVE V	WAR OR DATE	ES		1 D Y	ES 2 K NO	Speci	fy:			Specify	Black
	EDENT'S EDUC		1	6a. DECEDER	NT'S USU	AL OCCUPA	ATION		-10	Sb. KIND OF BU	ISINESS/INI	DIJETRY	DIACK
Elementary/Secondary (0	y highest grade	College (1-4 or 5	.)	(Give kind life. Do No	d of work OT use ret	done during lired.)	most of worki	ng			011160071111	DOGTAT	
12			"	Но	usew	ife				Priva	ate		
17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NA	ME (First	, Middle, Maider		_	
William Ke	eller								Qui				
19a. INFORMANT'S NAME (7)	iype/Print)			19b. MAII	LING ADD	ORESS (Street				mber, City or Tov	vn. State 76	D Cortei	
Mazie Kelle	r Phil	lips											and 20706
20a. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	20b.Pf	LACE AND DA	or other p	SPOSITION place)	(Name of		DA	TE 20c, LC	OCATION -	City or Tow	vn, Stata
21. SIGNATUJE OF FUNERAL		ENSEE	Harr	mony 1	Memo		Park AND ADDRE	200 00 5	4//1:	3/9/3 1	Lando	ver,	Maryland
John.	T. S	tuant	II	二	- 1	STEWA	ART FU	NERA	AL HO		Was	hingt	on, D. C.
iMMEDIATE CAUSE (Findisesse or condition resulting in death) Sequentially list condition if sny, leading to immediate.	DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	DUE TO	COR AS A CO			Jun							Interval Batween Onset and Death
CAUSE (Disease or injuithat initiated events resulting in death) LAS	י () י	l		ONSEQUENC									
PART II. Other algnifica	nt condition	contributing to	death but	not resulti	ng in th	a undarly	ing cause (given in	Part i.	24a. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
									_				
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26.	PLACE OF D	EATH (Ch	eck only o	one)			
1 X YES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpatio	ent 3 🗆 DO	A 4	HER: Nursing H	ome 5 🗆 Re	sidence	8 Die	or (Specific)			
27. MANNER OF DEATN		28a. DATE OF	INJURY		TIME OF	28c. l	NJURY AT	- Turel for		SCRIBE HOW	INJURY OC	CURED	
	Pending nveatigation	(Month, D	my, Year)		INJURY		WORK?	NO					
3 Suicide 8	Could not be	28e. PLACE O building,	F INJURY — atc. (Specify)	At home, fer	m, street	, factory, of	fice		281. LO City	CATION (Street or Town, State)	and Number	or Rural Ro	ute Number,
		IAN: To the best of											and manner as stated.
296. SIGNATURE AND TITLE	OF PHITHER	there					29c. LICE O . C	NSE NUI	MBER		29d. DAT	E SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	1-160you	M	111	Pen	n St	reet	, В	alt	imore	, Ma	ryla	nd 21201
31. DATE FILED (Month, Day,) APR 1	3 199	32. REGISTRA	L David	SON-ROY	ndell								



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Dr.

Roger

													3	12676
	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMEN	T OF H	EALTH	AND I	MENT/		IEN	E		
	1. DECEDENT'S NAME (First, Middle, L	est)					DEA		2 DAT	E OF DEA				3. TIME OF DEATH
									MON	TH	DA	100	YEAR	
	Freeman Lee											199.		11:10 Рм
		5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDE	DAYS	HOURS	24 HRS.		th, Day, Y			8. BIRTI Count	IPLACE (State or Foreign
	233-16-1882	1 😡 M 2 🗌 F	79	YRS.	-OHINS	CATS	HOURIS	merre.		. 2		9 14		yland
	9a. FACILITY NAME (If not institution, g	ve street and number)			9b. CIT	Y, TOWN O	R LOCATION	ON OF DE					NTY OF C	
1	Garrett County		ospital			0ak	land					Gar	rret	<u> </u>
Æ.	10a. STATE 10b. COI			10c. CIT	Y, TOWN	OR LOCAT								10d. INSIDE CITY LIMITS?
ā	WV	Presto	n				Con	rint	h					1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE	E				10g. CIT	ZEN OF	WHAT COUNTRY?
E .	P.O. Box 15								2671	3			II	SA
Z	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN HE A	MED	1 40	****								
교	1 Never Married 2 K Merried	FORCES? 1	YES 2 💢		13.	WAS DEC	endent o	IF HISPAR n, Mexica	NC ORIGI n. Puerlo	N? (Spec Rican, el	ify Yes	or No—	14. RACI Blac	E — Americen Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 🔀 NO	Specify	y :		,		Spec	Mv:
														White
핃	15. DECEOENT'S (Specify only highest g	EDUCATION rade completed)	16a. DE	ECEOENT'S	USUAL C	CCUPATIO	N et al workin	wa	16	b. KIND C	F BUS	INESS/INC	DUSTRY	
<u>ω</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	live kind of a b. Do NOT us	se retired.)	ourng mos	n or working	9						
₫	10			Coal	Min	er				(loa!	l Mir	ning	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						10 MOTS	IER'S NA	ME /First					
	Herman Lee									MICOIN, N	reicen :	sumame)	-	
B		Upole						latt						arnes
2	19a. INFORMANT'S NAME (Type/Print)			b. MAILINO										
-	Merle E. Upole		the first section	P.O.	Box	15,	Cori	inth	, We	st V	irg	ginia	a 26	5713
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPO	SITION /Nar	me of		DA	TE 20	c. LOC	ATION —	City or To	wn. State
	1 🗓 Burlel 2 🗆 Cremation 3 🗆 f 4 🗆 Donation 6 🗆 Other (Specify)	amoval from State	Garre	matory or o	ther place	em (Carde	ne	111					aryland
1	21. SIGNATURE OF/FUNERAL SERVICE	LICENSEF	Garre	LL C		NAME AN				14	Uar	Claire	, M	aryranu
	110	41/	1	-			vart			Ноп	10			
	trankly	N. Cu	2101				S. Se					land	MD	21550
	23. PART i. Enter the diseases,	or complications that	caused the de	anth Do	ot enter									
	shock, or heart fellu	re. List only one ceus	e on each line).	iot enter	tile mot	ae or uyi	ng, suci	n ss cer	diec or	respii	etory en	rest,	Approximete interval Between
	IMMEDIATE CAUSE (Finel	1	1		-11				,		٨	1		Onset and Death
	disease or condition resulting in death)	. Ha	Le	//	La	00	- El	d	en.	01		Ka	-1	J Sudden
		DUE TO (OR AS A CONSE	OUENCE O	F):				1		7			
7		A. to		a	0	ec	(1			_	0	Ka Vanna
₫	Sequentially list conditions,	DUE TO (OR AS A CONSE	OUENCE OF	า:					va	20		-our	Lears
A	If any, leading to immediate cause. Enter UNDERLYING	C	Λ	-0	_	01	D'	1	6	1	0			77.
유	CAUSE (Disesse or injury	C. CHE TO	OR AS A CONSE	OUTNOT OF	-		~~		/ -	er		Oz	la.	Years
	that initiated events resulting in death) LAST	A 002 10 (1 / /	OUENCE U		1	7					4		
E			1 1 1/1	1	ac-	4/							6	Years
ERTIFICATION	resolding in death) EXST	a Coof	000		-	1	he	en	mo	60	7	con		rearb
O		d. Coof	feath but not	reculting	n the		re	ee	no	00	~	las		
O	PART II. Other significent condi	ions contributing to	deeth but not i	resulting	n the u	nderlying	cause g	jiven (n	Part i.		AS AN A	WITOPSY WED?	24b.	WERE AUTOPSY FINDINGS
O		d. Coof	deeth but not i	resulting	n the u	nderlying	cause g	jiven (n	Part i.	PE	RFOR		246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
O		d. Coof	deeth but not i	resulting	n the u	nderlying	cause g	given (n	Part i.	PE	RFOR	WED?	24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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O	PART II. Other significent conditions to the significent conditions of the significent conditions of the significant condition	HOSPITAL: 1 Unpatient 2 M 28e. DATE OF	ER/Outpatient 3	DOA 28b. TIM	OTHE	26. PL/ R: rsing Home 28c. INJU	ACE OF DE	EATH (Che	eck only o	ne)	ERFORI	WED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpetient 2 M 28e. DATE OF I	ER/Outpatient 3	DOA 28b. TIM	OTHE	26. PL/R: rsing Home 28c. INJU WOF	ACE OF DE	EATH (Che	eck only o	ne)	ERFORI	MED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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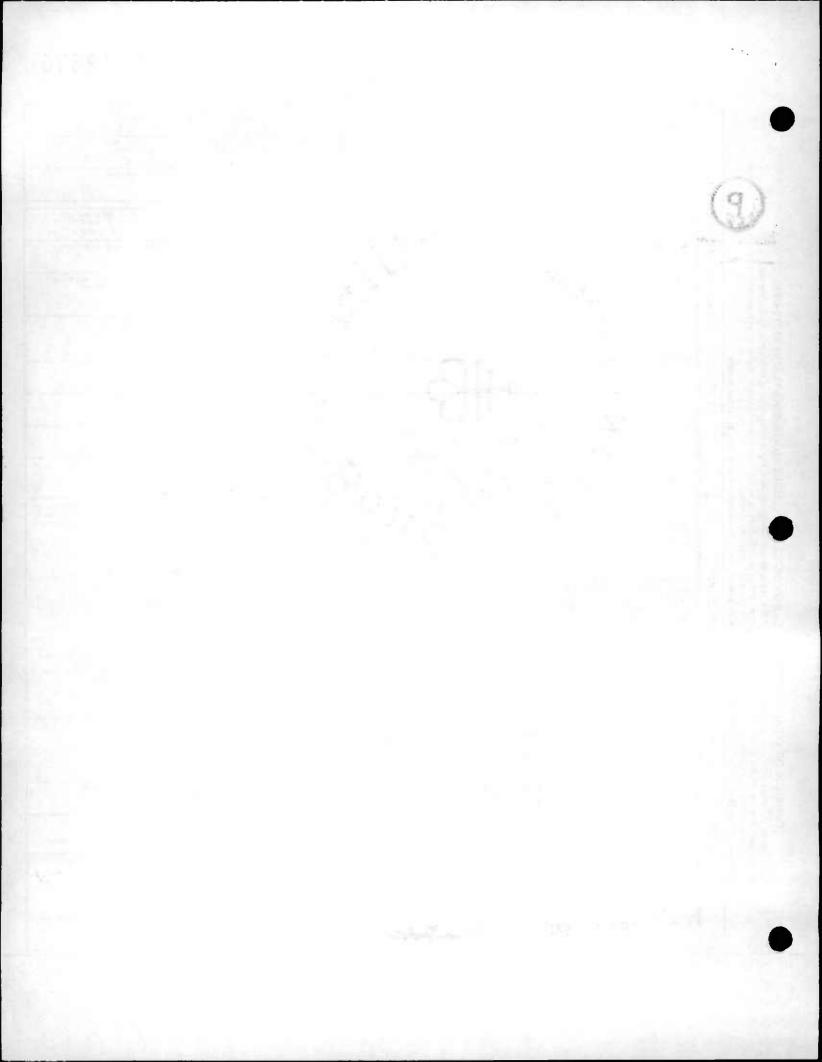
O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

Lewis

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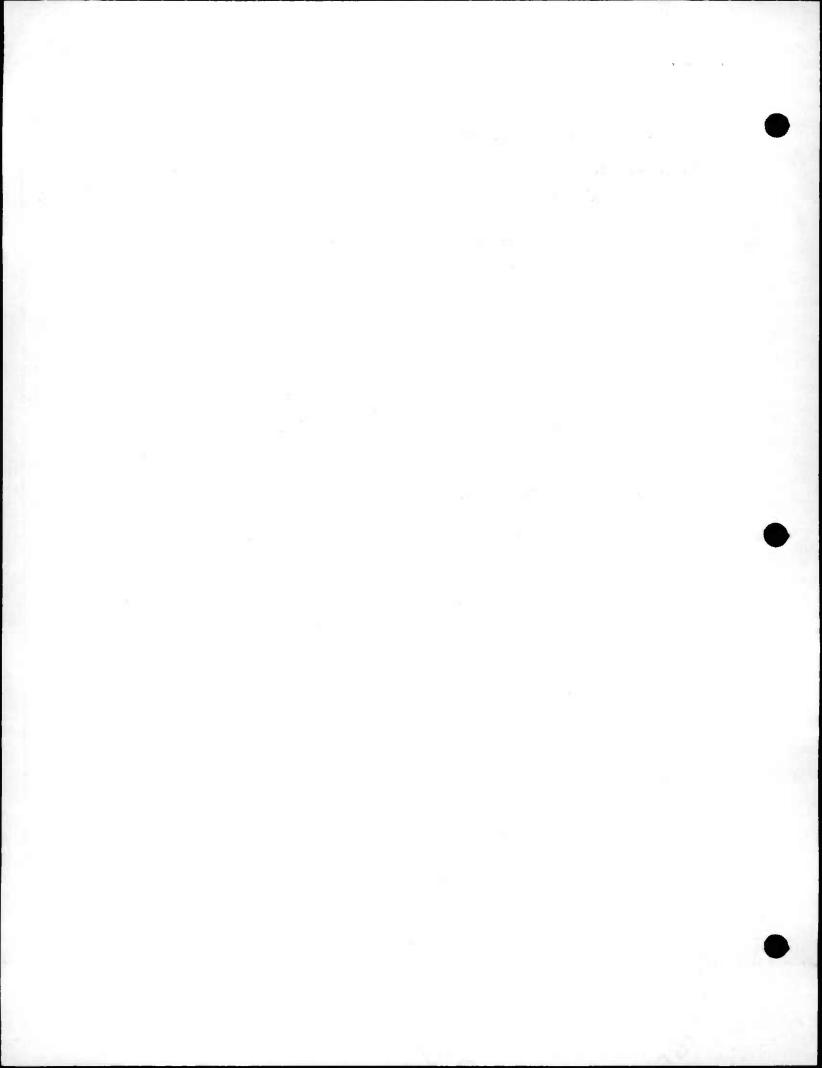
CranberryClinic, Terra Alta, West Virginia



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uneral director, page		or item 23 shows any injury, or other fraumatic event, the medical examiner must be notified at once
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31. DATE FILED APPR 1

	FOR 1 STATE		STATE OF I	MARYLAI	ND / DEPAR	RTMEN'	T OF H	IEALTH	AND I	MENTAL I	IYGIEN	E	0					
	REGISTRAR				CERTIF	ICATI	E OF	DEA	TH		REG. NO.							
	1. DECEDENT'S NAME (First	LP.	UPDI	KE						2. DATE OF MONTH	DEATH D		93	3. TIME OF DEATH / M				
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	DAYS	IF UNDER	R 24 HRS.	7. DATE OF (Month, D			8. BIRTH Countr	PLACE (State or Foreign				
	224-16-1859 1 M 2 ☐ F 9a. FACILITY NAME (If not institution, give street and number)			7	7 2 YRS.				ON OF DE	11-	11-17-20 Virgi							
CTOR	RESIDENCE OF DEC	PITAL		CX	10)7	ON			George's									
E I	10a. STATE	106. COUNTY	1		10c. CI1	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?				
	Md .	Prin	nce Geo	rge's	3]	Pt.								1 ☐ YES 2 🙀 NO				
Y.	L.		n D				101	. ZIP COO				10g. CIT		HAT COUNTRY?				
FUNE	9911 Alle	HITOWI	1 ROAG	IT EVER IN I	I ADMED	10	W# 6 DE 6		744				USA					
	1 Never Married 2		FORCES?	YES	2 X NO		If yes, sp	ecify Cubi	in, Maxica Specify	IIC ORIGIN? (S n, Puarto Rica	n, etc.)	or No-	1 11	— American Indian, White, atc.				
D BY	3 🖳 Widowed 4 🗌 Olvo	orced					1 1 123	2 (20,110	Specin	<i>r.</i>			Specif	White				
ш	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	1	8a. DECEOENT'S (Give kind of life. Do NOT u	USUAL O	CCUPATIO	ON st of worki	ng	16b, Kill	NO OF BUS	INESS/IN	DUSTRY					
COMPLET	Elementary/Secondary (0	3-12)	College (1-4 or 5		Garage	,						OF BUSINESS/INOUSTRY						
N O	17. FATHER'S NAME (First, M	liddle, Last)			Jarage	1100	CIIC	_	HER'S NA	ME (First, Midd			Government					
BE C	Anthony A	Abner	Updike							Peerv		ourname,						
0	19a. INFORMANT'S NAME (7				196 MAILING	ADDRES	S (Street a			Road,		n, State, Zi	p Code)					
-	Shirley H		У		THO II.	VWOC	$ad \cdot M$	d. 2	0636)								
į	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 1 DATE 20c. LOCATION — City or Town, Stata										wn, Stata							
	4 Donation 5 Other (Specify) Tr:				inity	Mem	em. Gardens Cem. Waldorf, Md. 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, In											
i	22. NAME AND AGORESS OF FACILITY Lee Fund 6633 Old Alexander Fo								Forr	eral Home, Inc.								
-	- Josep	LIG	wo 1	and .		16.	lin:	-On	Md	つハフマド			_					
	23. PART I. Enter the d shock, or h	east senure.	List only one cat	ise on aac	n IIna.									Approximata interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) RENAL FAILURE CARPIOSENIC.								c 3/	Onset and Death								
İ			DUE TO	(OR AS A C	ONSEQUENCE O	F):				0 =			7.					
2	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): RUTURED ASDOMINAL ANSULYSM 0/- DUE TO (OR AS A CONSEQUENCE OF): LEFT /LIAC ANTERY DUE TO (OR AS A CONSEQUENCE OF): LEFT /LIAC ANTERY DUE TO (OR AS A CONSEQUENCE OF): LEFT /LIAC ANTERY											Mr-						
HILCALION																		
Ĭ	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): LEFT LIAC ARTERY										L.							
SE E	resulting in death) LAS	T L	BARTER	1.500	RITIC	(CARDIO VASCULAR DI					SEASE						
_	PART II. Other significe	nt condition	s contributing to	death but	not resulting													
PHYSICIAN: MEDICA	PVLM	or m	or ATHIPHY							PERFORMED?				AVAILABLE PRIOR TO COMPLETION OF CAUSE				
	cent	MIKE	Z A	THE	PHY	1 YES						-ye	OF GEATH?					
ž	MALA	NTRI	TION									/						
5	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:					ACE OF 0	EATH (Che	ock only one)								
2	1 TYES 2 NO		1 Capatient 2			-	sing Hom		esidence	8 Other (Sp	pecify)							
	27. MANNER OF DEATH 1 Netural 5	Pending	(Month, D		28b. TIM	IE OF IURY		RK?	7.00	28d. DESCRI	BE HOW IN	JURY OC	CURED					
6	3 Suitalda	2/ Accident Investigation 28s PLACE OF INJURY At home term effect leaden effect.							N /Stmat a	reet and Number or Rural Route Number,								
		Could not be determined	building,	atc. (Specify)			,			City or To	own, State)	no moniber	OF HORBITA	oute reamber,				
COMPLEIED	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowled	ga, death occum	ed at the t	lme, data	and place	, and dua	to the cause/s) and man	ner as at=	ted.	-				
5														and manner as stated.				
2	296. SIGNATURE AND TITLE							29c. LICI	ENSE NUM	BER				(Month, Day, Year)				
2	PANILO		LEE					2)	15	789		> 9	4-1	2-93				
-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH	H (ITEM 27) (Type	, Print)	DAN	1160	2	EE,	ND							
		Year)	3 32. REGISTER	R'S BIGNATI	E CL	127	6N	~	1)	20	735							
	31. DATE FILED APR 1	3 199	3 great	a David	son-Hand	مالاك	ſ											

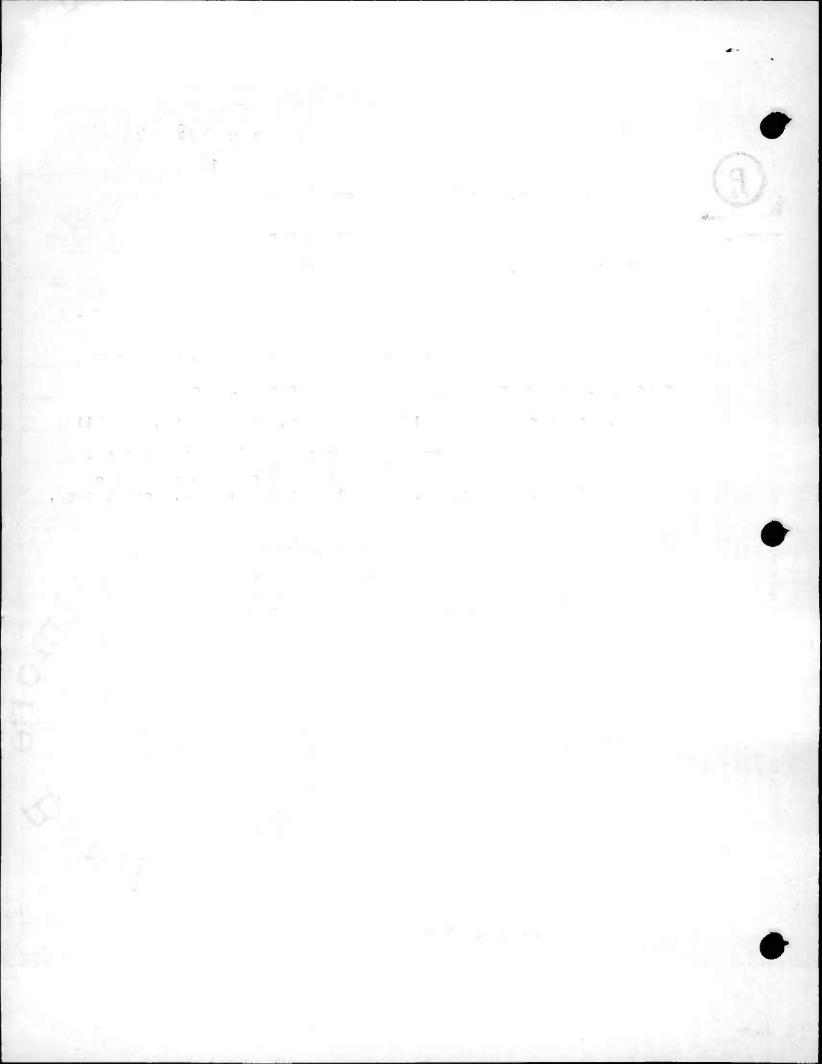


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

APR 2 1 '93

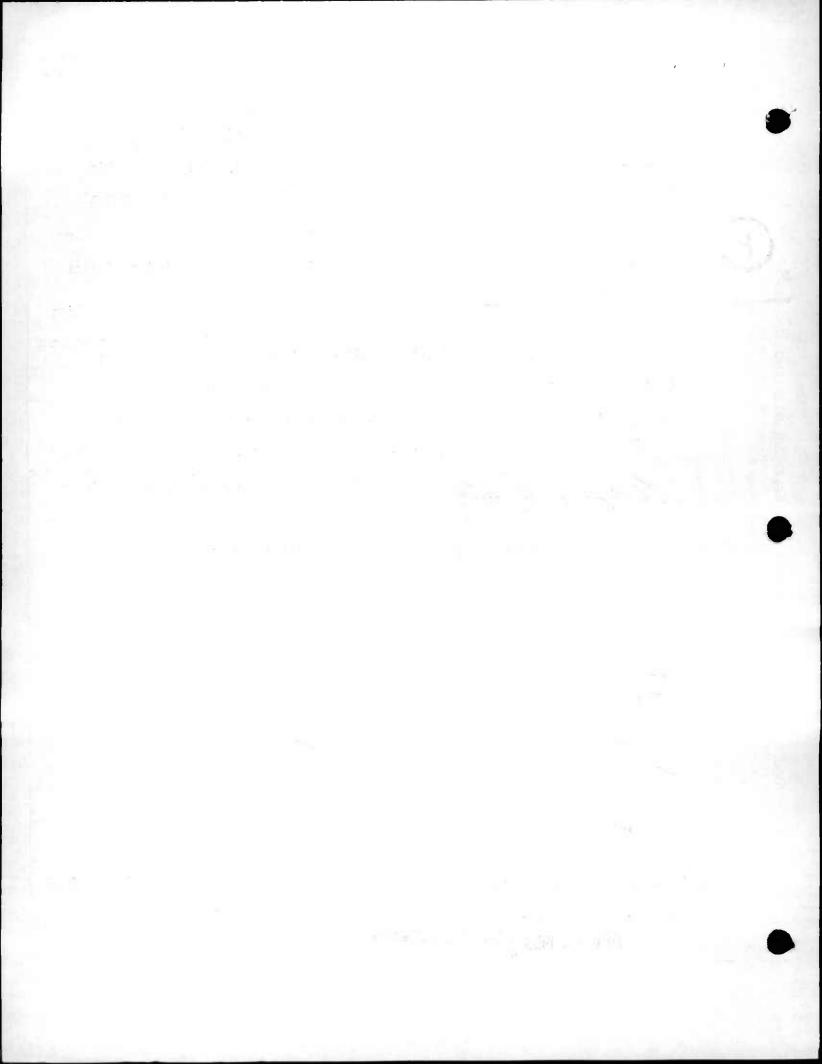
1 - STATE REGISTRAR		MARYLAND C	DEPARTM	ATE OF	DEAT	AND N	MENTAL HYGIEN REG. NO							
1. DECEDENT'S NAME (First, Middle, PEGG)	ANN (NASR	WAD!	۸.			2. DATE OF DEATH							
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday) #	UNDER 1 YEAR	IF UNDER 2		7 DATE OF BIRTH	<u> </u>	-	12 Midnight PLACE (State or Foreign				
236-54-8827	1 🗆 M 2 💢 F	56	YRS.	THS DAYS	HOURS	MIN.	(Month, Dey, Year) 8 15	36	WV					
9a. FACILITY NAME (If not institution, Carroll Coun	nani tal		West				9c. COUN							
RESIDENCE OF DECEDEN	T	oppr da	_			cer		Car	rol	<u> </u>				
10a. STATE 10b. CO	arroll		10c. CITY, TO	WN OR LOCA		+02				10d. INSIDE CITY LIMITS?				
10e. STREET AND NUMBER	arrorr			West	ZIP CODE	ter		10g. CITIZ	ZEN OF W	1 YES 2 NO				
797 Velvet R	un Dr.				2115	7		US	US No- 14. RACE — American Indian, Black, White, atc. Specify: White ESS/INDUSTRY Markets name) an Nefe, Zp Code) r, MD 21157					
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDE FORCES?	NT EVER IN U.S. AI	RMED NO	13. WAS DEC	ENDENT OF	NISPANI	IC ORIGIN? (Specify Yes, Puerto Ricen, etc.)	s or No-						
3 Wildowed 4 Divorced	IF YES, GIVE	WAR OR DATES			2 NO				In the state of th					
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. O	ECEDENT'S USL	AL OCCUPATION OF THE COURT OF T	N et of working		16b, KIND OF BU	SINESS/IND	USTRY	WIII OC				
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Sive kind of work				Α	20.00						
17. FATHER'S NAME (First, Middle, Las	0	We	igher	and	-	-	ACII		rke	ts				
Kendell H Sh							K. Sher	-						
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Statis, Zip Code)														
20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 C 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE cemetery, cn	and DATE OF D	SPOSITION (Ne	me of		1 /22 PO	DATE 20c. LOCATION — City or Town, State						
21. SIGNATURE OF FUNERAL SERVICE LICENSFF														
Pritts Funeral Home & Chapel Robert K. Pritts, Sr. 412 Washington Rd. Westminster. M														
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest.														
shock, or heart feliure. List pnly one ceuse on each line. Interval Between INTERVAL CAUSE /Fine.														
disease or condition Amxi: Sucephylogothy a. Amxi: Sucephylogothy														
DUE TO (OR AS A CONSEQUENCE OF):														
Sequentielly list conditions, if any, leading to immediate Due To (or AS A CONSCOUENCE OF):														
disease or condition resulting in death) Awxi: Succeptul spathy DUE TO (OR AS A CONSEQUENCE OF): Curling productions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
CAUSE (Disease or Injury that initiated events resulting in death) LAST														
a Cord, Mir, Deasers Mellips, F.V.														
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY FINDING: AMAILABLE PRIOR TO														
1 TYES 2 NO										COMPLETION OF CAUSE DF DEATN?				
1 _ YES 2 _ NO														
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one)														
1 YES 2 NO		☐ ER/Outpatient		7	e 5 🗆 Res	Idence 8	8 Other (Specify)							
27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE O	F INJURY Day, Year)	URY AT RK? YES 2		28d. DESCRIBE NOW INJURY OCCURED									
2 Accident Investigat 3 Suicide 8 Could no	28e. PLACE	OF INJURY — At he	ome, farm, stree			+	26f. LOCATION (Street	and Number	or Rural A	oute Number,				
	building	, etc. (Specify)		-			City or Town, State							
29s. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUN	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

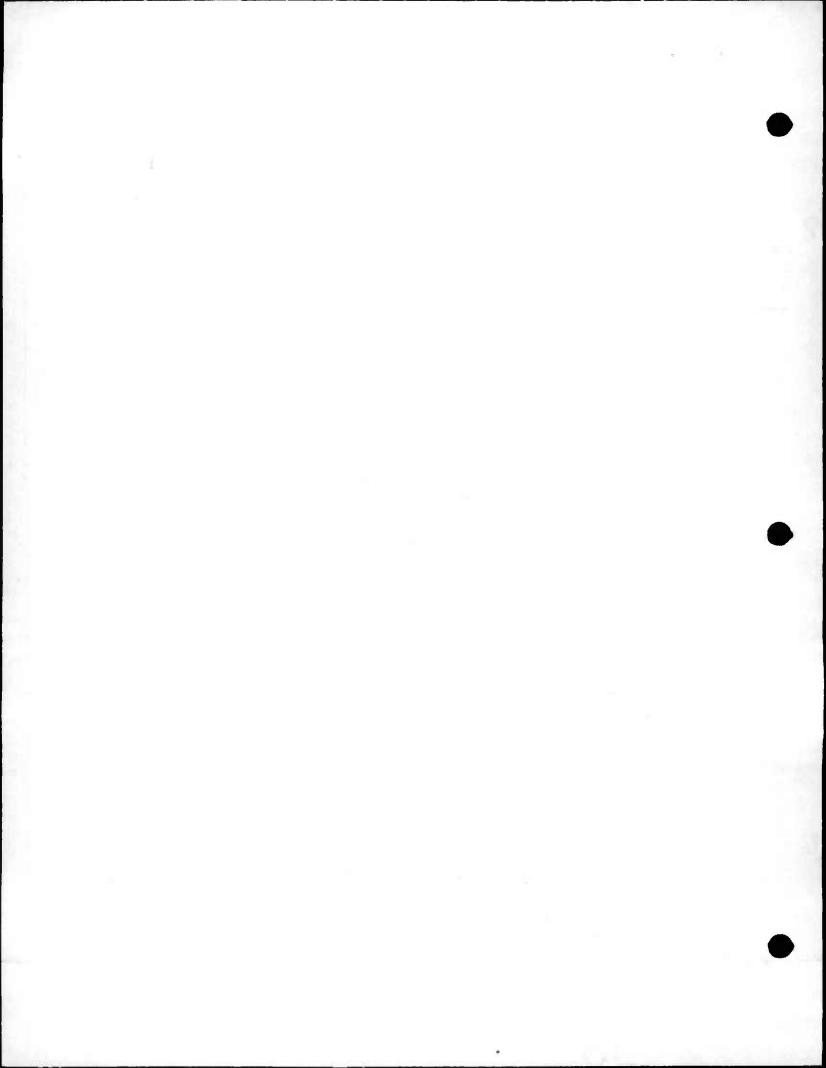
	FOR	STATE OF I	WARVI AND /	DEDAD	TMENT OF I	JE ALTU	AND	MENTA	LIVOIEN			12019			
	1 - STATE REGISTRAR	SIAIL OI I	CI	ERTIF	TMENT OF I	DEA	AND	MENIA	L HYGIEN REG. NO	E					
	1. DECEDENT'S NAME (First, Middle, Last)	10150 1	71001					MONTE			YEAR	3. TIME OF DEATH			
	JOSEPH CH	ARLES (WI LSON 8. AGE (In yrs. las	+ bileshelmi)	710000 4 8610		100000	Apr	il 9,	1993		Рм			
	301-14-4144	M 2 F		YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN.	(Month	In, Day, Year)		Country	'.' .			
	9a. FACILITY NAME (If not institution, give s	70		9b. CITY, TOWN	OR LOCATI	ON OF DE		. 01 1		NTY OF D	Ohio				
DIRECTOR	54 Decatur Aveni			napo					ındel						
REC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY				
	MD Anne			Annap	olis			_ 1	LIMITS?						
RAI	100. STREET AND NUMBER 54 Decatur Avenu		10	214						HAT COUNTRY?					
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	13 WAS DEC			NIC ODICIN	2.00	Specify Yes or No 14. RACE - American Indian.					
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	YES 2 1		If yes, sp	ecify Cubs	n, Maxice Specifi	en, Puerto F	r (Specify Yes lican, etc.)	or No-		— American Indian, , Whita, etc.			
		wwi1				,,,,	ороси	,.		Spocity: White Usiness/INDUSTRY 2d States Department					
COMPLETED	15. DECEDENT'S EDU((Specify only highest grade) Elementary/Secondary (0-12)	completed)	(G	CEDENT'S ive kind of v Do NOT us	USUAL OCCUPATION work done during move retired.)	ON ost of workin	g	16b.				Danastmant			
립	Community/Secondary (0-12)	College (1-4 or 5 -	F) .		Service				unice		h Sta				
S	17. FATHER'S NAME (First, Middle, Last)								fiddle, Maiden		0 5/4	ne			
BE	William Watson W	ilson						elah							
2	190. INFORMANT'S NAME (Type/Print) Mary Ann Wilson				ADDRESS (Street a										
	20e, METHOD OF DISPOSITION	100			catur Av		Ann								
	20b. PLACE AND DATE OF DISPOSITION 1 Burlai 2X X cremation 3 Removal from State 4 Donation 5 Other (Specify) Tt. Lincoln Crematory 4-13-93 Brentwood, Maryland														
	21. SIGNATURE OF FUNERAL SERVICE USENSSE) 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funera									margana Homo					
	147 Duke of Gloucester St. Annapolis, MI									olis. MD					
	23. PART I. Enter the diseases, pr c	omplications the	cutted the de	ath. Do n								Approximate			
	IMMEDIATE CAUSE (Final Onset and Death														
	disease pr condition														
_	a. Larynaeal cancer, metastatic DUE TO (OR AS-A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
2	cause. Enter UNDERLYING														
	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):														
띩	resulting in death) LAST														
ا ب	PART II. Other aignificant conditions	contributing to	death but not re	esulting is	n the underlying	cause g	iven in i	Part I.	21a. WAS AN	WTOPSY		WERE AUTOPSY FINDINGS			
음	Atrial Fibr						PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
¥	Hyperlensic	m						_			- 1	1 TES 2 NO			
¥ N N	25. WAS CASE REFERRED TO MEDICAL														
PHYSICIAN: MEDICA	EXAMINER?	HOSPITAL:	FR/Outpetlant 2	C POA	OTHER:			ock only one							
Ĕ	27. MANNER OF DEATH	28a. DATE OF	INJURY	26b. TIME	OF 26c. INJ	JRY AT	aldenca	6 ☐ Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED							
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ry, rewry	INJU		ES 2	NO								
	3 Suicide 8 Could not be determined	28s. PLACE Of building,	FINJURY — At hor etc. (Specify)	ne, farm, st	treet, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED										_					
MP	(Check only	HAN: To the best of	my knowledge, dea	rth occurre	d at the time, date	end place,	end due	to the caus	e(e) end manr	er an state	id.				
	2 MEDICAL EXAMINER: On the basis of examination end/or trivestigation, in my opinion, desth occured at the time, data and placa, and due to the cause(a) and manner as stated 29b. SygNature AND TITLE OF CERTIFIER										and manner as stated.				
H	~ (29c. LICE						Month, Day, Year)			
۵ ا	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)	VS	8526	9		A	pril	12, 1993			
	Lisa B. Murray.	M.D. 139	Old Sal	aman	A TAPANO	d Roa	d Ar	ınapo	lis. 1	larul	and	21401			
	31. DATE FILED (Month, Day, Year) APR 1 3	32. REGISTRAI	R'S SIGNATURE	70.4	02		/ 1		200, 1	cyl	will.	~1701			
	APK 1 3	1993 gruh	a Dairdson	-Moston											



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

s 1, 2, 3 should

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.													
	1. DECEDENT'S NAME (First, Middle, La								2. DATE OF DEATN		-wear	3. TIME OF DEATH		
	MARGARET 4. SOCIAL SECURITY NUMBER	Α.			VRIGH				<u>094</u> TH <u>096</u>		95 ^{AR}	02:00 PM		
	217-40-2791	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTIN (Month, Day, Year) NOVEMBER	910	e. BIRT	NPLACE (State or Foreign D. C.		
	9a. FACILITY NAME (If not institution, gir		- 02	7110.	9b. CITY	. TOWN O	R LOCATIO	ON OF DE		9c. COUN				
OR	NORTH ARUNDEL	HOSPITAL A	SSOCIAT	ION	1		BURN					COUNTY		
ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COU				Y, TOWN	OR LOCATI	1011							
DIRECTOR		NNE ARUNDI	EL		APOL					10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	10e. STREET AND NUMBER					101.	ZIP CODE		EN OF	WHAT COUNTRY?				
FÜNERAL	1009 PADDINGTON	PLACE					2140)3		U.S	. А.			
E I	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARI	MED 10	13.	WAS DECE	ENDENT O	F NISPAN	IC ORIGIN? (Specify Yes	or No-	14. RAC	E — American Indian, k, White, atc.		
BY	3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TYES	2XXNO		Maxican, Puerlo Rican, etc.) Specify: Black, White, etc. Specify: BLACK					
COMPLETED	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)			USUAL O		IN st of workin		16b. KIND OF BUS			J.K.		
7	Elementary/Secondary (0-12)	College (1-4 or 5	He.	Do NOT u	se retired.)	ourng noa	it or working							
OME	17. FATNER'S NAME (First, Middle, Last)		DOI	MEST.	LC		40 14077							
ш	UNOBTAINABLE						18. MOIN		ME (First, Middle, Meiden: HEL FOSTER	Surname)				
TO B	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	S (Street an	nd Number		oute Number, City or Town	, State, Zip	Code)			
-	LULA THORPE		10	009 I	PADD1	NGTO	N PL	ACE	ANNAPOLIS	MD.	21	L403		
	20a. METHOD OF DISPOSITION 1 Mariet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) DATE 20c. LOCATION — City or Town, State													
	Cemetery cremetory or other place Carpentery or other place Carpentery or other place Carpentery or other place Carpentery or other place Carpentery or other place Carpentery 4/10/93 SEVERNA PARK, MD.													
REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401														
-	23. PART I. Enter the diseases, to	or complications the	t ceused the de	ath. Dn r	of enter	the mod	ST S	T. A	ANNAPOLIS,	MD.	214(
ŀ	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or hear fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine)													
	disesse or condition resulting in death)	· CAK	CIME			01		KI	GHTM	451	01	1) -		
	DUE TO (OR AS A CONSEQUENCE OF): OF THE TO A STATE OF THE TOWN OF													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. WETASTA VMORI OUE POTOR AS A CONSEQUENCE OF):													
S	IT any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or													
Ė	that initiated events resulting in deeth) LAST OUE TO (OR AS A CONSEQUENCE OF): AREA WITH BLEEDING									CG				
E	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY ENDINGS													
SA	PART II. Other significant conditi	ons contributing to	deeth but not re	Aulting	In the un	derlying	csuse g	iven in F	Perfor		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL	CHPONIC	CCHI.	7004	PE	100	Δ			1 _ YES 2	No		COMPLETION OF CAUSE OF DEATH?		
	CHPONIC	10 T T 17	-/ C M	F	101	DI	CLIT	F	TP	, .		1 YES 2 NO		
XA.	25. WAS CASE REFERRED TO MEDICAL		(-> 101		7119	26. PLA	ACE OF DE	ATN (Che	ck only one)					
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t:			B ☐ Other (Specify)					
H	27. MANNER OF DEATH	26a. DATE OF (Month, D		26b. TIM INJ	E OF URY	28c. INJU WOR		T	28d. DESCRIBE NOW IN	JURY OCCU	JRED			
à	2 Accident Investigation		M 1 YES 2 NO					-						
9	3 Suicide 8 Could not be determined	building,	atc. (Specify)	ne, rarm, s	Rreet, fact	ory, offica			28f. LOCATION (Street at City or Town, State)	nd Number o	r Rural F	loute Number,		
۳	29a. CERTIFIER 1 CERTIFYING PN	/SICIAN: To the best of	my knowledge, dea	ith occurri	ed at the ti	me date s	and place	and due !	o the cause(s) end man	el a osse				
COMPLETED									lme, data and placa, and) and manner as stated.		
шШ	290. DONATURE AND TITLE OF CERTIF		ATT	FN	DIAC		29c. LICE			29d, DATE				
TO B	drayo.	mgh W	DIT	DHU	1610	TAN		7/6	160	•	4	16/93		
						POOK	TVM	PARK	MARYI.ANI	212	25	1 1		
9.00	30. NAME AND ADDRESS OF TERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HARJIT SINGH, M.D./5410-A RITCHIE HWY/BROOKLYN PARK, MARYLAND 21225													
	31. DATE FILEO (Month, Day, Year)		H'S SHOULD	III I	IW1/L	ROOK	LIIN	I AICIC	,					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital of attending physician and completely filled in by the funeral director, page 5 should be detached topuse as mine filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or tiem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

mit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0

ITEMS: 25,27, 28a-f, PER MEO G-699 5/27/93 t.t/s.w

_	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	MENT OF HI	EALTH AND I	MENTAL HYGIEN REG. NO.	E					
	MARTINA J.	VEST				2. DATE OF DEATH	8 9	3. TIME OF DEATH 3 10.1 450 M				
	9/1 ///		WAS. MO	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	16	BIRTHPLACE (State or Foreign Country)				
DIRECTOR	AAM C	et and number)	92	A N	NAPC	LIS	9c. COUNTY	OF OEATH				
	10e. STATE 10b. COUNTY	AA	A	OWN OR LOCATION	PMI	LLERSU	ILLE	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	309 SONG	-WOOD C	T.	100	ZIP CODE	8	7	OF WHAT COUNTRY?				
BY	1 Never Married 2 Merried	FORCES? 1 YES 2 [IF YES, GIVE WAR OR DATES		13. WAS DECE	cify Cuban, Maxica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify:				
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade co	ompleted)	DECEOENT'S USE (Give kind of work life. Do NOT use re	done during most	of working	16b. KIND OF BUS						
l w	17. FATHER'S NAME (First, Middle, Last) WILLIAM A	BSOLVM	McKin	ninea	16. MOTHER'S NAI	ME (First, Middle, Maiden :	-	e Un Knewn				
TO B	190. INFORMANT'S NAME (Type/Print)	GARITY	19b. MAILING ADI	DRESS TORGET AND	Number or Rural F	loute Number, City or Town	, State, Zip Co					
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removi 4 Donation 5 Other (Specify) 21. SIGNATUME OF FUNERAL SERVICE LICEN	al from State cemetary,	CEAND DATE OF O	7+11 (em 4-	12-93 Ao	CATION - CITY	or Town, Spate				
	Mobuts.	3	1	BARR	ANCO F	.H. Sev	erna	-Park, MO				
	23. PART I. Entar the diseases, Dr cor shock, or heart fellure. Lis IMMEDIATE CAUSE (Final	mplications that caused the st only one cause on each li	death. Do not ina.	entar tha mod	a of dying, such	aa cardiac or respir	etory arrest	, Approximata intarvai Between Onset and Dasth				
	disease or condition resulting in death)	Pheumon Due to for as a cons						tweek				
MION	Sequentisily list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): Tivel Tivel											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):									
CAL C	PART II. Other algnificant conditions				cause given in i	Part I. 24s. WAS AN / PERFORI		24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO				
MEDI	Ur	- Iran	In-	tection		1 YES 2		COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF OEATH (Che	ck only one)						
YSIC	1 💢 YES 200 NO	OSPITAL: Inpetient 2 ER/Outpetient	3 DOA 4		5 Residence	8 ☐ Other (Specify)						
ВУ РН	27. MANNER OF DEATH S Pending New York Provided Investigation	28e. DATE OF INJURY (Month, Day, Year) 3 / 25 / 9 3	28b. TIME OF INJURY	M 1 TE	RY AT K? S 2 \(\)\(\)\(\)NO	climbed ov	er bed					
ETED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At building, etc. (Specify) NURSING H		et, factory, office		281. LOCATION (Street ar City or Town, State) hesapeake	nd Number or F	Rural Route Number,				
COMPL		AN: To the best of my knowledge, On the basic of examination and/o						ouse(s) end menner se stated.				
TO BE	296. SIGNATURE AND TITLE OF CENTURER	Me us			D 3706		29d. DATE SI	GNED (Month, Day, Year)				
Ĕ	30 NAME AND ADDRESS OF PERSON WHO CO	COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Prin 269	Peninsa	la Farm		de s	10 2/012				
	31. OATE FILEO (Month, Day, Year) APR 1 5 100	32. REGISTRAR'S SIGNATURE										
	TER 1 7 IUC	13 Champaga Ingo										

	FOR
1	STATE
ı	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

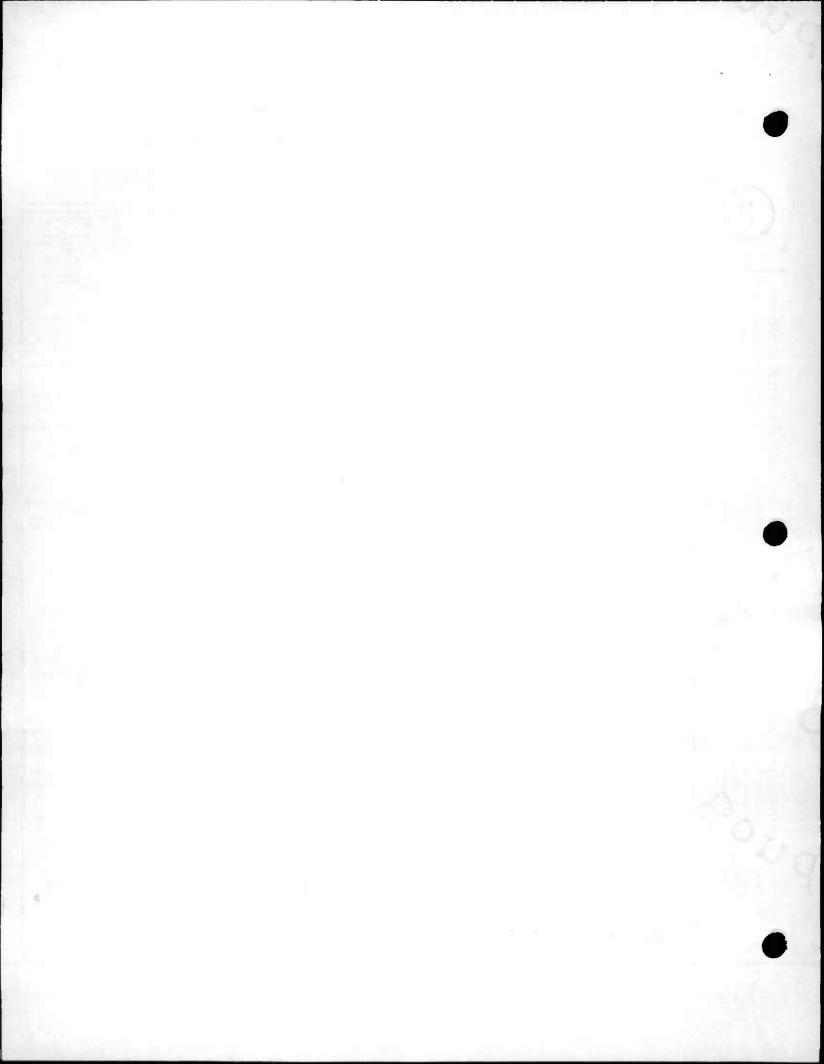
	1 - STATE REGISTRAR		CE	RTIF	CATE OF	DEATH		REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH	
П	DAVID EUGENE W	ELLS					MONTH APR	IL 09		93	2255 M	
- 1			GE (In yrs. last b	irthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	7 10	e BIOTI	ADI ACE /Ctata or Familia	
•			57	YRS.	MONTHS DAYS	HOURS MIN.	6-2-1	935		Count	MD	
DIRECTOR	9a. FACILITY NAME (If not inetitution, give stre CALVERT MEMORIAL					OR LOCATION OF D			9c. COU	CAL	VERT	
ECT	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY			10c. CITY	r, TOWN OR LOC	ATION					10d. INSIDE CITY	
	MD Calve	rt			Owings						LIMITS? 1 YES 2 1 NO	
FUNERAL.	100. STREET AND NUMBER 6865 Briscoe's	Turn Rd.			1	01. ZIP CODE 20736				JSA	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR O	ES 2 NO		If yes, s	CENDENT OF HISPA pecify Cuban, Mexico S 2 NO Specif	in, Puerto Rica		or No—	14. RACI Blac Spec	E — American Indian, k, White, etc.	
	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	16a. DECE	DENT'S	USUAL OCCUPAT	TION	16b. KI	ND OF BUS	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	o NOT us	e retired.) ietor	os or working	Nur	sery	/Agr:	icul	ture	
Š.	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Midd	fle, Maiden	Sumame)			
BE	David Samuel We	11s				Dora	Е.				Taylor	
٩	19a. INFORMANT'S NAME (Type/Print) Ella R. Wells		196. I Sa	me a	as 10 al	and Number or Rural	Route Number,	City or Tow	n, State, Zij	Code)		
	20g, METHOD OF DISPOSITION 1 🖰 Buriel 2 🗆 Cremetion 3 🗆 Femove 4 🗆 Donation 5 🗀 Other (Specify)	wi from State	20b. PLACE AND Souther	DDATE O	prosposition()	dens 4-	13-93		cation —			
\dashv	93 PART I Enter the diseases or co	mplications the cau	and the deat	h Da a	ot cotes the		hdt				1.	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algnificant conditions	contributing to deat	h but not rea	ultina l	n the underlyle	on cause alvee le	Part I 24	a. WAS AN	ALIMARAY	Lan	. WERE AUTOPSY FINDINGS	
I: MEDICAL						ng overe given in		PERFOR	MED?	240	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Š	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (Ch	eck only one)					
KSI		HOSPITAL:	Outpatient 3 🗆	DOA	OTHER:	me 5 - Residence	6 Other (S	pecify)				
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJUF (Month, Day, Yea		266. TIME	URY	JURY AT ORK? YES 2 NO	28d. DEŞCRI	BE HOW I	NJURY OC	CURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU- building, etc. (S	URY — At home Specify)	, farm, s			261. LOCATIO City or To	ON (Street a own, State)	and Number	r or Rural I	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI. 2 MEDICAL EXAMINER:										and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO EMAD R. AL-BANN	COMPLETED CAUSE OF	DEATH (ITEM 2 PRINCE:	n (type, FREI	Print) DERICK,	29c. LICENSE NUI 0 12 MD. 206	705		29d. DAT	E SIGNED	(Month, Day, Ybar)	
	_			., . (2)								
	APR 1 6 1993 &	32. REGISTRAR'S SI	Pandelle									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detaiched for use as the burnal-habe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriak ransit permit. The filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF I	MARYLAND /	DEDAG	OTMENT	r ne u	EAITH	AND I	MENTAL	HVOIEN			12000
	1 - STATE REGISTRAR	OIAIL OI I	CI	ERTIF	ICATE	OF	DEAT	TH I	MENIAL	REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last) JOHN		н.		T.	īOOD	.C T		2. DATE O		8	VEAD	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	t birthday)	IF UNDER		S J		7. DATE O	*	8		7:40 PM
	113-05-1472	1 √ M 2 □ F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	8-1	3-19	08	Country) New	York
	9a. FACILITY NAME (If not institution, give s	reet end number)			9b. CITY	TOWN C	OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF DE	
1	7904 COLONIAL	LANE			CLI	NTO	N				PR	INCE	GEORGES
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C							1	10d. INSIDE CITY
	Maryland Pri	nce Geo	rges		Cli								YES 2 NO
FUNERAL	7904 Colonial	Lane				101	. ZIP CODE	073	5		10g. CIT	USA	IAT COUNTRY?
N S	11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN?	RtGIN? (Specify Yea or No- 14. RACE - Ameri erto Rican, etc.)			- American Indian,
BY F	1 Never Married 2 Married 3 Never Married 4 Divorced	IF YES, GIVE V	YES 2 X	*			ecify Cube 2 ☑ NO	Specify	n, Puerto Ric	en, etc.)		Specify:	
ED E	15. DECEDENT'S EDUC	CATION	16e, DE	CEDENT'S	USUAL O	CCUPATIO	ON .		185 K	IND OF BUS	INESS/IN		ite
ET	(Specify only highest grade Elementary/Secondary (0-12)	completed) Callege (1-4 or 5	(Gi life.	Ne kind of Do NOT u	work done (se retired.)	during mo:	st of workin	g					
COMPLET	8			Plas	ster	er			Construction				
	John H. Woods Sr. Mary Corcoran												
TO BE	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	S (Street a				City or Town		Code)	
ř	John H. Woods			7916	Co	lon	ial	Lan	e, C	lint	on,	MD 2	0735
	20a. METHOD OF DISPOSITION 1 Solution 2 Cremetion 3 Removed to the Control of Control o	oval trom State	20b. PLACE A					25	OATE			City or Town	
	4 Deponation 5 Other (Specify) Trinity Memorial Gds 4-21 Waldorf, Md.												
	Huntt Funeral Home												
	Benjamin Matthews M00658 P. O. Box 156, Waldorf, Md. 20604 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or As A conspouence of):												
CERTIFICATION	Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
اب	PART II. Other significant condition	contributing to	death but not re	esulting	in tha un	dariying	cause g	iven in I	Part i. 2	4a. WAS AN /	WTOPSY		ERE AUTOPSY FINOINGS
MEDICA	-								_ 1	TYES 2	□ NO	0	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ME					_				_	HE	157	- i	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Che	ck only one)		<u> </u>		
SIC	EXAMINER? 1X YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t:			Other (5	Specify)	_		
27. MANNER OF DEATH 28e. DATE OF INJURY 1 Netural 5 Pending 28e. DATE OF INJURY 1 Netural 5 Pending 28e. DATE OF INJURY 1 Netural 5 Pending 28e. DATE OF INJURY 28e. TIME OF INJURY WORK? 28e. DATE OF INJURY 1 Netural 5 Pending													
B	1 Natural 5 Pending 2 Accident Investigation	4-18-	1993		M	1 🗌 Y	ES 2 5	NO					
	3 Sutcide 6 Could not be 4 Homicide detarmined	building,	FINJURY — At hor atc. (Specify)		itreet, facto OME	ory, office			City or	Town, State)		or Aural Rou	
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge des	th occurs	ad at the ti	no dete	and alone	all reads	7904			AL LA	ANE
COMPLETED	(Check only one) 2 MEDICAL EXAMINES	: On the beats of a	camination and/or is	nvestigatio	n, in my o	pinion, de	end place, eath occure	and dua t	lme, date en	(e) end meni id place, end	due to th	eG. e ceuse(s) m	nd manner ee stated.
BE C	296. SIGNATURE AND TITLE OF CENTIFIER	0					29c. LICE			Т			fonth, Day, Year)
TO B	AVA	NY	^				0.0	М.	Ε.			-19-1	
		NO	11	1 Pe	enn	Str	eet,	Ва	ltim	ore,		rylar	
	31. DATE FILED (MORID DON MAN) 93 32. REGISTRAT'S SIGNATURE APR 2 1 93 June Davidson Royalette												

1 - STATE REGISTRAR

	1 - STATE REGISTRAR		STATE OF I	MARYLA	ND / DEP						MEN	TAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, I	Middle, Last)										ATE OF OEATH		VEAD	3. TIME OF DEAT	Н
	Robert L.										Ò	<u> </u>	1	993	9:40	р
	4. SOCIAL SECURITY NUMBER	P	5. SEX		n yrs. last birthde	100	ONTHS	1 YEAR	IF UNDER	24 HRS.	7. 0/	ATE OF BIRTH forth, Day, Year) 17/1928		Countr		reign
P	227-34-3119 A 9a. FACILITY NAME (If not inst	itution also	1. ^	(65 YRS		- CITY	TOWN C	R LOCATIO	DN OF B		17/1928		Vir	rginia	
	Deer's Head Ce		stron and number)			"										
3	RESIDENCE OF DECE	DENT					Sal	ISDUI	у, Г	iar y I	dilu	_	WI	comic	0	
DIMECTOR		10b. COUNT						R LOCAT							10d. INSIDE CITY	
	, Maryland	Some	rset		Po	COI	mok	e Ci							1 - YES 2 X	NO
FUNEHAL		1 12_						101	ZIP CODI				30.5		WHAT COUNTRY?	
2	7349 POCOMO	ке к	12. WAS DECEDEN	T EVED IN	II C ADMED		42.4	70.050		851				JSA		
	1 Never Married 2 N N 3 Widowed 4 Divorce		FORCES? 1	_ YES	2 X NO		11	yes, spe		n, Mexica	ın, Pue	IGIN? (Specify Yes rto Rican, etc.)	or No—	14. RACE Black Speci	E — American India k, Whita, atc. ify: White	in,
9	15. DECE (Specify only	DENT'S EDI			16a. DECEDEN	ECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								WILLCE		
	Elementary/Secondary (0-1	1	College (1-4 or 5	+)	life. Do NO	he kind of work done during most of working Do NOT use retired.)										
COMPLETED	11				Salesn	nan										
	17. FATHER'S NAME (First, Mid	,										st, Middle, Maiden	Sumame)			
3	Sidney Webb								_	el I						
2	Dorothy W.				1.0							d., Pocon			21.051	
1	204-METHOD OF DISPOSITIO			20h	PLACEANDDA					er i				City or To		
İ	1 2 Burial 2 Cremation 4 Donation 5 Other (5	3 🗌 Ran	noval from State	ceme	stery cremetory	or other	plece)	112			1	/22 Pocc				
	21. SIGNATURE OF FUNERAL	SERVICE L	CENSEE	F 11	. Bo Dap	JUI.	22 1	JAME AN	n Annes	SE OF EA	CIII ITV		MIONE	- 010	y, Mu.	_
	Scritte	50	Melson						Fun				, Ma	aryla	nd 2185	1
	23. PART I. Enter the dis	eases, or	complications that	t caused	the death. D	o not									Approxima	nte
	IMMEDIATE CAUSE (Fina		List only one cau	ise on ea	ich line.										Onset and	
	disease or condition resulting in death)		. End stage	Rena	l Diseas	ρ									11 mon	the
1	,					,										-U15
	Sequentially list conditio	ns.	Diabetes												years	
	if any, leading to immedicause. Enter UNDERLYIN		DOE 10	(OH AS A	CONSEQUENCE	: OF):										
	CAUSE (Disease or Injury that initiated events		c. DUE TO	(OR AS A	CONSEQUENCE	OF):									-	
	resulting in death) LAST		d													
	PART II. Other significant	conditio	no contribution to	double bu												
						ig in t	the une	derlying	ceuse g	jiven in	Part I	. 24a. WAS AN PERFOR		24b.	AVAILABLE PRIOR	TO
	Aretioscleroti Peripheral Va					2+04		DIZA.	_			1 TES 2	NO		COMPLETION OF CO DF DEATH?	AUSE
	relipherat va	Scurai	Insuffici	ency v	WIUI DII	<u>a ter</u>	di	SKA_							1 - YES 2 - F	10
	25. WAS CASE REFERRED TO	MEDICAL						26 DI	ACE OF D	EATH ACE	not onl	y anal				
	EXAMINER?		HOSPITAL:	ED/Outon	ellows 3 🗆 DOS		THER	:								
	27. MANNER OF DEATH		26a. DATE OF	INJURY	28b.	TIME O)F	28c. INJ		sidence	_	ther (Specify) DESCRIBE HOW II	LIURY OC	CURED		
	1 Natural 5 Pe	ending vestigation	(Month, D	ay, Year)		INJURY	M	1 🔲 Y	RK? ES 2 [NO						
	2 Suitable	ould not be	26a. PLACE O	F INJURY -	At home, farr	m, stre	et, facto	ry, offici			281. L	OCATION (Street a	nd Numbe	r or Rural F	Route Number,	
		termined	bulloning,	etc. (Specii	(4)						(City or Town, State)				
	29e. CERTIFIER (Check only	YING PHYS	SICIAN: To the best of	my knowle	dge, death occ	urred s	et the tir	me, date	end place,	end dua	to the	cause(e) end man	ner aa sta	rted.	• .	
												and manner ee el	ated.			
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE													(Month, Day, Year)			
1	Virginia	-AG	Julany	m.	D.				D 33				D 4	4/1	8/93	
2	30. NAME AND ADDRESS OF	PERSON WI											-		-	
	Virginia A. Du		.D. Dee	r's He	ead Cente	er	2018	3 P.O	. Box	Sal	isb	ury, hary	land 2	21801		
·	APR 20 19	93	32. REGISTRA	R'S SIGNA	TURE											

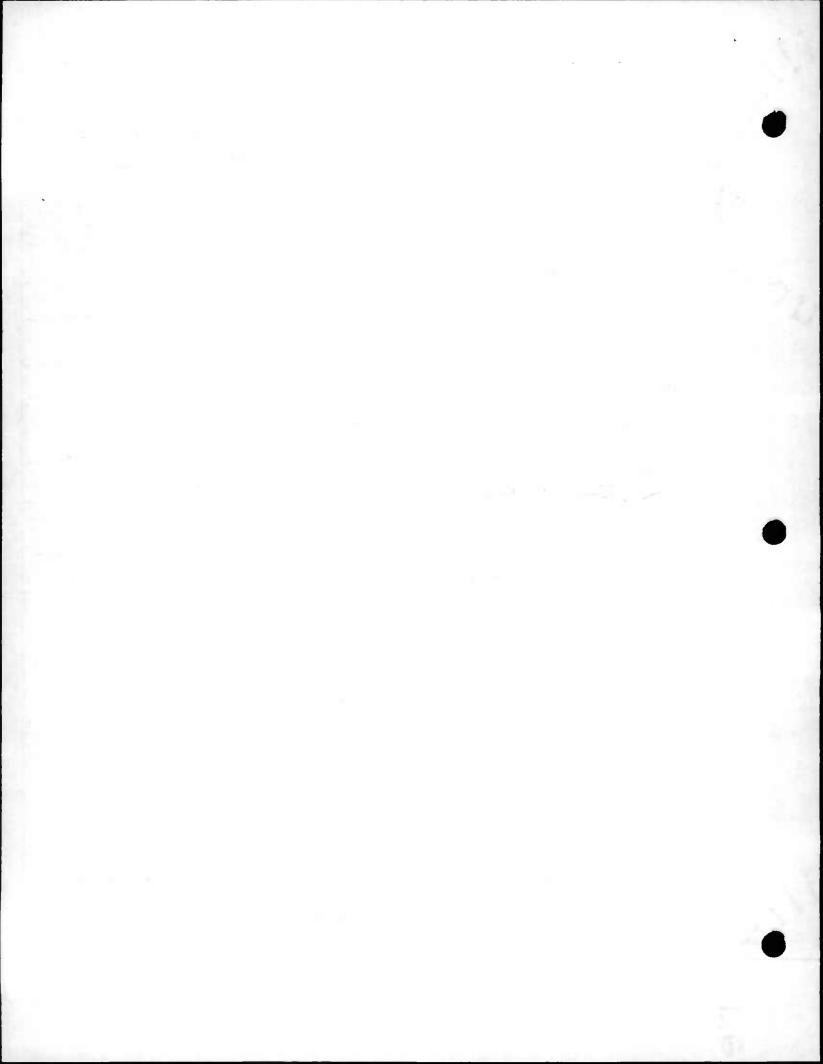
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. FTO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transf be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

8



be neo within 12 hours are used mit the case copy. Or house more resumable count, the medical examiner must be notified at once.

2

31. OATE FILED (Month, Day,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

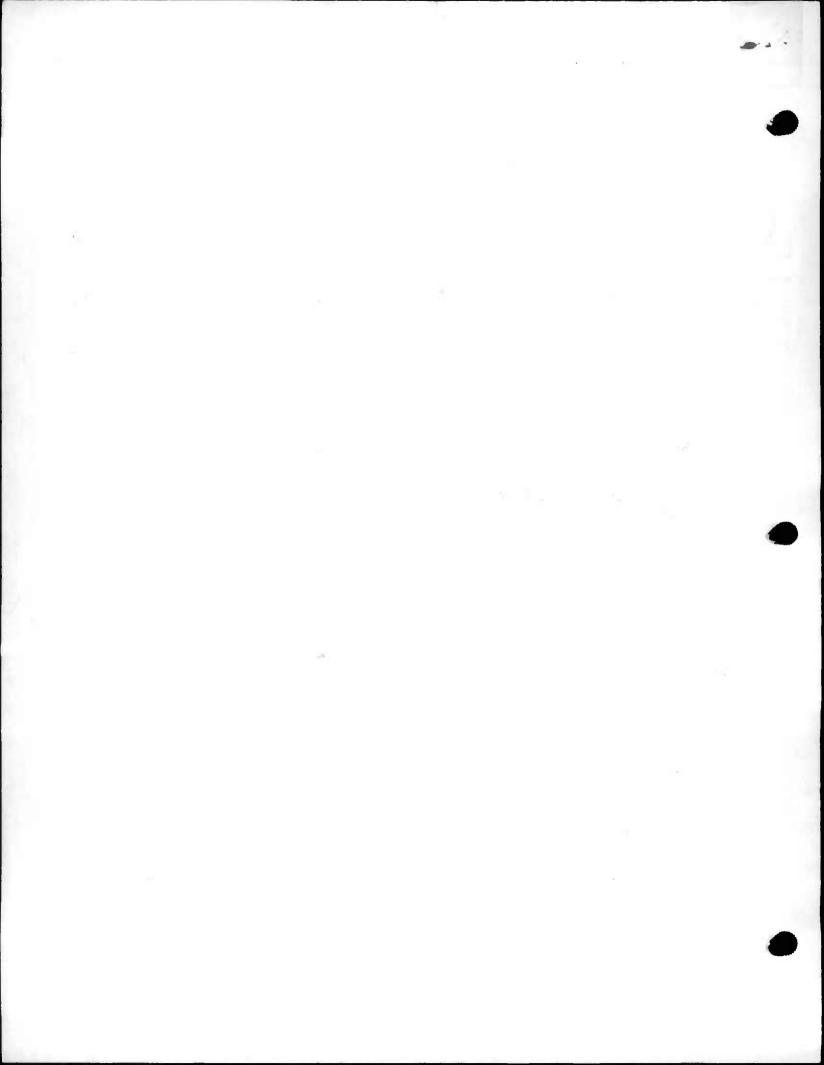
32. REGISTRAR'S SIGNATURE

	•	•									9	3	12685	
	FOR 1 - STATE REGISTRAR		STATE OF N					EALTH AND DEATH	MEN.	TAL HYGIENI REG. NO.	_	0	12000	
	1. OECEOENT'S NAME (First,	Middle, Last)								ATE OF OEATH			3. TIME OF OEATN	
		10	DID M		mm				1	April 15		YEAR	м	
	4. SOCIAL SECURITY NUMB		RIF M	6. AGE (In yrs.		HE UNDE	R 1 YEAR	IF UNDER 24 HRS.		April 15	, 19		IPLACE (State or Foreign	
	216-82-0582	A-7	1 🗆 M 2 🕱 F	74	YRS.	MONTHS	DAYS	HOURS MIN.	(M	lonth, Day, Year)		Countr	y)	
			71	7-1	******		L		_	9-17-18			irginia	
S.	90. FACILITY NAME (# not in 33 Garre					9b. CIT		erlin	DEATN			rces.		
5	RESIDENCE OF DEC				10c. CITY, TOWN OR LOCATION									
DIRECTOR	Md •	106. COUNTY WOL	cester		10c. CIT	Ber]		TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER						101	. ZIP COOE			10g. CIT	IZEN OF V	VHAT COUNTRY?	
G-1/2	33 Garr	ett Dr	ive					21811			USA			
Z.	11. MARITAL STATUS	200 21	12. WAS DECEDEN	T EVED IN II C	ADMED	T 40	MMC DEC		NIC 00	IGIN? (Specify Yea		- American Indian,		
BY FUNERAL	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	YES 2	NO	13	If yes, sp	ecify Cuben, Mexic 2 XIO Spec	an, Pue		or No-	Blaci Speci	c, White, etc.	
COMPLETED	15. OEC	EDENT'S EOU	CATION	16a.	OECEDENT'S	USUAL (OCCUPATION	ON						
	Elementary/Secondary (0	y highest grade	College (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.	aduring mo)	st of working						
2	12	-12)	College (I-V or 5	"	At	At Home								
Σ	17. FATNER'S NAME (First, M	liddle Last)				18. MOTHER'S NAME (First, Middle, Maiden Sumame)								
	William I						Potts	ourname						
8			1117											
2	19a. INFORMANT'S NAME (7					b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	John H. W	illett		18 Ocean Pines Berlin, Md., 21811										
	20s. METNOD OF DISPOSITION 1 Surfel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetory, cremetory or other place) 20c. LOCATION — City or Town, State other place) Sunset Memorial Park Berlin, M.d.													
	21. SIGNATURE OF FUNERAL SERVICE SCENESEE 22. NAME AND ADDRESS OF FACILITY 23. SIGNATURE OF FACILITY													
	() / // // //									al Home	Ber	lin,	Md.	
	23. PART I. Entar the diseasea, or complications that ceused tha death. Do not enter the mode of dying, such ea cardiac or respiratory arrast, shock, or heart fellure. List only one ceuse on each line. Approximete interval Batween													
	disease or condition	101	('-	0 -		1.		ナ						
	reaulting in death)		a. OUE TO	OR AS A COM	C C	20								
			//	(OR AS A COR	SEGOENCE C			0 -		2-1	1		200	
CERTIFICATION	Sequentielly list condit	lons,	b. /	OR AS A CON	nsi	<u>u</u> e	Ca	rello	Oa	seria	Or	3	3	
Ĕl	if eny, laeding to imme	dlata	OUE 10	(OH AS A CON	SECUENCE C	nry:								
2	cause. Entar UNDERLY CAUSE (Disease or Inju		с											
쁘ㅣ	that initiated events		DUE TO	(OR AS A CON	ISEOUENCE C	DF):								
	resulting in death) LAS	" (d											
II	DARY II Other significa	and a sandidlass	a a a whether the a ha	death had a	-4 10	In the c	4- 4-1		- D 1			Lau	1	
4	PART II. Other significa	int condition	s contributing to	daeth but n	ot resulting	in tha t	ındarıyın	g ceuse givan i	n Part I	24a. WAS AN PERFOR		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
음										1 TYES 2	□ NO		COMPLETION DF CAUSE OF DEATH?	
Ē												- 1	1 YES 2 NO	
<u> </u>														
A	25. WAS CASE REFERRED T	O MEDICAL					26. PI	LACE OF DEATN (Check on	(v pne)				
ᅙᅵ	EXAMINER?		HOSPITAL:	- Carron Loc		ОТНЕ	ER:	-/						
ا ≼ ا	1 TYES 2 NO		1 inpetient 2		_		_	ne 5 M Raaldanc						
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	Pending	28e. DATE OF (Month, L		28b. TII	JURY	WC	JURY AT ORK?	28d.	DESCRIBE HOW I	NJURY OC	CURED		
ĭ	2 Accident	Investigation				М	1 🗆	YES 2 NO						
	a D Sudald	Could not be	28e. PLACE 0	OF INJURY — A atc. (Specify)	t home, farm,	atreet, fa	ctory, offic			LOCATION (Street & City or Town, State)	and Numbe	r or Rural i	Route Number,	
Ш														
١٣	29s. CERTIFIER Check only 1: CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
2	(Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.													
COMPLET	2	- STANIST	- On the seem of a		- or minestigati	on, at tity	opanon, (Veryseu at ti	-= cm110,	aare enu piece, an		vause(i	., mentier as stated.	
BE	296. SIGNATURE AND THTCR OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)													

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CLAGE

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-(TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the meaning the following after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumstic event, the medical examiner must be notified at once.
I OF VIT	PHYSICIAN: T	this certificate with the State	irked, or ite
DIVISION	L DR ATTENDING	. DIRECTOR: After hours after death	item 28 is ma
	TO THE HOSPITAL	THE FUNERAL	IMPORTANT II
	1	-	•

BE

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Alla Davidson-Randall

HONG LIE MI

5 1993

31. DATE FILED (Month, Day. Year)

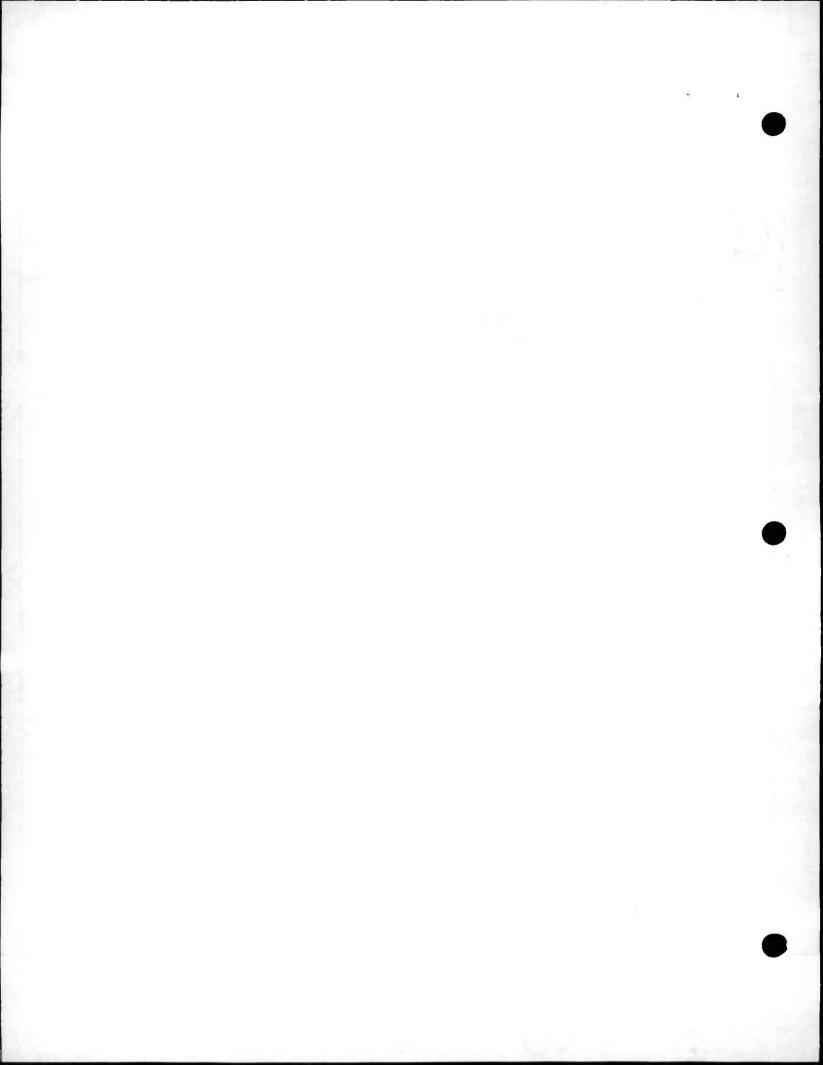
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY April 12 3. TIME OF DEATH 1993 Dorothy Virginia Webster 6:50 P.M.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 577 10 8741 1 M 2 X F YRS. July 15 1910 Washington D.C 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Doctors' Community Hospital Prince George's Lanham 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Bowie XX YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2500 Kayhill Lane 20715 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WHO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2X NO Specify Specify: White BY 3 ₩Idowed 4 □ Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Secretary Clothing 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surner F. Carl Crampton Ella Marie Grimes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13904 Pleasant View Drive Bowie Md. 20720 James Edward Webster III 28e. METHOD OF DISPOSITION
1 🔀 Burtel 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Fort Lincoln Cemetery Brentwood Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. Other 16000 Annapolis Rd. Bowie Md. 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or resolvatory arrest. shock, or heert failure. List only one cause on each line Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) SEPTE STEMEA DUE TO (OR AS A CONSEQUENCE OF): CLERE PRO UNSCUER PEREDENT CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 20 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1/A Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВҰ 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER
D (5820

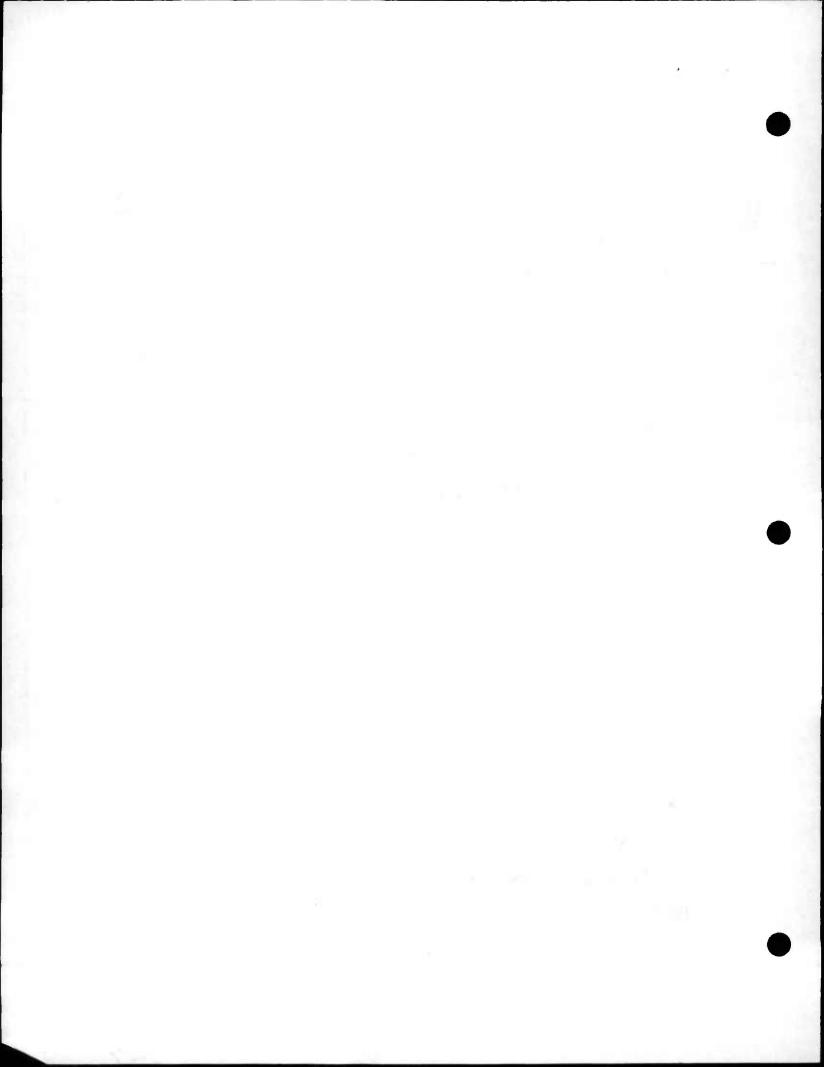
3405 Hamilton St MATT SURle Pro 2078?

29d. DATE SIGNED (Month, Day, Year)

► 4/13/93



	1, DECEDENT'S NAME (First, Middle, Lest)	KANDY WI	LSON	RTIFICAT	2.4.	DLAI		REG. NO 2. DATE OF DEATH MONTH C D		3.	TIME OF DEATH		
	UNKNOWN			(93-07	74)			мо <u>м</u> тн 6 в	199	55"	8:10A		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. lest i	MONTH	ER 1 YEAR	IF UNDER 2	MIN.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPL.	ACE (State or Foreign		
	137-64-1485 9a, FACILITY NAME (If not institution, give		23	YRS.	THE TRANSPORT			Jan. 4, 1			k, N.J.		
HOT	3001 BRANCH				TY, TOWN D			EIGHTS	PRI		GEORGE		
Ä	10a. STATE 10b. COUNT	Y		10c. CITY, TOWN	DR LOCAT	ION				10	d. INSIDE CITY		
ā	District of Colu	mbia		Wa	shine	aton				1	LIMITS? YES 2 NO		
3AL	10e. STREET AND NUMBER				101.	ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?		
FUNERAL	652 Morton Place					2000				ed S	tates		
F	11. MARITAL STATUS 1 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 1	YES 2 NO	ED 13	If yes, spe	ENDENT OF cify Cuban,	HISPANIC Maxican,	ORIGIN? (Specify Year Puarto Rican, alc.)	or No-	RACE — Black, W	American Indian, /hita, atc.		
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR O	OR DATES		1 TYES	2 XNO	Specify:			Specify: Bla	ck		
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECI	EDENT'S USUAL	OCCUPATIO	N		16b, KIND OF BUS	SINESS/INDUS		<u> </u>		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	kind of work don NOT use retired	.)								
COMPLET		4		Hair St	ylist			Private		lf E	mployed		
_	17. FATHER'S NAME (First, Middle, Last)							E (First, Middle, Maiden	Sumame)				
B	Charles Wilson 190. INFORMANT'S NAME (Type/Print)		401	Janis Nath 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
임	The state of the s												
	20a. METHOD OF DISPOSITION	723		On Place, N.E., Washington, D.C. 20002 SITION/Name of DATE 20c. LOCATION - City or Town, State									
	152 Burlet 2 Cremetton 3 Removal from State cemetery, crematory or other place) 4 Donatton 5 Other (Specify) Harmony Memorial Park 4/10/93 Landover, MD												
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STEWART FUNERAL HOME												
	STEWART FUNERAL HOME 4001 Benning Road, N.E., Washington, D.C. 23. RART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
CATION	disease or condition resulting in deeth) Due TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):												
RTIF	resulting in deeth) LAST	d.						Part I. 244. WRS AN AUTOPSY PERFORMED? 1 TYPES 2 NO			-		
IN: MEDICAL CERTIFICATION	PART II. Other significant condition	s contributing to deal	th but not res	ulting in the c	inderlying	cause giv	ven in Pa	PERFOR	ME07	CO OF	RE AUTOPSY FINDINGS MEABLE PRIOR TO MPLETION OF CAUSE DEATH? VES 2 NO		
: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	is contributing to deal	th but not res		36. PL/	cause give		PERFOR	ME07	CO OF	MEABLE PRIOR TO MPLETION OF CAUSE DEATH?		
SICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\text{MO} \) MO	HOSPITAL:	Outpietient 3 🗆	DOA 4 1 No.	36. PL/ PR: praing Home	NCE OF DEA	NTH (Check	Other (Specify)	MED7 □ NO □ NO	CING	NEARLE PRIOR TO MPLETION OF CAUSE DEATH? TYPES 2 NO		
PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Outpetient 3	DOA 4 1 N	26. PL/ Pt: unsing Home 28c, INJU WOR	S Resi	NTH (Check dence 6)	Other (floedly) Other (floedly) Od DESCRIBE HOW II	DAR	KING	NEARLE PRIOR TO MPLETION OF CAUSE DEATH? TYPES 2 NO		
BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation	HOSPITAL: 1 inputiers 2 inputi	Outpatient 3 Dirty at 1993	DOA OTHE 4 IN NO 286 TIME OF INJURY 5:30 A	26. PL/ PR: Irsing Home 28c. INJU WOF 1 U VI	S Resi	NTH (Check dence 6)	Other (Specify) OUR SUBJEC	DAR	KING	MARILE PRIOR TO MPLETION OF CAUSE DEATH?		
D BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Date of INJU 28e. Date of INJU (Month, Day 16e 4 6 28e. PLACE of INJ tuilding, etc. (Outpetient 2 IRV	DOA 4 IN NO 186. TIME OF SHAURY 5:30 A	26. PL/ PR: Irsing Home 28c. INJU WOF 1 U VI	S Resi	NTH (Check dence 6)	Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify)	PAR SHOT SHOT SHOT SHOT SHOT SHOT SHOT SHOT	KING	MARILE PRIOR TO MPLETION OF CAUSE DEATH? EXES 2 NO LOT		
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 MO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 © inputient 2 © ERM 28a. DATE OF INJUINATION Day No. 4 6 28a. PLACE OF INJ	Outpatient 3 DIRY at 1993 UNY — At bons Specify RKING	DOA OTHE 4 I No. 286. TIME OF 84.USY 5:30 A 6. farm, street, fo	36. PL/ IR: Iraling Home 28c. NAU WOR 1 U VI	MCE OF DEA	NTH (Check dence 6 2 2 NO 2	Other (Specify) SUBJEC BI, LOCATION (Street a City or Yown, State) HILLCRES	DAR DAR SUURY OCCUR CT SHO and Number or	KING	MARILE PRIOR TO MPLETION OF CAUSE DEATH? EXES 2 NO LOT		
ETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 MO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Dispatient 2 DENN 28a. DATE OF INJUINATION DAY 96 4 6 28a. PLACE OF INJ Building, etc. (PA CIAN: To the best of my k	Outpatient 2 Direction 1993 1993 UNIY — At home Specify) RKING	DOA OTHE 1 DOA 4 I NO 186. TIME OF 186. T	26. PLJ ER: 28d. MJU 2 1 Vi ttory, office	S G Besider AT INC.	NTH (Check sidence s 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Other (Specify) Other (Specify) BLUCATION (Street a City or Town, State) HILLCRES The cause(a) end man	DAR SUREN OCCUR T SHO THE	KING OT Frank Found	LOT Author		
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 MO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	HOSPITAL: 1 © inputient 2 © ERM 28a. DATE OF INJUINATION Day No. 4 6 28a. PLACE OF INJ	Outpatient 2 Direction 1993 1993 UNIY — At home Specify) RKING	DOA OTHE 1 DOA 4 I NO 186. TIME OF 186. T	26. PLJ ER: 28d. MJU 2 1 Vi ttory, office	MCE OF DEA	NTH (Check dence 5.)	Other (Specify) SUBJECTION (Street a City or Norm, State) HILLCRES The cause(a) end manne, date and place, and	DAR DAR DAR DAR DAR DAR DAR DAR DAR DAR	KING OT Plant Plant IGHT	HARLE PROOF TO MPLETION OF CAUSE DEATH? LOT MATTOR MATTOR MARY d menner as stated.		
ETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inputier 2 EM 28e. DATE OF INJUINATION Day: 96 4 6 28e. PLACE OF INJUINATION SEC. (In PA) CIAN: To the best of my k R: On the basic of examin	Outpetient 3 [IRY 1993] 1993 UNIY — At home Specify RKING rowledge, death aution and/or inv	DOA OTHE OF BLUSY 5:30 A LOT noccurred at the estigation, in my	26. PLJ ER: 28d. MJU 2 1 Vi ttory, office	MCE OF DEA	NTH (Check dence 5.)	Other (Specify) SUBJECTION (Street a City or Norm, State) HILLCRES The cause(a) end manne, date and place, and	DAR DAR DAR DAR DAR DAR DAR DAR DAR DAR	KING OT Plant Plant IGHT	MARKE PRODE TO MPLETION OF CAUSE DEATH? VES 2 NO LOT MARKY MARY d manner as stated.		



1993

9c. COUNTY OF DEATH Prince George

> 10g. CITIZEN OF WHAT COUNTRY? USA

3. TIME OF DEATH

A

8:45

8. BIRTHPLACE (State or Foreign Washington, DC

> 10d. INSIDE CITY LIMITS? 1 X YES 2 | NO

14. RACE — American Indian, Black, White, etc. Specify: Black

	- 2	Sadie L		WASHINGTON									April 12 1993		
		4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (I	In yrs. last bir	thday)		R 1 YEAR	IF UNDER		7. DAT	E OF BIRTN		8. BIF
2		577-22-692		1 M X F	8	8	YRS.	MONTHS	DAYS	HOURS	MIN.	107	722719	04	Con
1		9a. FACILITY NAME (If not in:	stitution, give st	reet and number)				9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	EATH		9c. CO	UNTY OF
(P	E	Doctors Comm			e				Lanh	am				Prin	ce
y Vice	품	Maryland	Princ	e George	e's	10	De. CITY		on Local	TION					
War E.	40.10	10e. STREET AND NUMBER								. ZIP COD	E			10a. Cr	TIZEN OI
	ERAL	5710 Linco	ln Ave	nue						2070	06				US
MARYLAND 21215-0020 stretained by the hospital or attending physician. s should be detached for use as the burial-transi rotified at once.	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO)	13.	If yes, sp	ENDENT (ecity, Cubi 2 (Z)NO	n, Mexica	n, Puerto	ilN? (Specify Yos Rican, etc.)	es or No—	14. RA Blo
r attend	9		DENT'S EDUC		Т	16a. DECED	ENT'S	USUAL C	CCUPATH	ON .		16	b. KIND OF B	USINESS/IN	DUSTRY
Spital or	IPLET	Elementary/Secondary (0-		College (1-4 or 5	+)	Me. Do	NOT us	retired.)		st of working	ng		Pri	vate	
MARYLAND retained by the hospit 5 should be detached notified at once.	BE COMPL	17. FATHER'S NAME (First, Mi John Sco	tt										First, Middle, Melden Surname) James		
	10	19a. INFORMANT'S NAME (7) Leana M. Do	,										nham,		ip Code) 2070
e 6 ma rector, p		20a METHOD OF DISPOSITI 1 Deurlal 2 Crematio 4 Donation 5 Other	n 3 🗆 Remo	oval from State	ceme	PLACE AND etery, cremate Linco	ory or ot	her place,	1			4/1		ocation - uitlai	
ALTIMOF death. Page 6 m thereal director, I. examiner must		21. SIGNATURE OF FUNERAL				cre		22.	J.B.	Jenk			eral H		\.
Baffer of the noval		23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as ca													
24 hour filled in the me		IMMEDIATE CAUSE (Finsi disease or condition resulting in desth) Due to (or as a consequence of):												reat,	
P.O. BOX 6. tth certificate be exected and physician and all Hygiene prior to but or other traumation or other traumation.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. SCPSIS DUE TO (OR AS A CONSEQUENCE OF): TWEETON OF LUNGS - PNEUMONE DUE TO (OR AS A CONSEQUENCE OF): d.												וואמכ	
COR lires that signed by Health and	MEDICAL	PART II. Other significat	nt conditions	contributing to	death bu	it not resu	Iting i	n the u	nderlyin	g cause (given in	Part i.	24a. WAS A PERFO	RMED?	2
L RE law requ as been lept. of I	ä										_	_			
- 60	SICIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL							ACE OF D	EATH (Che	ck only o	one)		
F VITA SICIAN: The certificate ha the State D	YSI	1 - YES 2 NO		HOSPITAL:	☐ ER/Outpa	itlent 3 🗆 E		4 Nur		e 5 □ Re	sidence	8 🗆 Oth	er (Specify)		
ON OF ING PHYSICI fiter this cer eath with th marked, c	у РНУ		ending	28e. DATE OF (Month, D	INJURY Pay, Year)	28	b. TIME	OF URY M		URY AT RK? 'ES 2] NO	28d. DE	SCRIBE HOW	INJURY OC	CURED
VISION TITENO CTOR: A after d after d 28 is	ETED B	3 Sulcide 8 0	could not be etermined	28s. PLACE O building,	etc. (Special	At home,	form, st	treet, fac	tory, office				CATION (Street y or Town, State		r or Rura
로 정전 ==	COMPLE			CAN: To the best of											
TO THE HOSPI TO THE FUNEF The filed within	O BE C	Roderick Woods MD 026617										29d. DA	TE SIGNI		
7		30. NAME AND ADDRESS OF RODUCK	PERSON WHO	COMPLETED CAUS	65/0	TH (ITEM 27)	vilu	Print)	h A						

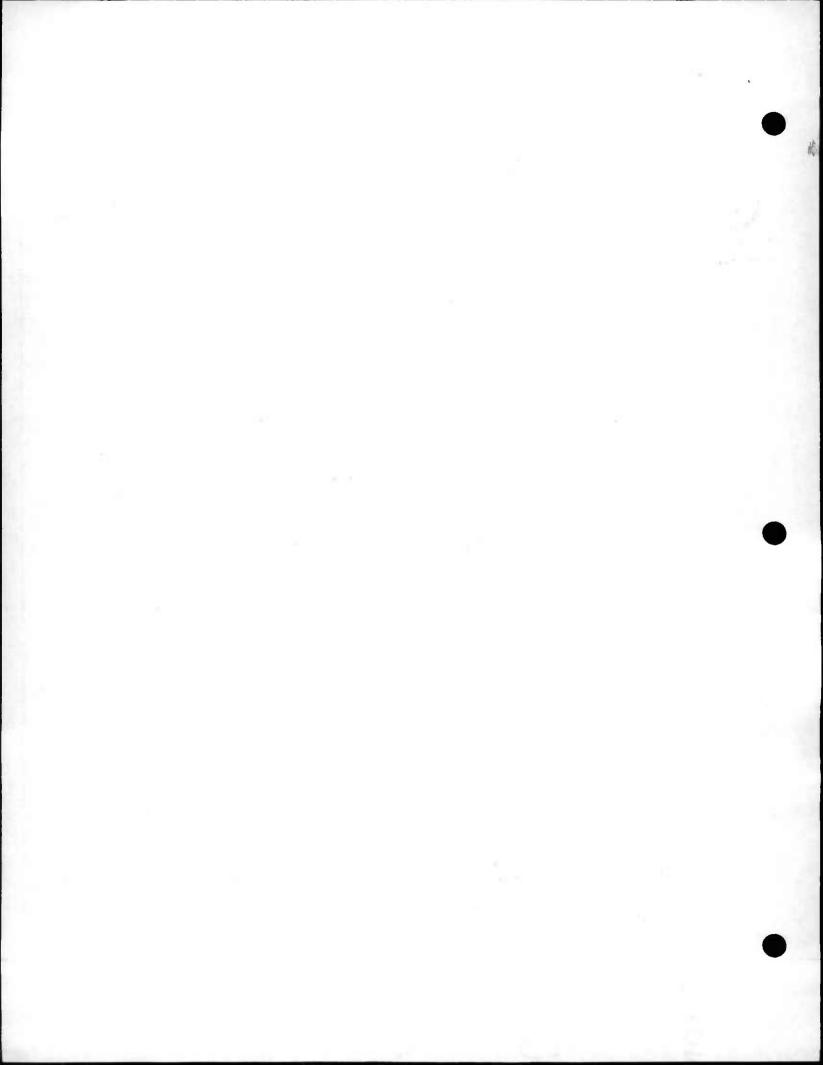
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

en Sumame) own, State, Zip Code) MD 20706 LOCATION — City or Town, State uitland, Md. dover, Md. 20785 piratory srrest, Approximate Interval Between **Onset and Death** reumoniA 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AN AUTOPSY ORMED? 1 - YES 2 1 NO V INJURY OCCURED t end Number or Rural Route Number, enner as stated. and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) DHMH-18 Rev 1/89



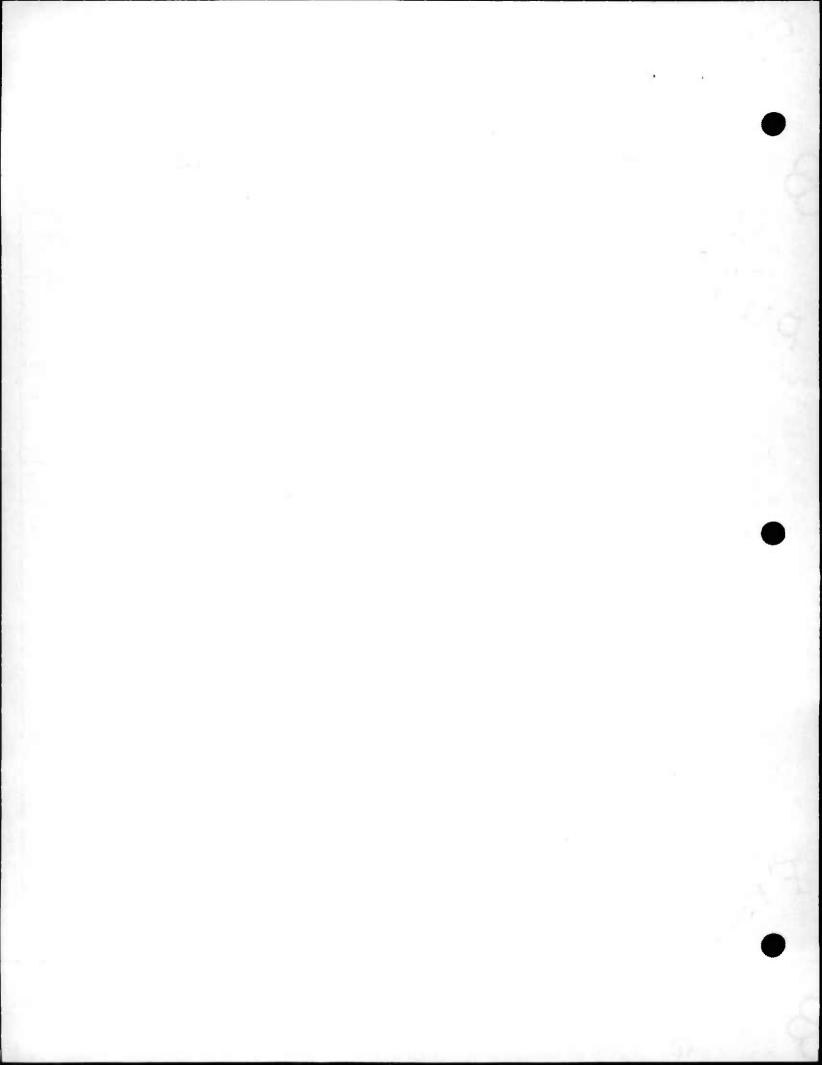
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	•	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEN REG. NO		12689					
)		1. DECEDENT'S NAME (First, Middle, Last)	JISE				2. DATE OF DEATH DATE APTIL 12	** 1993 [*]	3. TIME OF DEATH 11:00 A.Mu					
94		4. SOCIAL SECURITY NUMBER 225 - 12 - 304//	5. SEX 6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country) estmoreland, Va					
S Comment	OR		est and number)	Hom E		N OR LOCATION OF D	EATH	9c. COUNTY						
P	DIRECTOR	Maryland Pring	ce Georges		v, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
St Dear	ERA	100. STREET AND NUMBER 2914 Sydney Ave.				10f. ZIP CODE 20747			of what country?					
attending physician se as the burial-tra	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES	ARMED NO	If yes,	PECENDENT OF HISPAL specify Cuban, Mexica (ES 2) NO Specif			RACE — American Indian, Black, White, etc. Specify: Black					
	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 3rd	completed) College (1-4 or 5+)	DECEDENT'S (Give kind of ville. Do NOT us Farmen		ATION most of working	166. KIND OF BUS							
8 B 8	E COMPL	17. FATHER'S NAME (First, Middle, Lest) John A. Johnso:		ratmet			NAME (First, Middle, Meiden Surmerne) (enrietta Johnson							
retained 5 should notified	TO BE	19a INFORMANT'S NAME (Type/Print) James A. Wise				et and Number or Rural	Route Number City or Tow restville,	n, State, Zip Coo	³⁰⁾ 20747					
e 6 may ector. pa must b		20s. METHOD OF DISPOSITION 1 Burtal 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) Date Oldsham, Va.												
0 - 0		Alexander S. Pope Funeral Home 2617 Pa. Ave. S.E. Wash, DC 20020												
within 24 hours npletely filled In cremation, or r		23. PART t. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interpretable												
h certificate be executed physician and Hygiene prior to but or other traumati	CERTIFICATION													
the d y the id Me	MEDICAL C	PART II. Other significant conditions	contributing to death but no			ing cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
N: The law n ficate has be State Dept.	SICIAN:		HOSPITAL:		26. QTHER:	PLACE OF DEATH (Ch	eck only one)							
HYSICIAN his certiff with the ked, or	PHY	27. MANNER OF DEATH 1. Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	NJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUR	ED					
L OR ATTENDING F DIRECTOR: After thours after death Item 28 Is mar	ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, s	street, factory, of	fice	281. LOCATION (Street & City or Town, State)	and Number or F	tural Route Number,					
HOSPITAL OR A FUNERAL DIRE within 72 hours	COMPLE		IAN: To the best of my knowledge, : On the bests of examination and/						ruse(a) and manner as stated.					
TO THE HOSPIT TO THE FUNERA DE filed within 7	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER		_		29c. LICENSE NUI	SE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
W		30. NAME AND ADDRESS OF PERSON WHO				2FM	LKING	LAI	VHOM Ma					
		APR1 4 199	32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE 3 Julia Davidso	n-Rand	482									

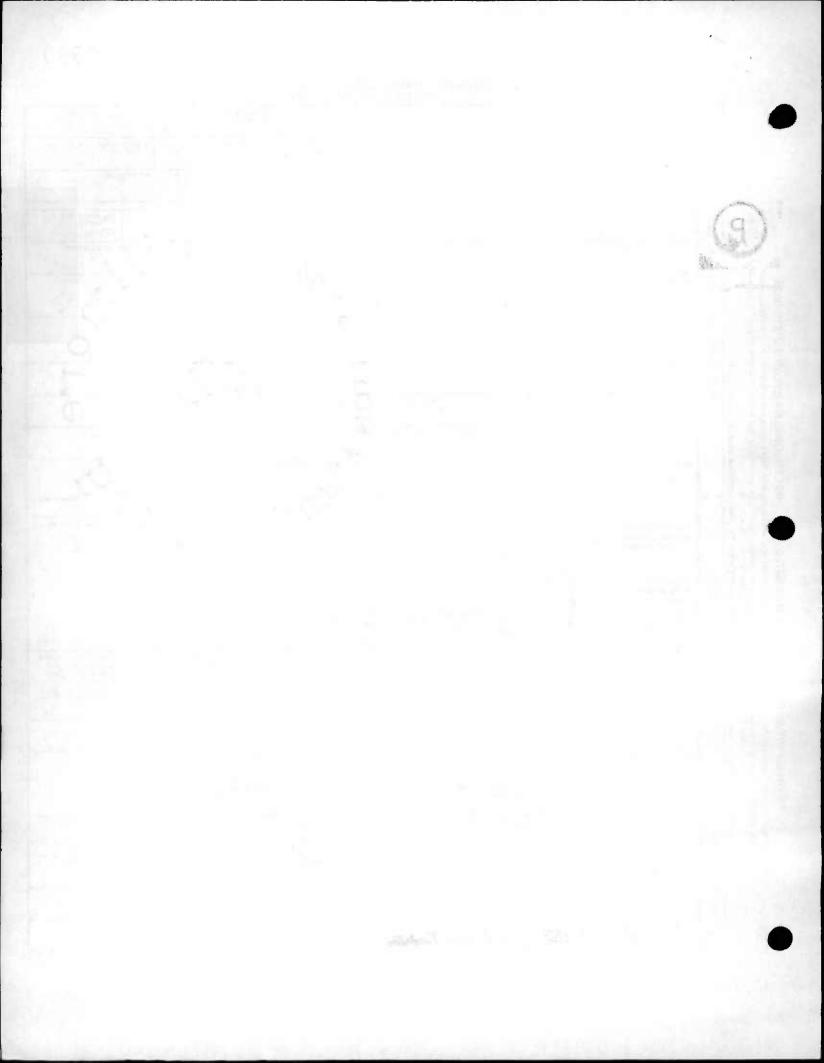
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev



	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)				1	2. DATE OF DEATH	AY Y	3.	TIME OF DEATH			
	Mary Anna Vir	qinia Willis				April 12	1993	VEAR 07	720 a	M		
	4. SOCIAL SECURITY NUMBER 234-40-3626	5. SEX 6. AGE (1 1 □ M 2 ☑ F 65		IF UNDER 1 YEAR	IF UNDER 24 HRS. 7	Month, pay, Year)	27	Country)	CE (State or Foreign	,		
l_	Se. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TOWN O	R LOCATION OF DEAT	Н	9c. COUNT	Y OF DEAT	н			
СТОВ	Garrett Co. Mem.			Oakland			Garr	ett				
星	10e. STATE 10b. COUNT			TOWN OR LOCATI	ION			100	1. INSIDE CITY LIMITS?			
E	W.Va. Mine	eral	EIK	Garden					YES 2 NO			
ă.	PO Box 72				ZIP CODE		1		COUNTRY?			
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	IIIS ADMED		6717 ENDENT OF HISPANIC	0510010 5	USA					
J.	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	city Cuban, Mexican, I	Puerto Ricen, etc.)	or No 14	Black, W				
ВУ	3 Widowed 4 Divorced	I TES, GIVE WAR ON DA	WE3	1 TYES	2 X NO Specify:			Specify:	White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION p. complete(f)	16a. DECEDENT'S US	SUAL OCCUPATION	N st of weather	16b. KIND OF BUS	SINESS/INDUS	STRY	7			
E I	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	t or working	D====	1.2					
MP	12		Housev	vife.		Domes			3.50			
8	17. FATHER'S NAME (First, Middle, Last)	ob1				(First, Middle, Maiden	Surname)					
BE	Cha ar es Edward Wh	letzel			Vera Wil							
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street an	nd Number or Rural Rou	ite Number, City or Tow	n, State, Zip Co	ode)				
	Sandra Hartman				k Garden		717		11.64			
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	novel from State come	PLACE AND DATE OF	er plece)			CATION — CIT					
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		Kalbaugh			14-98 El	k Gard	len W	.Va	_		
	State of the state of the	VENGEE		David	A. Burdo	ck Funera			25			
	23. PART i. Enter the diseases, or	complications that caused	the death. Do not	t enter the mod	x 523 Kit	s cardiec or respi	ratory erres	Z1538	Approximate	-		
	shock, or heart failure. List only one cause on each line.											
	disesse or condition resulting in death)	Metastatic							1 year			
		DUE TO (OR AS A	CONSEQUENCE OF):					ì				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							\dashv		
윤	CAUSE (Diseese or Injury	C. DUE TO (OR AS A	CONSEQUENCE OF):							_		
Ē	that initieted events resulting in death) LAST		onioedocnoe or j.									
E		d								\dashv		
AL	PART ii. Other significent condition	s contributing to death bu	it not resulting in	the underlying	ceuse given in Pa	rt I. 24a. WAS AN			RE AUTOPSY FINDING	GS		
음						1 YES 2	37	CO	APLETION OF CAUSE DEATH?	: [
MEDIC									YES 2 NO			
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CE OF DEATH (Check	only one)						
YSI	1 TES 2 NO	1 D Inpatient 2 D ER/Outpa		OTHER: Nursing Home	5 - Residence 8	Other (Specify)						
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. INJU WOR		d. DESCRIBE HOW IF	JURY OCCUR	RED				
B	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO							
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, stre	set, factory, office	26	St. LOCATION (Street a City or Town, State)	nd Number or	Rural Route	Number,	\neg		
E												
COMPLETED		CIAN: To the best of my knowle ER: On the basis of examination							manner se state d			
	29b. SIGNATURE AND TOKE OF CERTIFIE											
B	1. 14 11	MD			29c. LICENSE NUMBE D2720			/12/9	nth, Day, Year)	1		
2	30. NAME AND ADDRESS OF PERSON WH		TH (ITEM 27) /Rma D	rint)	DZ / ZU)	- 4	114/5	, ,	_		
	Karl E. Schwalm				21550							
9	31. DATE FILED (MONTH, Day, Year) APR 1 3 199	32. REGISTRAR'S SIGNA	TURE							\dashv		



	W.	놸	
	\$ mey a	Te -	Quart.
BALTIMORE, MARYLAND 21215-0020	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. A mithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	be executed within	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	aumatic event, t
O. BO	artificate	giene pri	other tr
S, P.(death co	e attendii lental Hy	ury, or
ORD	that the	ed by the	any inj
REC	requires	een sign of Healt	Shows
TAL	The law	ite has t	em 23
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ONC	NG PHYS	offer this eath with	marked
SIC	TTENOI	after du	28 is
2	OR AT	DIREC	Item
_	SPITAL	VERAL 27 nic	
	ě	野様	3

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FUNERAL

BY

COMPLETED

BE

examiner must be notified at once.

TO THE HOSPITAL
TO THE FUNERAL I
be filed within 72 h
IMPORTANT: II II

PHYSICIAN: MEDICAL CERTIFICATION

BY

4 Homicide

29b, SIGNATURE AND TITLE OF CERTIFIED

COMPLETED

2

1 - STATE REGISTRAR STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Millicent Withrow Moore 04 08 93 6:35 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 - M 2/2/F YRS. May 15, 216-34-8104 79 1913 New Jersey Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH 1500 Laurel Drive Prince George's **Acco**keek RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's **Acco**keek 1 YES 2 XNO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1500 Laurel Drive 20607 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 22 ☐NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, etc. 1 Never Married 2 Marrie If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 NO 3 🔣 Widowed 4 🗌 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5 +) 12 homemaker home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George E. Moore Millicent Ethyl Unsworth 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) William Edgar Withrow 3595 Knollwood Dr., Beavercreek, Ohio 45432 20a. METHOD OF DISPOSITION
1 Burial 2XXCremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Lee Crematory or other piece; 4/10/93 4 Donation 5 Other (Specify) Clinton, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road, Clinton, Md. 23. PART | Enter the disees complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate shock, or heart failure. List only one Interval Between IMMEDIATE CAUSE (Final Onset and Death DUE TO (OR AS A CONSEQUÊNCE OF): resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):

Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury resulting in death) LAST

8 Could not be

detarmined

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO 1 | YES 2 | NO A STORY OF THE 25. WAS CASE REFERRED TO MEDICAL serse 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29s. CERTIFIER (Check only one) A MEDICAL EXAMINED. On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, de eth occured at the time, date and place, and dus to the cause(s) and menner as stated.

29c. LICENSE NUMBER

12906

PART II. Other significant conditions contributing to deeth but not resulting in the upderlying cause given in Part i.

24s. WAS AN AUTOPSY

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

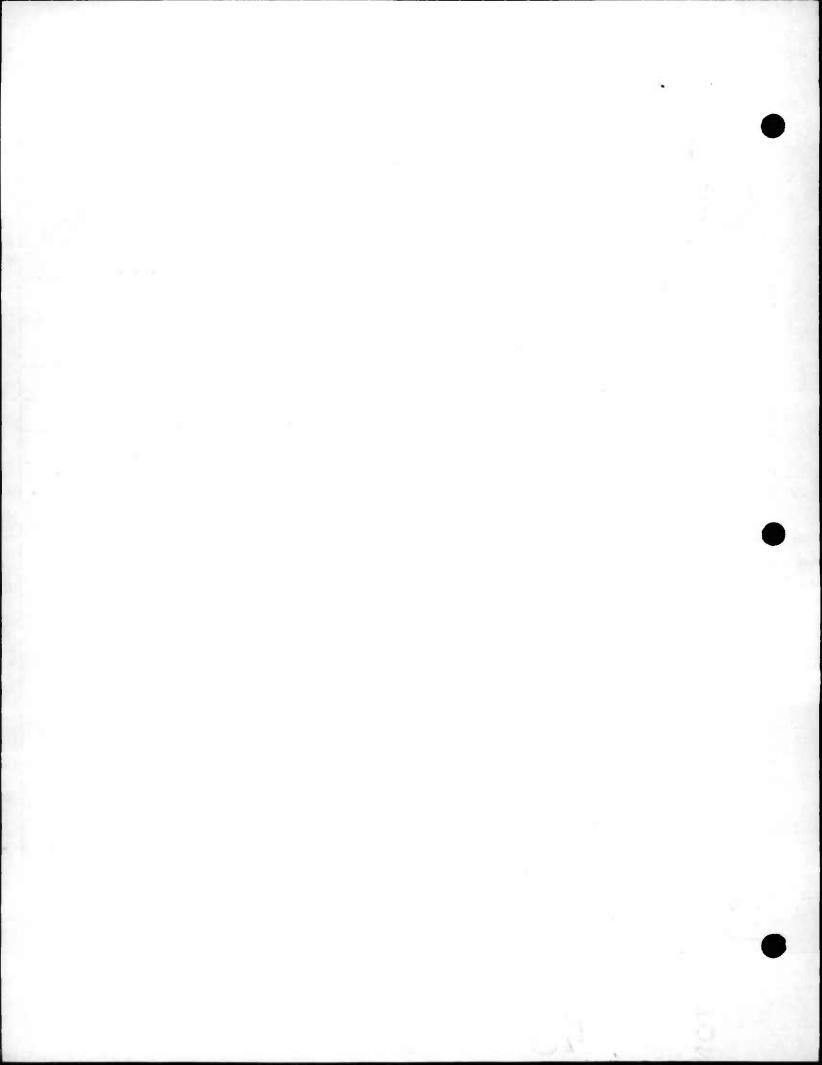
Louis V Kaufman MD

8926 Woodyard Road Suite 602 32. REGISTRAR'S SIGNATURE Pandell

24b. WERE AUTOPSY FINDINGS

29d. DATE SIGNED (Month, Day, Year)

Clinton Md 20735



3. TIME OF DEATH

10d. INSIDE CITY

1 YES 2 XNO

Approximate

Interval Betwe

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TYES 2 NO

29d. DATE SIGNED (Month, Day, Year)

1 1 1 1 9 3

Onset and Death

14. RACE — American Indien, Black, White, etc.

Specify White

8. BIRTHPLACE (State or Foreign

New Jersey

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

9c. COUNTY OF DEATH

REG. NO.

CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH MONTH white H Subak 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 142-09-3096 1 □ M 2 🔽 F - 14 phous 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF GEATH Shady G DIRECTOR Rockville 10c. CITY, TOWN OR LOCATION Maryland Prince George's Fort Washington 10e. STREET AND NUMBER 10f. ZIP CODE 12711 Old Fort Road 20744 FUN 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO hours after death. Page 6 may be retained by the hospital or attending physicial 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yea, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 bunal FORCES? 1 YES 2
IF YES, GIVE WAR OR OATES 1 Never Married 2 Married BY 3 X Widowed 4 Divorced funeral director, page 5 should be detached for use as the ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 9 Homemaker N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Demouth BE Everett Eva Decker notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Kevin D. White 7628 Creekstone Ct. Gaithersburg, Maryland20877 Pe 20e. METHOO OF DISPOSITION
1 M Burlel 2 Cremation 3 R
4 Donation 5 Other (Specify) METHOO OF DISPOSITION
Burlel 2 Cremation 3 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Cedar Hill Cemetery 4/14/93 Suitland, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George P. Kalas Funeral Home a 6160 Oxon Hill Rd. Oxon Hill, Md.20745 in by the f removal. medicai filled in by 1 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, or haart fallure. List only ona cause on each lina. ŏ IMMEDIATE CAUSE (Final I completely filled inial, cremation, o the requires that the death certificate be executed within 24 disease or condition reaulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, CONSEQUENCE O in and com to bunial, 0110 CERTIFICATION Sequentially list conditions, attending physician arental Hygiene prior to AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disesse or injury that initiated events DUE TO THE AS A CONSEQUENCE OF resulting in death) LAST ò been signed by the attent. of Health and Mental injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any 1 YES 2 NO PHYSICIAN: THE HOSPITAL DR ATTENDING PHYSICIAN: The law THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after reath with the Chair name. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item EXAMINER? certificate h HOSPITAL:
1 Pinpatient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige 1 YES 2 NO After ti BY 2 Accident
3 Suicide 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) TO THE FUNERAL DIRECTOR: After de filed within 72 hours after de IMPORTANT: If Item 28 is .69 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) ED 6 Could not be 4 Homicide E COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner ea stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 2 3 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Abulfarag, Suhair H. M.D. 19261 Montgomery Village Ave. #G-10, Gaithersburg, Md20879 31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Lulia Savidson-Randell

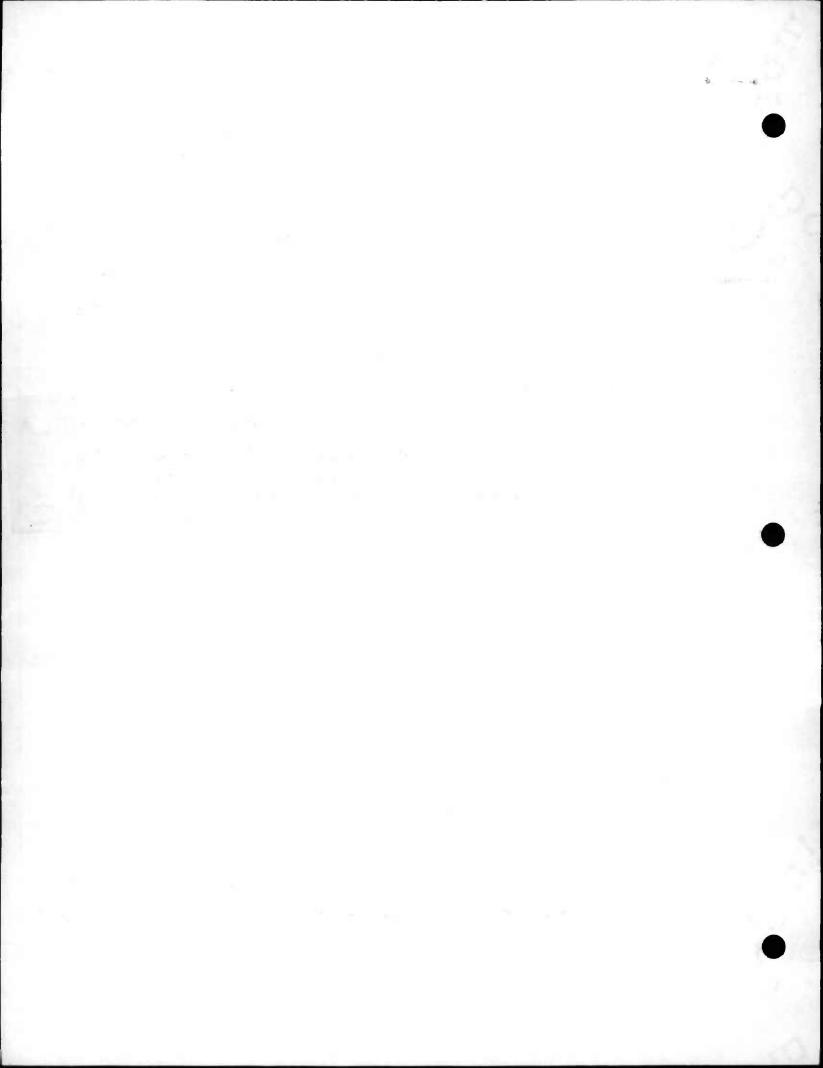
APR 1

3 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR

DHMH-18 Ray 1/89

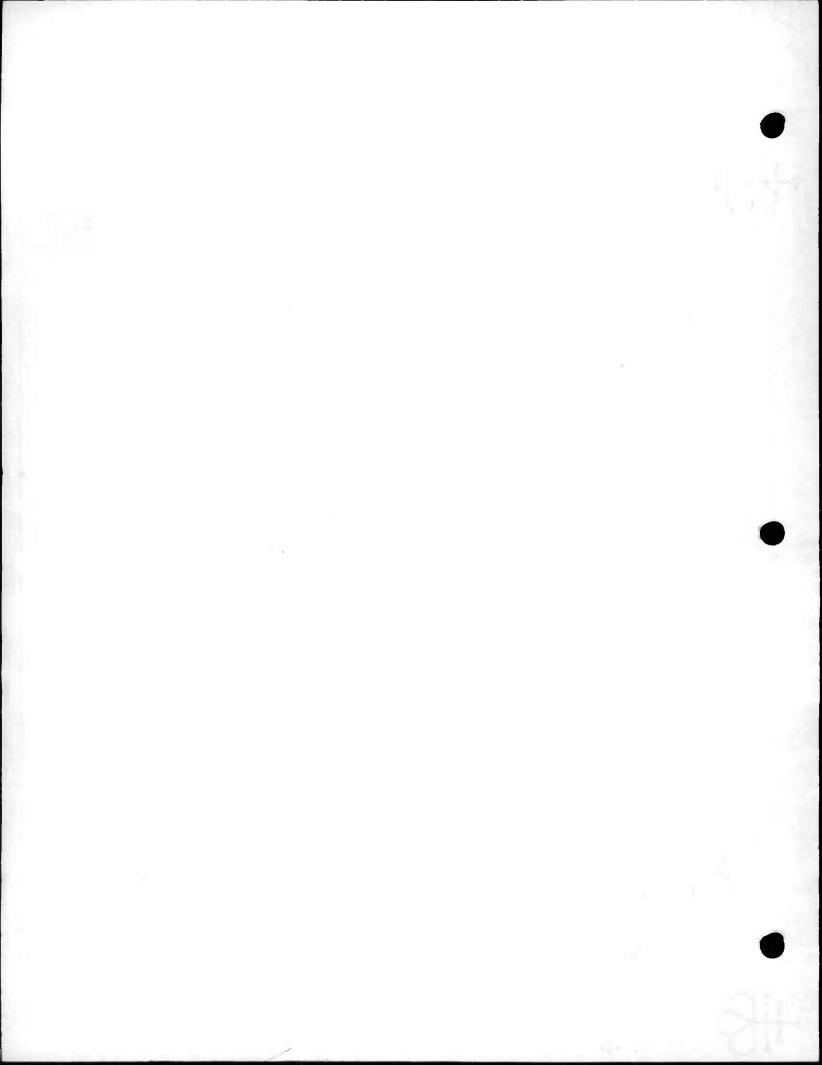


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH ANI CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. 1	DECEDENT'S NAME (First, Middle,	Last)	2. DATE OF DEATH
	Michael	ALice	YAC HTHOM

- 8	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Michael	AL	ice							4 – 2	29-°	199	3 YEAR	м
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	lest birthday)		1 YEAR	IF UNDER		7. DATE OF I	BIRTH		8. BIRT	HPLACE (State or Foreign
- 9	105-16-498		1 🔀 M 2 🗌 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	-19	07	Coun	sta Rica
	9s. FACILITY NAME (If not in			Ext.	Care	9b, CIT	, TOWN	R LOCATE	ON OF DE	EATH		9c. COI	INTY OF	
DIRECTOR	Union Mem		Hospit	al		Ba	lti	more	3					
<u>[</u>	RESIDENCE OF DEC	10b, COUNTY			100 CIT	Y, TOWN	001004	ion.						formation and
E	Md.					alti								10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER					11 01		ZIP CODE	-		_	10- 00	TTEN OF	1 X YES 2 NO
8	3114 Bren	don A	VA					2121				3.7		
FUNERAL	11. MARITAL STATUS	don A	12. WAS DECEOEN	IT EVER IN U.S.	ARMED	13.				NIC ORIGIN? (S	ancifu Ve		J.S.	
	1 K Never Married 2		FORCES? 1	YES 2	KNO		If yes, sp	2 X NO	n, Mexica	in, Puerto Ricar	n, etc.)		Blac	E — American Indian, ck, White, etc.
BY BY	3 Widowed 4 Divo	reed	VIII 171177 E	ou unemon.					0,000.	,			Whi	
COMPLETED	15. OEC (Specify only	EDENT'S EDUC highest grade of	ATION completed)	16a.	Give kind of	work done	during ma	ON st of worldin	a	16b. KJN	O OF BU	SINESS/IN	DUSTRY	
9	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Ine. Do NOT us	ne retired.)			-					
M	6 yrs				Cook							aura	nt	
8	17. FATHER'S NAME (First, M. Alias ALi									ME (First, Middl		Sumame)		
8	19a. INFORMANT'S NAME (7					100111000				Sauma				
2	Anna MAri		າn							Route Number, (4.0
	20a. METHOD OF DISPOSITE		J11	20h Bl 44	CE AND DATE	or pieno	DITION IAL			Balt			-	
	1 Donation 5 Other		vel from State	cemetery,	crematory or o	ther place)	C TON (THE	om a t	0.817	CHITY	20c. LU	Dall	City or I	own, State
	21. SIGNATURE OF FUNERAL	SERVICE LICE	ENSEE		C11 110	22.	NAME A	D ADDRES	SS OF FA	CILITY		Dali	.0.,	MQ.
	P81.	m	Searso	n M.	Perki	ns	Bra	dley	-As	hton	Fun	eral	. Но	me, Iñc.
\dashv	a conso	1114	Lever	M D	00083		213	4 WI	llo	w Spr	ing	Rd.	, Du	ndalk,Md.
		eart fallure. L	ist only one cau	ise on each l	ine.	not enter	the mo	de of dyl	ng, suc	h as cardiac	or resp	iratory a	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Fin disease or condition		A1.1	,	1 :									Onset and Death
1	resulting in death)	→ a	Alzhe	OR AS A CON			•							
_				(0.170 / 0011	SEGGENGE OF	,								
MEDICAL CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A CON	SEQUENCE OF	F):								-
8	cause. Enter UNDERLYI CAUSE (Disease or Inju	NG												!
	that initiated events resulting in death) LAS		DUE TO	(OR AS A CON	SEQUENCE OF	F):								
H	resulting in death) LAS	d.												
١٢	PART II. Other significa	nt conditions	contributing to	death but no	ot reauiting i	In the u	nderiying	cause o	ilven In	Part I. 24e	. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
₫	Preun							0.00000	AUTE: WITH		PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
<u> </u>										— ¹¹	YES 2	No		OF DEATH?
- 11										-				1 TYES 2 NO
₹	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF O	EATH (Chi	eck only one)				
PHYSICIAN:	EXAMINER?		HOSPITAL: 1 Inputient 2	ER/Outpatient	3 DOA	4X Nur		• 5 □ Re	sidence	6 Other (Sp	ec/fv)			
ا څ	27. MANNER OF OEATH		26e. OATE OF (Month, D		26b. TJM		28c. INJ			28d. OESCRIE		NJURY OC	CURED	
E E		Pending nvestigation	,	-,,,		M		ES 2	NO					
- 10	3 Suicide 6 0	Could not be	26e. PLACE O building,	F INJURY — At atc. (Specify)	home, farm, s	street, fac	lory, office			28f. LOCATIO	N (Street (and Numbe	r or Rural	Route Number,
	4 Homicide	letermined									, 0.0.0,			
COMPLETED	29a. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of	my knowledge,	death occurre	d at the t	lma, date	and place,	and due	to the cause(s) and mar	ner as sta	ted.	
S O														e) and manner as stated,
	29b. SIGNATURE AND TITLE	OF CERTIFIER	-	-				29c. LICE	NSE NUN	/BER		29d. DA1	E SIGNE	(Month, Day, Year)
띪	Paula . Int	W. 11 01	curthal	MO			_ 1	D31	029	5		•	1/30/	93
\cap	(aug wa	C								_			1	
임	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS										1701	
2		PERSON WHO	COMPLETEO CAUS				IS L	ANE	. B <i>I</i>	ALTIMO	ORE,	MD.	1 1	1213
01	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS		00 BI		IS L	ANE	. B <i>I</i>	ALTIMO	ORE,	MD.	1 1	
2	30. NAME AND ADDRESS OF CARLA ROS	PERSON WHO	COMPLETEO CAUS	34	00 BI		IS L	ANE	. B <i>I</i>	ALTIM(ORE,	MD.	1 1	





E.

ALLEN

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

THERESA

1 -

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign BALTO

> 10d. INSIDE CITY 1 YES 2 NO

> > Approximata Intarvai Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN?

1 YES 2 NO

14. RACE — American Indian, Black, White Tig. Specify

5:58

REG. NO

28

2. DATE OF DEATN

ı	1	nsit permit. Pages		
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	FUNERAL DIRECTOR: After this certificate has been stored by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transplant physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transplant physician and completely filled in by the funeral director.	Within 72 hours after death with the State Dept. of nearth and Mental hygiene proof to durial, cremation, or removal.	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2, 3 should

	214-72-8612 214-726-6-12	5. SEX 1 M 2 F	6. AGE (In yrs. la.	st birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da	HETN V. Year) 59	8. BIRTHPLACE (State or Fo Country)
TOR	9a. FACILITY NAME (If not institution, give Bow SECOMB HOT RESIDENCE OF DECEDENT)	2000 10	1. BALTO.	51.		OR LOCATION OF	DEATN		NTY OF DEATH
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY	Balti				10d, INSIDE CITY LIMITS?
FUNERAL	3022 Walbrook	Ave.	.,		1	21216		7	IZEN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AF YES 2 THE	IMED NO	If yes, s	CENDENT OF HISP pecify Cuben, Maxi S 2 NO Spec	can, Puerto Rican	pecify Yea or No—	14. RACE — American India Black, White star Specify:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	·) (G	ive kind of w Do NOT use	usual occupat ork done during m o retired.)	ION ost of working	16b. KIN	Nursin	
BE CON	17. FATNER'S NAME (First, Middle, Last) James Allen						AME (First, Middle 21yn L	o, Maiden Sumame) 2Wis	
5	19a. INFORMANT'S NAME (Type/Print) Mrs.Jacquelyi	n Allen						ty or Town, State, Zip D • Md • 21	
	30a. METHOD OF DISPOSITION A Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE	AND DATE O	FDISPOSITION (A	Park.	5-3	20c. LOCATION - Randal	City or Town, Stata 1stown.MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	2 M	orto	W	Jame 1701	s A Mor Laurer	ton &	Sons F Balto.	.Н. MD:21217
	23. PART /. Entar tha diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in daath)	List only Dna cau	se on aach lina	1.		oda of dying, su	ch as cardiac	Dr respiratory ari	Approxima Interval Be Onset and
RTIFICATION	disease Dr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significant condition			1		ig cause given i		WAS AN AUTOPSY PERFORMED? YES 2 \(\square\) NO	24b. WERE AUTOPSY FINANALABLE PRIOR COMPLETION OF COMPLETI
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3		OTHER:	LACE OF DEATN (C		octfy)	
H	27. MANNER OF DEATN	28a. DATE OF (Month, Da	INJURY iy, Ybar)	28b. TIME INJU		JURY AT ORK?	28d. DEŞCRIB	E NOW INJURY OCC	CURED

28s. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1 YES 2 NO

203

29c. LICENSE NUMBER

21

281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) Balt 25215

7

TO THE HOSPITAL DR ATTENDING PHYSICIAN TO THE FUNEAL DIRECTOR: After this certif be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, or

ВҰ

COMPLETED

BE

9

Natural
2 Accident

3 Suicide

4 Nomicide 29a. CERTIFIER

4660

Investigation

8 Could not be determined

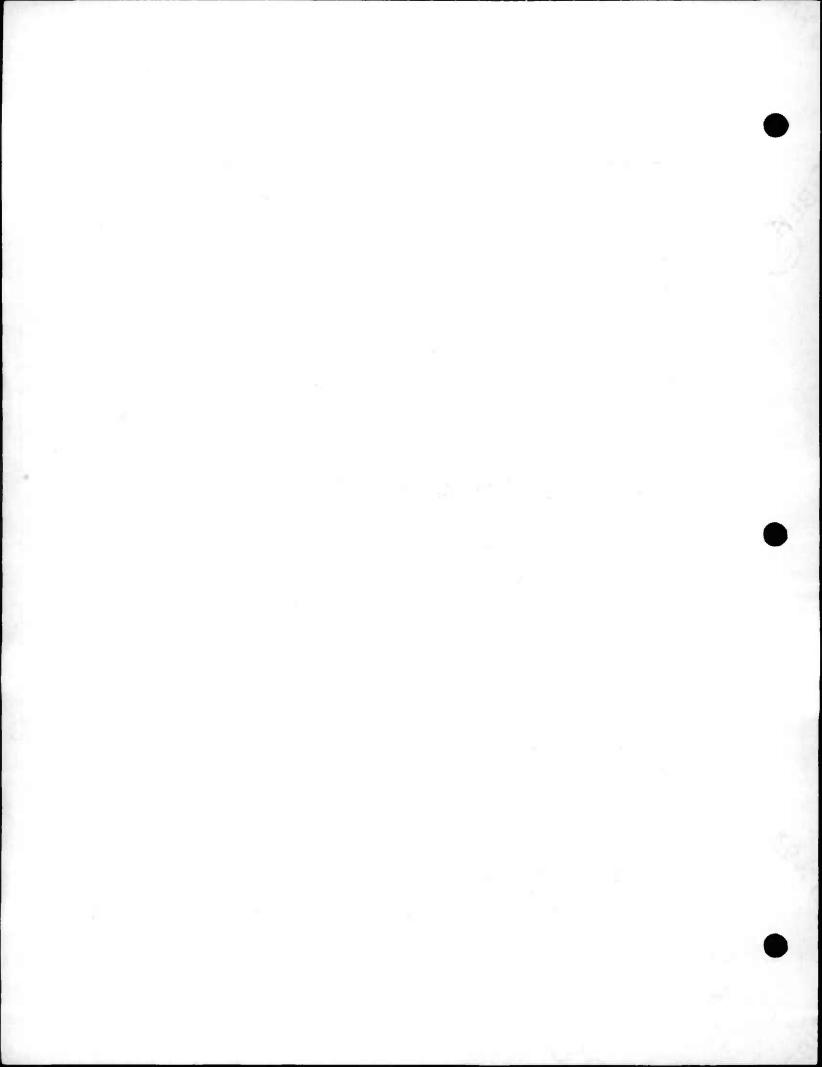
2 MEDICAL EXAMINER: On

1

^{Year)}1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

29b. SIGNATURE AND TITLE OF CERTIFIER



BALTIMORE, MARYLAND 21203-3146	rs after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should vin the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDIMS PHYSICIAN: The law requires that the death certificate be executed within 2 equits after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f he filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

			7.5			9	3 12693
	1 - FOR STATE OF MERCHANIST STATE STAT	MARYLAND / DEF CERT	PARTMENT OF H	EALTH AND ME DEATH	NTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)			2	DATE OF DEATH		3. TIME OF DEATH
	DLGA ADAMS	.		11	5	1 9	3 8:22 Am
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birtho			DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	1 🗆 M 2 🔼 F	27 YR	S. MONTHS DAYS	HOURS MIN.	12/10/65	-	New York
	9a. FACILITY NAME (If not institution, give street and number)			R LOCATION OF DEATI	н	9c. COUNTY	
DIRECTOR	JOUNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT	600 N. WELF	E BALTIM	URE Y	40	BAL	TIMORE
ñ l	10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
붑	New York Queens		Astoria				1 X YES 2 NO
	10e. STREET AND NUMBER	<u> </u>	101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNERAL	3717 30th Ave.			11105		U.:	S.A.
3		IT EVER IN U.S. ARMED		ENDENT OF HISPANIC			RACE — American Indian, Black, White, atc.
۲	IF YES GIVE Y	YES 2 XNO		ecify Cuban, Mexican, F 2 RO Specify:	Puarto Rican, atc.)		Specify:
	3 Wildowed 4 Divorced	G-1 AV 1985		-A.			White
밃	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDER	NT'S USUAL OCCUPATE	ON at of working	18b. KIND OF BUS	SINESS/INDUST	TRY
	Elementary/Secondary (0-12) College (1-4 or 5	+) life. Do Ni	d of work done during mo OT use retired.)				
AP	12	Homen	aker		Own	Home	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME	(First, Middle, Maiden	Surname)	
BE	George Miller			Rose	Jchnson		
	19a. INFORMANT'S NAME (Type/Print)	19b. MAI	LING ADDRESS (Street a	nd Number or Rural Rou	te Number, City or Tow	n, State, Zip Coo	de)
2	Sam Adams	371	7 30th Ave	Astor	ria, NY	11105	
	20a. METHOD OF DISPOSITION	20b. PLACE OF DI	SPOSITION (Name of cer				or Town, State
	1	other place)	ens Cemete	200	Hil	leido	New Jersey
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Thvergree	22. NAME A	ND ADDRESS OF FACIL	ITY	TSTOE	MEM DETREA
	1 1	icarel	ROBER!	r C. ALTEN	BURG FUN	ERAL HO	OME, INC.
	23. PART I. Enter the dieceses, or complications the	reares					
	23. PART I. Enter the diesess, or complications the shock, or heart failure. List only one ce	at caused the death.	Do not enter the mo	de of dying, auch a	s cardiac or respi	ratory errest	, Approximate Interval Batween
	IMMEDIATE CAUSE (Final						Onset end Death
	disease or condition a. Caru	ICAL SPI	NAL COL	INT GS	FARC TIE	N	B/0 15.
	DUE TO	(OR AS A CONSEQUENC	DE OF):				
z	- CERU	OR AS A CONSEQUENCE	V(50				
₽	Sequentielly list conditions, DUE TO	(OR AS A CONSEQUENC	CE OF):				
CERTIFICATION	cause. Enter UNDERLYING	SSTAUS S	UNDROWE				
Ĕ	that initiated events	(OR AS A CONSEQUENC	CE OF):				
E	resulting in death) LAST						
2					. 1		
AL	PART II. Other algorificant conditions contributing to	deeth but not result	ing in the underlyin	g cause given in Pa	ert I. 24a. WAS AN PERFOR		24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	Kenal failure				_ 1 _ YES 2	NO M	OF DEATH?
<u> </u>					_		1 TYES 2 NO
-							
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		28. P	LACE OF DEATH (Check	only one)	-	
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2	☐ ER/Outpatient 3 ☐ Di	OTHER:	se 5 🗆 Raaldenca 8	Other (Specify)		
Ξ	27, MANNER OF DEATH 28s. DATE OF	F INJURY 286	TIME OF 28c. IN.	JURY AT 2	ed. DESCRIBE HOW I	NJURY OCCUR	ED
	1 Netural 5 Pending	Day, Year)		YES 2 NO			
BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE	OF INJURY — At home, fr	erm, street, fectory, offic	a 2	8t. LOCATION (Street	and Number or	Rural Route Number,
	4 Homicide 8 Could not be building	, atc. (Specify)			City or Town, State;		
COMPLET	29a. CERTIFIER	e errore rene-	and the Contract of the				
MP.	CERTIFTING PHYSICIAN: TO THE DESIR O						
Ö	2 MEDICAL EXAMINER: On the beals of	examination and/or invest	igation, in my opinion, i	seath occured at the tin	na, gata and piece, er	o dua to the c	ause(s) and menner as stated.
BEC	266. SIGNATURE AND TILE OF CERTIFIER			29c. LICENSE NUMBI	ER		IGNED (Month, Day, Year)
	Mo mo			NIN	-	> 5	11 193
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	ISE OF DEATH (ITEM 27)	(Type, Print)				

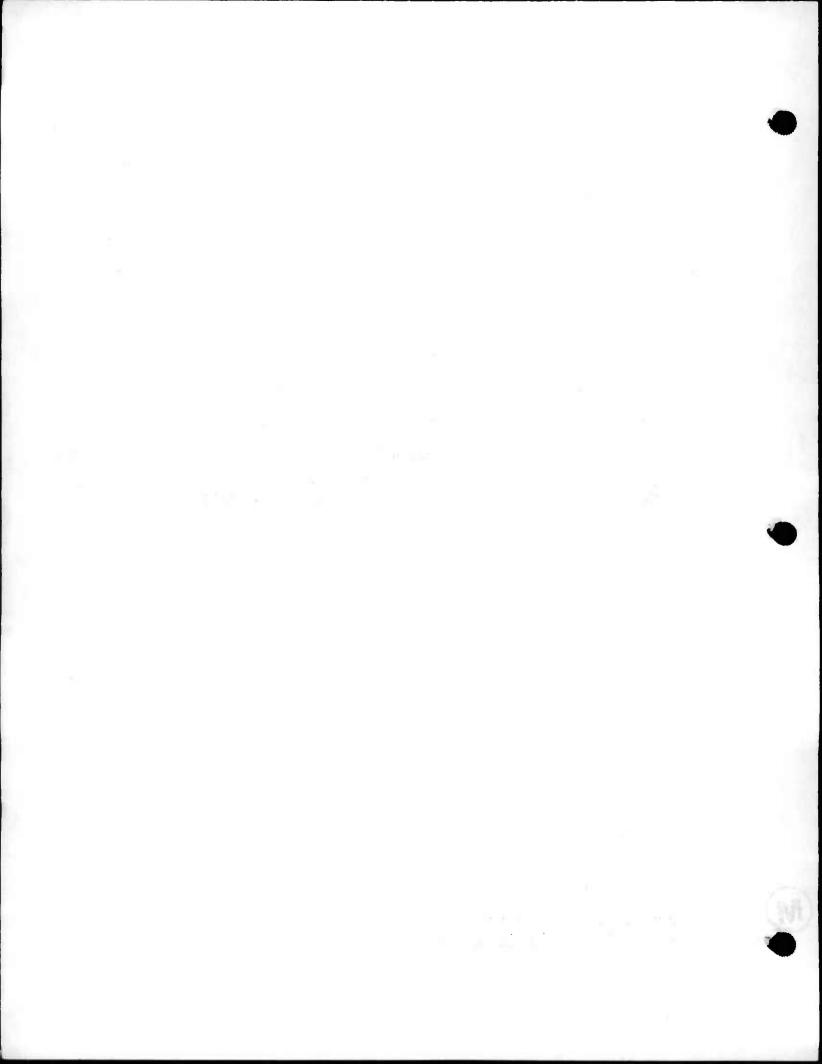
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOPKINS

600NORTH WOLFE STREET BALTIMORE MD 21287

THE JOHNS II 31. DATE FILED (MONTH, Dely, Year) MAY 0 2 1993

DHMH-16 Rev 1/89



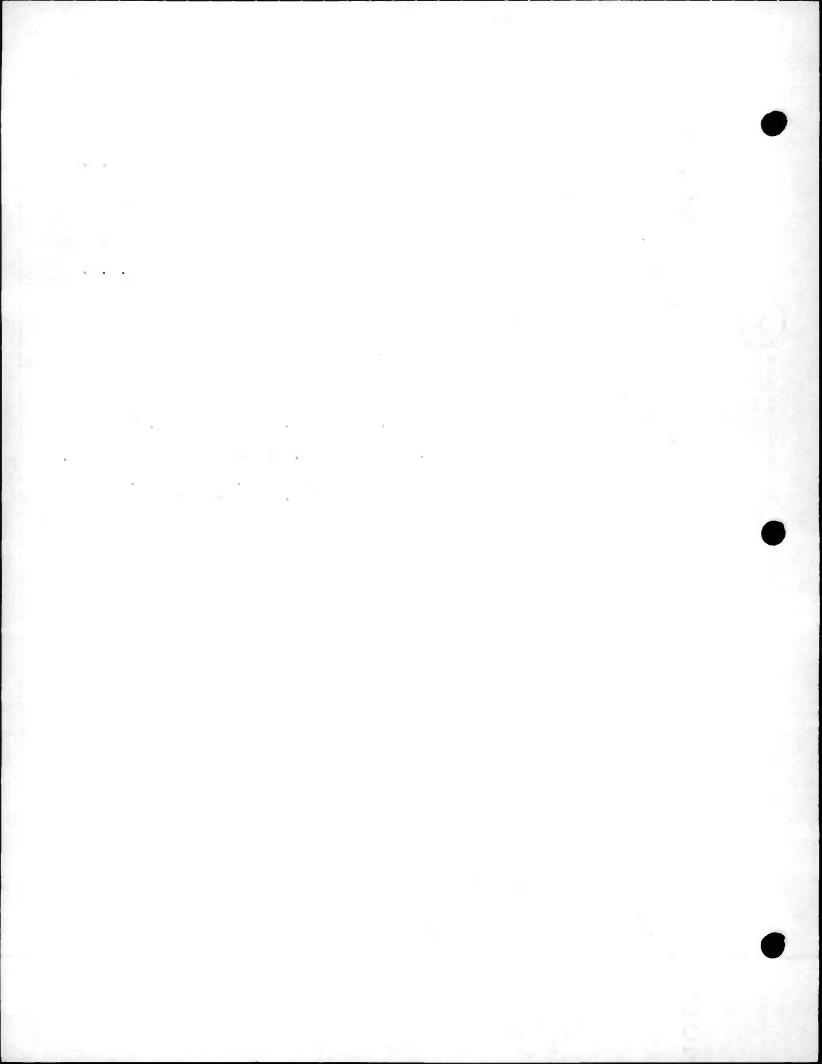
ul-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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E STRAR	STATE OF	MARYLAND / DEPAR CERTIF	TMENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.		
NAME (First, Middle, Last)	AlsTe		a Alsto	n	2. DATE OF DEATH DAY	-93	3. TIME OF I
SECURITY NUMBER	5. SEX	8. AGE (In yrs. last hirthday)	IF IMPER 1 VEAR	IE IMPER 14 MPR	7 DATE OF BIRTH	a DIETTI	IDL ACE (CI-L-

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	IEALTH AND M	ENTAL HYGIENE REG. NO.		
	1. DECEMBET & HAME (First, Middle, Last)	FISTON	Ahna	Alsto	on	2. DATE OF DEATH MONTH DAY	-92	3. TIME OF DEATH 3. 50 AM
73	148-10-0623	1 🗆 M 2 💢 F	92 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	13 13	IRTHPLACE (State or Foreign bunity) N. C.
HOL	9a. FACILITY NAME (If not institution, give stre JOHNS HOPKINS) RESIDENCE OF DECEDENT	et end number) GERIATRI	Center	BULL	TO TO DEA	тн	9c. COUNTY	CO CO
DIRECTOR	10a. STATE 10b. COUNTY Md.			timore				10d. INSIDE CITY LIMITS? X1XXXYES 2 NO
FUNERAL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?
NE I	5505 Hopkins Ba				21224			SA
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	27 NO	If yes, sp	ENDENT OF HISPANI ecity Cuben, Mexican, Specify:	C ORIGIN? (Specify Yes of Puerto Rican, etc.)		IACE — American Indian, Black, White, etc.
	15. DECEDENT'S EDUCA (Specify only highest grade or	ITION ompleted)	18a. DECEDENT'S USC (Give kind of work	JAL OCCUPATH	ON et of working	16b. KIND OF BUSI	NESS/INDUSTR	Black
		College (1-4 or 5 +)	life. Do NOT use re	tired.)	st or working			
COMPL	17. FATHER'S NAME (First, Middle, Last)		Domestic	3				
	UN	v				E (First, Middle, Meiden S	urname)	
N N	19a. INFORMANT'S NAME (Type/Print)	Λ	19b. MAILING AD	DRESS (Street a	UNK	ute Number, City or Town,	State 7in Code	
2	Artie Shaw							
	20a. METHOD OF DISPOSITION	206.	PLACE AND DATE OF D	ISPOSITION (Na	me of	DATE 20c. LOC	ATION — City o	or Town, State
	4 Donation 5 Other (Specify)	al from Suns cem	Mt. Call	vary (Cem. 4-3	0-93 Gle	n Bur	nie.Md.
-	21. SIGNATURE OF FUNERAL SERVICE LICES	NSEE	_	22. NAME A	IN ADDRESS OF FACT	LIT		
	· AMus	MAN		1720		N. Gilmo		
	23. PMF i. Enter the diseasea, or co- shock, or heart fellure. Li IMMEDIATE CAUSE (Finei disease or condition resulting in death)	et only one couse on ea	ithe death. Do not ach line. CONSEQUENCE OF):				atory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. til	CONSEQUENCE OF:	lssu	re cele	<u>NOUS</u>		
3	PART II. Other algnificant conditions	contributing to deeth be	ut not resulting in ti	he underlyin	ceuse given in P	art i. 24a. WAS AN A PERFORM 1 YES 2	IED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED								1 TES 2 NO
ž	00 440 0100 0000							
PHYSICIAN		HOSPITAL:		THER:	ACE OF DEATH (Chec			
2	1 YES 2 NO 1	1 Inpatient 2 ER/Outp	26b. TIME Of		e 5 Residence 6	Other (Specify)	ILIEN COCUEE	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO	PES 2 NO	28d. DESCRIBE HOW IN.	JUHY OCCURE	,
0	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY	— At home, ferm, stree			28f. LOCATION (Street an	d Number or Ru	ral Route Number,
Į.	4 Homicide determined	building, atc. (Speci	ify)			City or Town, State)		
COMPLETE		AN: To the best of my knowle						se(e) and manner se stated.
	290. SIGNATURE AND TITLE OF CERTIFIER			200	29c. LICENSE NUME			HED (Moveth, Dage Wasy)
4	True	camer	~		Day	334	D 4	126/92
2	10. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF BE	NTH (ITEM 27) / Spo. Pro	0 0	2) 1/ 1.	7	
	JOHOS 5505 A	LOPKINS 1951	HVYOU)	Cer	cle, b	spelto, MI	1)21	224
- 1	31. DATE PMODAVOIT, GOV. HOM 993	32. REGISTRAT'S SIGNA	Turndess.		1.0	11111	501	



1. DECEDENT'S NAME (First, Middle, Last)

1 - FOR STATE REGISTRAR

YEAR

3. TIME OF DEATH

REG NO

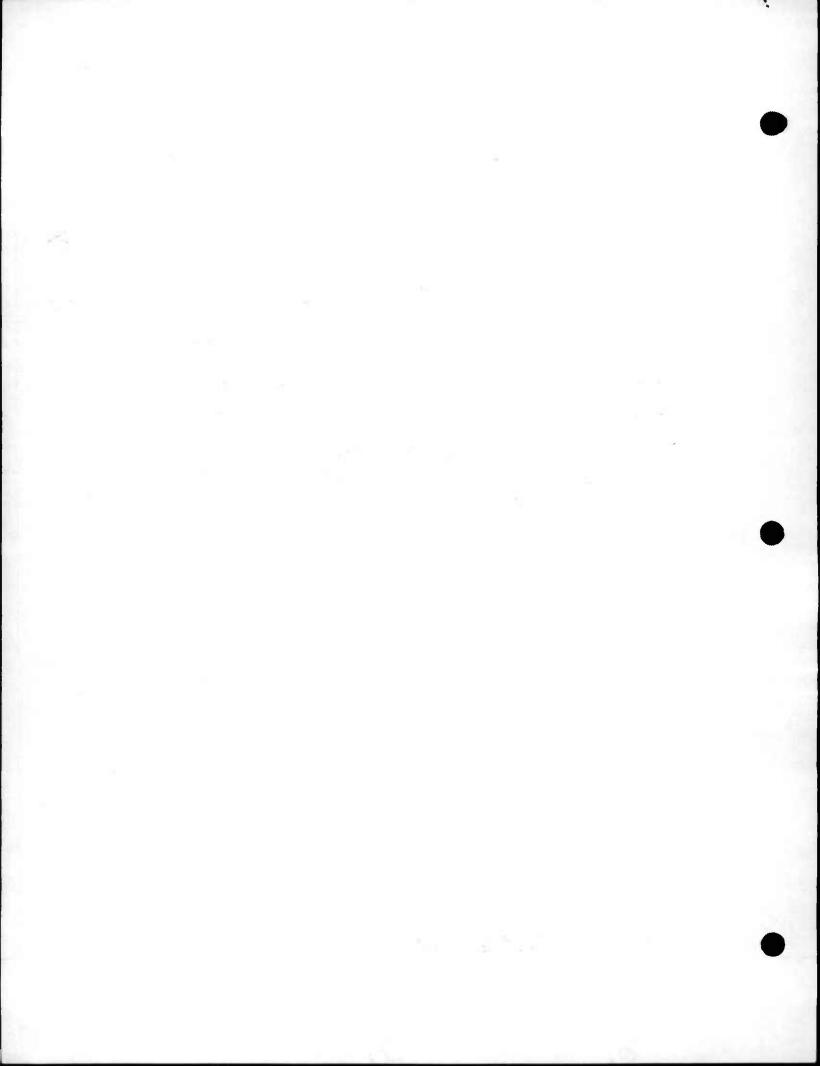
2. DATE OF DEATH

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DODITAL OD ATTORIDATIO DUNCHARI. The last semilian shad done as death and the month of the manufacture of
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>	MARI.
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Z	C T
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	DO DITAL

SUZANNE 04 29 PM RICE 3:45 1993 7. DATE OF BIRTH
(Month, Day, Year)
JUNE 3, 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 567-82-4131 43 DAYS HOURS 1 | M 2 | X F VRS 1949 CALIFORNIA Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATN DIRECTOR COLUMBIA MARYLAND ROUTE#175 HOWARD 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD COLUMBIA 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10g CITIZEN OF WHAT COUNTRYS 6319 LEAFY SCREEN use as the burial-transit 21045 U.S.A. retained by the hospital or attending physician. 5 should be detached for use as the burial-tran WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
 If yes, specify Quban, Maxican, Puarto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 KINO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black. White, etc. If yes, specify Cube 1 Never Married 2 Merried BY Specify: Specify: 3 Widowed 4 Divorced WHITE ETED. 16a. DECEGENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired. HOWARD COUNTY BOARD Elementary/Secondary (0-12) College (1-4 or 5+)
5 + COMPL MEDIA AID OF EDUCATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Ħ PIERO FROIO CLARA J. SPERANDET BE notified director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 STEPHEN R. BICE (HUSBAND) 6319 LEAFY SCREEN COLUMBIA MARYLAND 21045 hours after death. Page 6 may be e 20a, METNOD OF DISPOSITION

1 Burlel 2 Cremetion 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must MÖÜNT VIEW CEMETERY 5/4/93 MARRIOTTSVILLE, MD. examiner 21. SIGNATURE OF FUNERAL BERVICE EXCENSES funeral EROY & RUSSELL WITZKE FUNERAL HOME OF COLUMBIA Jacouren 5555 TWIN KNOLLS ROAD COLUMBIA MARYLAND 21045 ysician and completely filled in by the prior to burial, cremation, or removal. the medical 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter tha mode of dying, auch as cardiac or reepiratory erreet, Approximate shock, or haart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition Multiple Insuries resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) attending physician . Entar UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in deeth) LAST the atter injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? signed by the shows any 1 VES 2 | NO DF DEATH? 1 TYES 2 NO L. of H has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item certificate t HOSPITAL: OTHER: XYES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 | Nursing Nome 5 | Residence 6 (Specify) SCENE marked, or the 27. MANNER OF GEATN 286. TIME OF INJURY 3:43 M 280. DATE OF INJURY 28c. INJURY AT this c 28d. DESCRIBE HOW INJURY OCCURED BILD DESCRIBE HOW INJURY OCCURED TMPACT
SUBJECT WAS DRIVING/TRUCK 04-29-1993 1 Netural 5 Pending Investige 1 YES 2 NO ¥ After death 2 Accident 28e. PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide 00 281. LOCATION (Street and Number or Rural Route Number S Could not be COMPLETED FUNERAL DIRECTOR: within 72 hours after MD RTE#175/HOWARD CO, MD 4 Nomicide 28 ROADWAY Tem. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and menner as stated. TO THE HOSPITAL
TO THE FUNERAL I
Be filed within 72 h
IMPORTANT: If II 2 🛣 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) but ▶04-30-1993 O.C.M.E ဥ 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31.*DATE FILED (Month, Day, Year) 12. REGISTRAR'S SIGNATURE 1993 **DHMH-16 Rev 1/89**

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



3. TIME OF DEATH

Md.

8. BHATHPLACE (State or Foreign Country) Baltimore, Mc

9c. COUNTY OF DEATH

GEORGE

4. SOCIAL SECURITY NUMBER

215-16-1225

9a. FACILITY NAME (If not institution, give street and number)

Sr.

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

IF UNDER 1 YEAR

BARTON

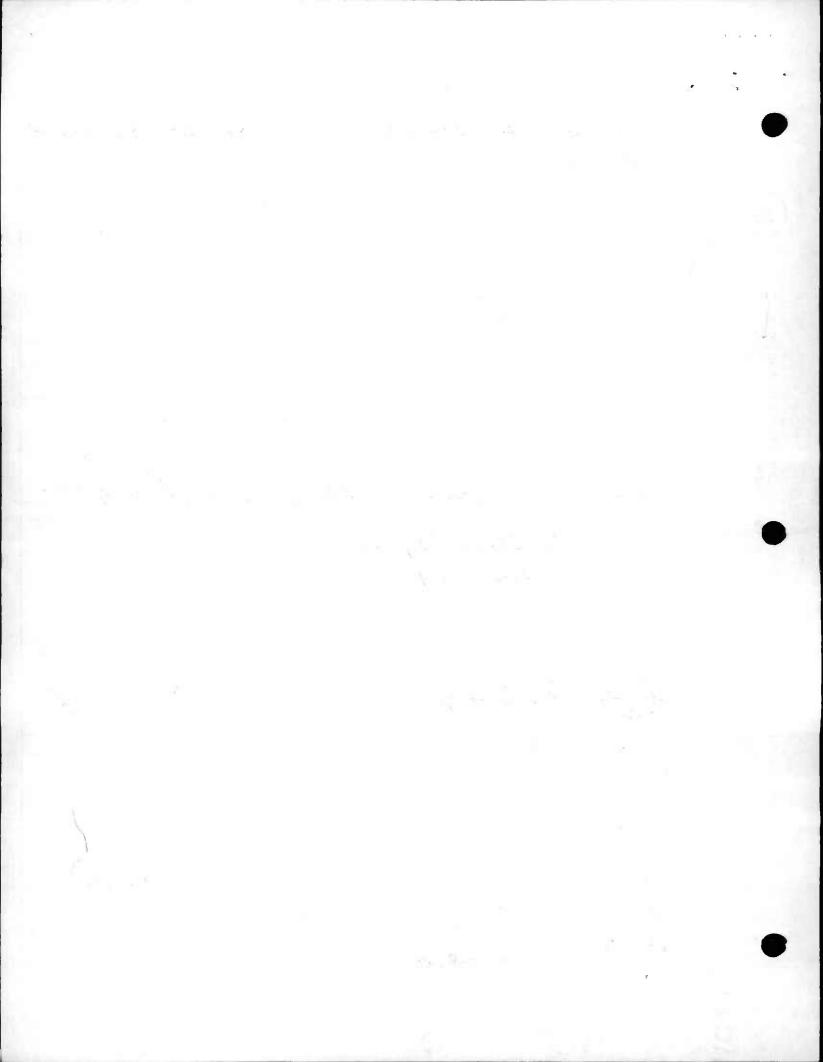
6. AGE (In yrs. lest birthday)

5. SEX

1 M 2 - F

DIVISION OF VITAL RECORDS, P.O. BOX 68760, (

DIRECTOR	Good Samaritan Hospital Baltimore, Maryland Baltimore										9	
JIREC	Maryland Baltimore				10c. CITY, TOWN OR LOCATION Baltimore					10d. INSIDE CITY LIMITS?		
FUNERAL (10. STREET AND NUMBER 4325 Glenmore Ave.				101. ZIP CODE 21206				10g. CITIZEN OF			T COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 X Wildowed 4 Divorced		12. WAS DECEDENT EV FORCES? 1 I	RMED NO	If yes,	WAS DECENDENT OF HISPANIC ORIGIN? (Sp If yes, specify Cuban, Maxican, Puerto Rican I VES 2 NO Specify:						
ETED	15. DECEDENT'S EDU (Specify only highest grade		completed)	ive kind of work	CEDENT'S USUAL OCCUPATION ve kind of work done during most of working Do NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY				
MPLE	Elementary/Secondary (0-12) 12		College (1-4 or 5+)			pipment Operator			Const	ructio	n	
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Meiden Surner					Sumame)		
BE	John Barton 19a. INFORMANT'S NAME (Type/Print) 19b.					Marion Pollard						
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4325 Glenmore Ave. Baltimore, Md. 21206											
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Removal from State 20b. PLAC				CEAND DATE OF DISPOSITION (Name of crematory or other place) DATE 20c. LOCATION — City or Town, State							
	4 (Donation 5 Other (Specify) Gardens of Faith Ce								0/3/3 B	aitimo	re, r	YO .
Ц	Jassah Ferred Home 740/ Belin RV Salt Med 21236											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) SEPTIC SHOCK DUE TO (OR AS A CONSEQUENCE OF):									st,	Approximate interval Between Onset and Deatl	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24a. WAS AN AUTOPSY FINDINGS											
AN: MEDICAL	Gr dinny o pathy wer y				ossessing in the uniterlying cause given i			in Part I.	i. 24a. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO ER/Outpatient 3 DOA 4 Number 5 Residence 6 Other (Specific)											
BY PHYSICI	27, MANNER OF DEATH Natural 5 Accident				1	d. DESCRIBE HOW INJURY OCCURED						
유	3 Suicide 6 4 Homicide	28e. PLACE OF IN. building, atc.	28e. PLACE OF INJURY — Al home, lerm, street, facto- building, stc. (Specify)					LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.											
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER RESIDENT,					29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, 1)		nnth, Day, Year)	
·	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SATINDER JUDIE MA Good Jamerston Hory 31. DATE FILED (2007) (Day 1861) 32. REGISTRAR'S SIGNATURE											
	MAY 0 2 1											
		1	The Deviden	-gande	2							DHMH-16 Rev 1/

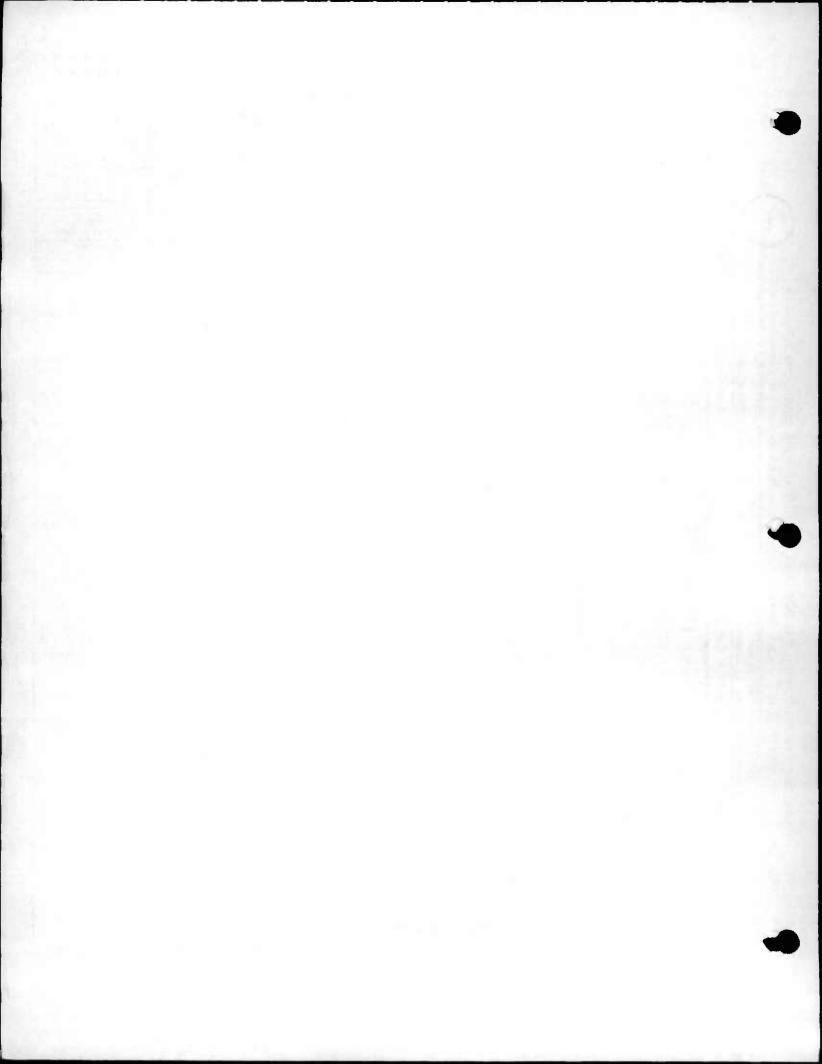


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within his point after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to fill within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

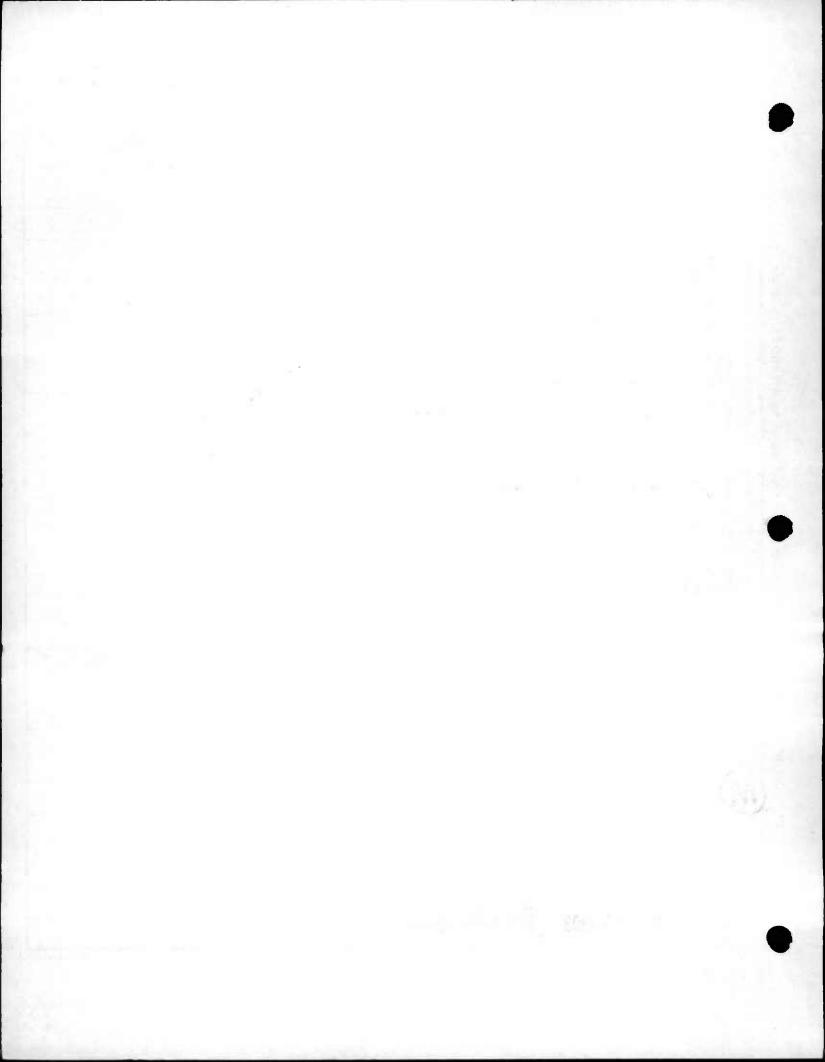
	FOR 1 - STATE REGISTRAR	STATE OF MARYI		MENT OF H			SIENE i. NO.		
	1. OECEDENT'S NAME (First, Middle, Lest)	aquel Po	orrata	Brac		2. OATE OF DEA		3. TIME OF DEATH	
			(In yrs. last birthday) 72. YRS.	IF UNDER 1 YEAR MONTHS DAYS 96. CITY, TOWN C	IF UNDER 24 HRS. HOURS MIN. IR LOCATION OF OE	7. DATE OF BIR (Month, Day,) 11-6-19 ATH	920	BIRTHPLACE (State or Foreign Country) Puerto Rico Y OF DEATH	
CTOR	817 Umbra Street			Ba	ltimore				
L DIRECTOR	Puerto Rico		10c. CITY	10c. CITY, TOWN OR LOCATION Rio Pie			10g CITIZEN	10d. INSIDE CITY LIMITS? 1 X YES 2 NO N OF WHAT COUNTRY?	
FUNERAL		Guadalçvivi	r	101	009	926	Puer	to Rico	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Olvorced	2. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2- NO	If yes, spi	ENDENT OF HISPAH ecity Cuban, Mexica 2 NO Specify	n, Puerto Rican, e		. RACE — American Indien, Black, White, etc. Specify: White	
COMPLETED	15. OECEDENT'S EOUCA' (Specify only highest grade co Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 8 +)	16a. DECEOENT'S (Give kind of w life. Do NOT use	ork done during mo		16b. KIND	OF BUSINESS/INDUS	TRY	
MPL	3 17. FATHER'S NAME (First, Middle, Last)		Но	ousewife	18. MOTHER'S NA	NE Clina Middle I	Domesti	С	
BE CC		aquin Porra	ıta		- 1/1-2/1/2017		Mendoza		
10 8	190. INFORMANT'S NAME (Type/Print) Racuel E. Brac					Carlo dilla di	or Town, State, Zip Co ch, Flori		
	20a. METHOD OF DISPOSITION 1 Surial 2 Gremation 3 Remove 4 Donation 5 Other (Specify)	other place)	of disposition (Name of cemetery, crematory or lestium Crematory Carolina, Puert Ri						
	21. SIGNATURE OF FUNERAL SERVICE LICEN Prichael P	Celestit	22. HAME AND ADDRESS OF FACILITY Marzullo Funeral Se 3981Carrollton Road Upperco, Maryland						
CERTIFICATION	shock, or heart fellure. Lit IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS		EQUENCE OF):					
BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	but not resulting I	resulting in the underlying cause given in Part I. 24e. WAS PER				24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PI	ACE OF DEATH (Ch	eck only one)			
IVSI		28e. DATE OF INJURY		4 - Hursing Hom	e 8 🗆 Residence		HOW INJURY OCCU	RED	
JY PI	1 Hatural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY WO	YES 2 NO				
	3 Suicide 8 Could not be determined	be be be be be be be be be be be be be b						Rural Route Number,	
COMPLETED	one) 2 MEDICAL EXAMIHER:		ion and/or investigatio	n, in my opinion, c	leath occured at the	time, date and p	ece, end due to the	cause(a) and menner ee stated.	
TO BE C	296. SIONATINE AND TITLE OF CERTIFIER	COMPLETED CAUSE OF C FT - OF NE 32. REDISTRANTS SK GIVE DAM			D383	S82	≥ Le	29d. DATE SIGHED (Month, Day, Year) Lu 30/93	
	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF C	MAC MGF	Print) - THE	500 N	topking IN OLFE	HOSPITHOST. BA	ĮTO	
	31. DATE FILED (MONTH, Dey, Year) 1993	32. REGISTRANISTSIG	War - Hande	L					





BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dear, of Health and Menial Municipe prior to burial, cremation or removal	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR APPROPRIATE PHYSICIAN: The law requires that the death certificate be executed within 24 h	TO THE FUNERAL DIFFERAL DIFFERAL DIFFERANCE THIS CENTIFICATE has been signed by the attending physician and completely filled in by the fur be filed within 72 how the property of the State Dent. of Health and Mental Horisene inforto burial cremation or command	IMPORTANT: If item to the most or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MA	C	ERTIF	CATE OF	DEA	TH	MEHIN	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				0.11.	-		2. DATE	OF OEATH			3. TIME OF DEATH
	Beyder,	Andrew						MONT	^H 2	Ĩ	93	5:41 PM M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDE	1	7. DATE	OF BIRTH		a. BIRTI	IPLACE (State or Foreign
	newborn	1 M 2 - F		YRS.	MONTHS DAYS	HOURS	MIN.	4/	18/93		Bal	Timore
	9a. FACILITY NAME (If not institution, give Greater Balti	street and number)	221 Co.	2+012	96. CITY, TOWN		ON OF OR			9c. COU	NTY OF C	DEATH
5		more rieuro	car cer	nter	lows	on				Bal	tim	ore
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY		10c CITY	TOWN OR LOCA	TION	_					
DIRECTOR	Maryland											10d. INSIOE CITY LIMITS?
=	10e. STREET AND NUMBER			В	altimo	H. ZIP COD	E			10g CITU	ZEN OF Y	1 YES 2 NO
吊	216 Carnatio	on Court						2120	8 (USA	MINI GOOKINI
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS DE	CENDENT (OF HISPAN	NC ORIGIN	I? (Specify Yes	or No—	14, RACE	E American Indian.
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1		NO	If yes, so	pecify Cube	n, Maxica	n, Puerto f	Rican, etc.)		Black	k, Whita, atc. #y: White
												WILLE
里	15. DECEDENT'S EDI (Specify only highest grad	JCATION ie completed)		(Give kind of w	OSUAL OCCUPATI	ON ost of working	ng	16b.	KIND OF BUS	SINESS/INO	USTRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)	1 "	He. Do NOT us	э генгеа.)							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)											
	Mark Beyder					300			Middle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)			9b. MAILING	ADDRESS (Street				esler	n Ctota Tin	Codel	
2	Donna Giesl	er			Carnat							10
	20a. METHOD OF DISPOSITION				FDISPOSITION (N	_	cour	OATI		CATION — C		
	1 Burlei 2 Cremetion 3 Ren 45 Donation 5 Other (Specify)	noval from Stata	cemetery, c	rematory or ot	her plece)							
	21. SIGNATURE OF FUNEJIAL SERVICE LI	CENSEE Ronal	ld Wad	de, D	i c22. NAME A	ND ADDRE	SS OF FAC	CILITY	Stat	eAna	tom	yBoard
	1 under	Il hour		128/9								21201
	23. ART I. Enter the diseases, or	complications that	caused the c		-							
	abook or beert fallure			leath. Do n	ot enter the mo	ade of dy	ng auc	h sa cerd	liec or mani	retory erro	net	I Annoulmete
	0 /	List only one cause	e on each lin	death. Do n ne.	ot enter the mo	ode of dy	ing, auch	h aa cerd	liec or reapi	ratory arre	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	List only one cause	e on each lir	10.								Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel	Intrave	e on each lir	ular h	emorrha							Interval Between
z	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Intrave	entrice or as a cons	ilar h	emorrha							Interval Between Onset and Death
NOIL	IMMEDIATE CAUSE (Finel disease or condition	a. Intrave	entrice or as a cons	ilar h EOUENCE OF Curity	emorrha ;							Interval Between Onset and Death
ICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Intrave	entricu DR AS A CONS premat	ilar h EOUENCE OF Curity	emorrha ;							Interval Between Onset and Death
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HOSPITAL

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ABBALLAH

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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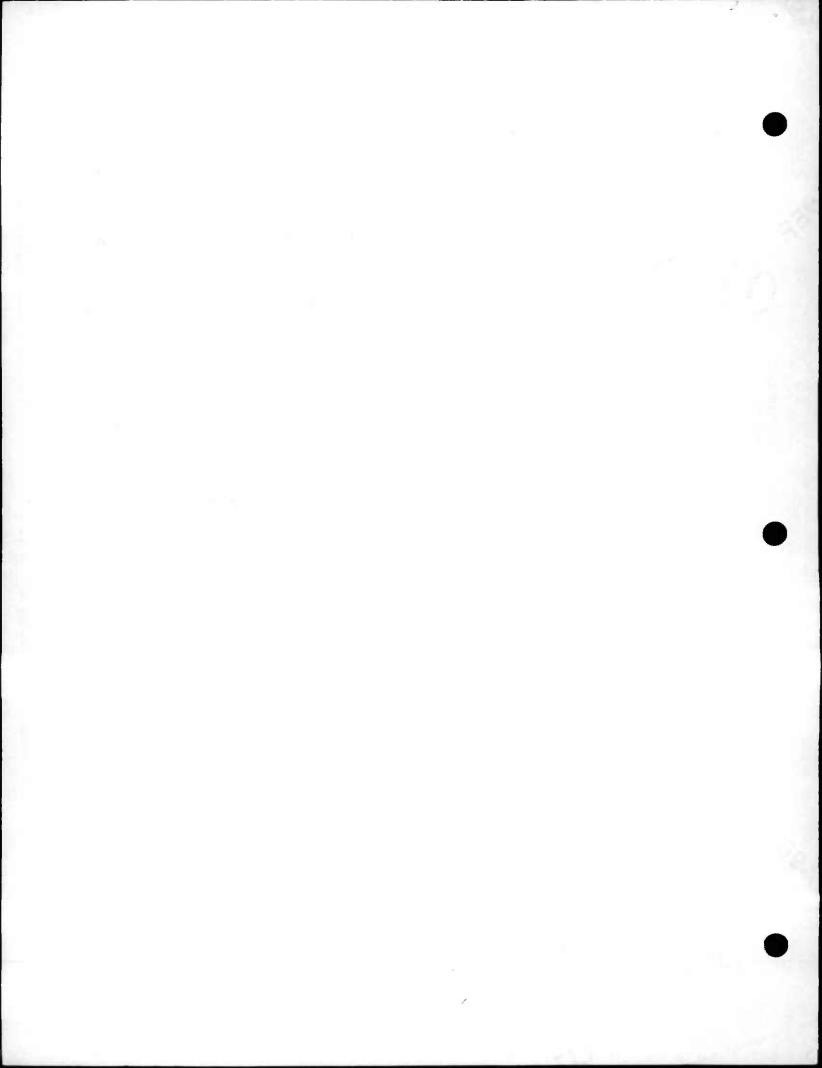
rmit. Pages 1, 2, 3 should

93 12701 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH W. BYERS WALTER HON 4 4:00 26 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 242 20 9002 1 M 2 - F 8-12-9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHU RCH BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD BALTIMORE 1 YES 2 | NO 10e. STREET AND NUMBER 101. ZIP CODE 21239 FUNERAL 10g CITIZEN OF WHAT COUNTRY? PENTRIDGE ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MINO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Shipyard notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Leonard Jordan Elizabeth Kennedy 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Laura Lewis St. N.E./Washington, D.C. 20002 pe 20s. METHOD OF DISPOSITION
1 V Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must t 20c. LOCATION - City or Town, State cemetery, cremetors or other place! All Park Randallstown, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE/ 22. NAME AND ADDRESS OF FACILITY nessi WM C. MARCH F.H./1101 E. NORTH AVE medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line Interval Betw IMMEDIATE CAUSE (Final Onset and Deeth the HEPATORENAL FAILURE
DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) WEEKS PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? RESPIRATORY FAILURE 1 - YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO Inputient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВҰ Accident Investigation 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be detarmined 4 Homicide TO THE FUNERAL DIRECTOR
DE filed within 72 hours af
IMPORTANT: If Item 21 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) lou. M.A 93 D17695

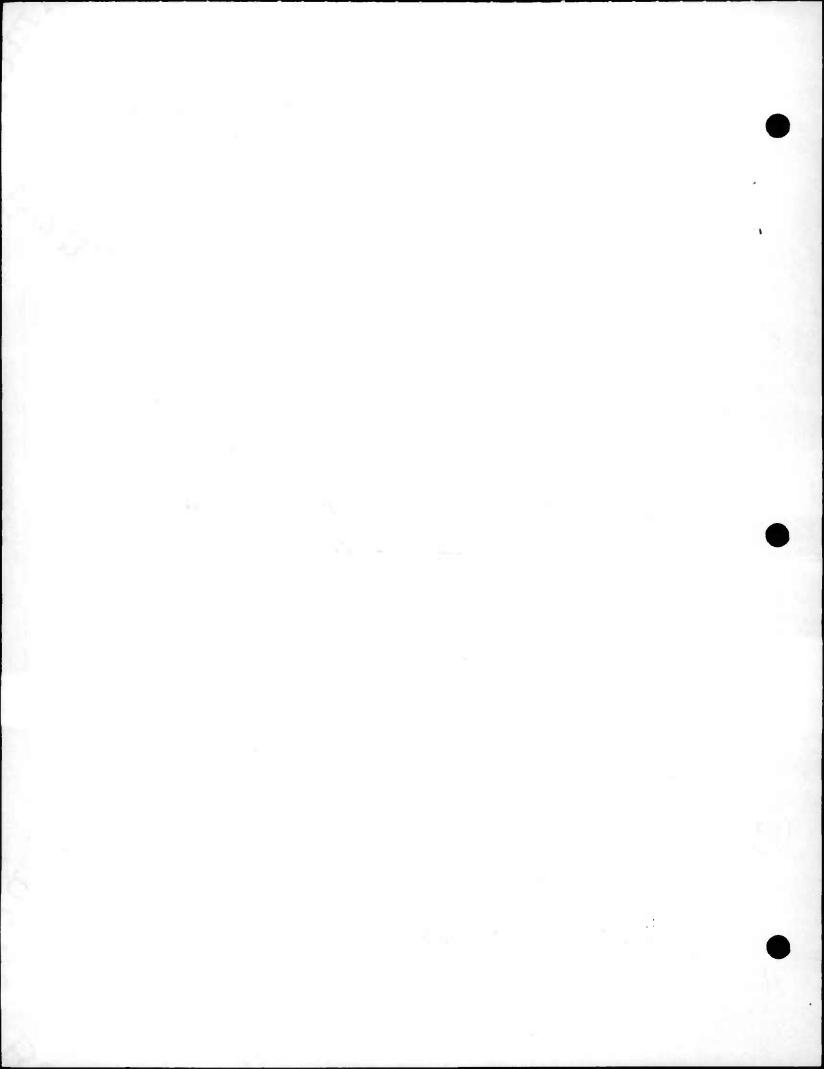
> J. HELOU, M. A BALTIMORE, MD 21231 CHURCH HOSP. 32. REGISTRAR'S SIGNATURE whice Davidson

4-26-



F VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	the State has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.
TO THE HOPING SEA MYTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no	TO THE FLINEAR. DESCRIPE After this certilicate has been signed by the attending physician and completely filled in by the 1 be fined within 72 hours after overly with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It lies 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA			ENTAL HYGIENI REG. NO.	E 93	12/02
	1. DECEDENT'S NAME (First, Middle, Last)		Δ	,		2. DATE OF DEATH		3. TIME OF DEATH
	HOWARD	GETTMAN	\$00	NE		MONTH DA	ž ģ	3 645 Am
	4. SOCIAL SECURITY NUMBER 214-18-1207	1 M 2 □ F 7		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
~	90. FACILITY NAME (If not institution, give	4 4 1 4	91	b. CITY, TOWN O	R LOCATION OF DEA	тн	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	LIS HOSP	eca	100	rson		Ba	eto.co.
DIRE	MD B.	Y ALTIMORE		OWH OR LOCATI EDALE	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER		1.100		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	12 HIGAN CT				1237			USA
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 ∭NO	If yes, spe-	cify Cuben, Mexican,	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No— 14,	RACE — American Indian, Black, White, etc.
B√	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	IES .	1 TYES	2 NO Specify:			Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	16a. DECEDENT'S USI (Give kind of work	done during mos	N t of working	16b. KIND OF BUS	INESS/INDUST	
P.E	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	,	LITTI			
OM	17. FATNER'S NAME (First, Middle, Last)		TRU	JCK DRI		INDEPE	1111-1111	
BEC	HOWARD BOONE					GETTMAN	, arriente,	
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street an		ute Number, City or Town	, State, Zip Cod	(e)
-	ROBERT G. BOONE		120	LWHTTE	AVE. BA	LTIMORE.	MD 212	37
	20a. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren		PLACE AND DATE OF Ditery, crematory or other				ATION Cify	
l	4 Donetion 5 Other (Specify)	CENSIE	METRO CRI		D ADDRESS OF FACIL	BA	LTTMOR	E. MD
- 1	* (m 3/1					E FUNERAL	HOME	
\dashv	23. PART I Sitter the diseases of	nomplications that save d	Abo death Death	121	1 CHESACO	1 ATTE 212	37	
ļ	anock, or neart tanare.	Liet only one ceuse on ee	ch ilne.	enier the mod	e or aying, such	ss cardiec or reepli	etory errest,	Approximete interval Between
	iMMEDIATE CAUSE (Finsi disease or condition resulting in deeth)	Sma	OD Cos	20 La	eno (ance		Onset end Death
	resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF):		7	ance	7	
N N	Sequentially list conditions,	b						
AT	If sny, leading to immediate csuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
딢	CAUSE (Disease or injury that initisted events	DUE TO (DR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST	d						
_	PART ii. Other significent condition	ns contributing to death bu	t not resulting in t	he underlying	ceuse given in Pr	ort I. 24a. WAS AN	игтореу	24b. WERE AUTOPSY FINDINGS
S			•		giron in t	PERFORI	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 YES 2	PNO	OF DEATH?
						-		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	To	28. PLA	CE OF DEATN (Check	conty one)	1	
PHYSICIAN:	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpar	tient 3 DOA 4	Nursing Home	5 Residence 8	Other (Specify)	4054	ICE
	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU WOR M 1 YE	K?	18d. DESCRIBE HOW IN	JURY OCCURE	D
B	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY -	- At home, farm, stree			81. LOCATION (Street as	nd Number or R	ural Route Number
COMPLETED	4 Homicide determined	building, atc. (Specif	y)			City or Town, State)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	290. CERTIFIER (Check only	ICIAN: To the best of my knowle	dge, death occurred a	t the time, date e	nd place, and due to	the cause(s) end meni	ner se stated.	
<u>∑</u>		ER: On the basis of examination						use(e) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	BA OA	1	1-	29c. LICENSE NUMB	ER	29d. DATE SIG	NED (Month, Day, Year)
2	Calla	4 celes.	hode	10	027	087	5	-2-93
	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Prin	nt)				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAD'S SIGNAT	TURE					
	1003 Au	LE DELY CONTA						1



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

2

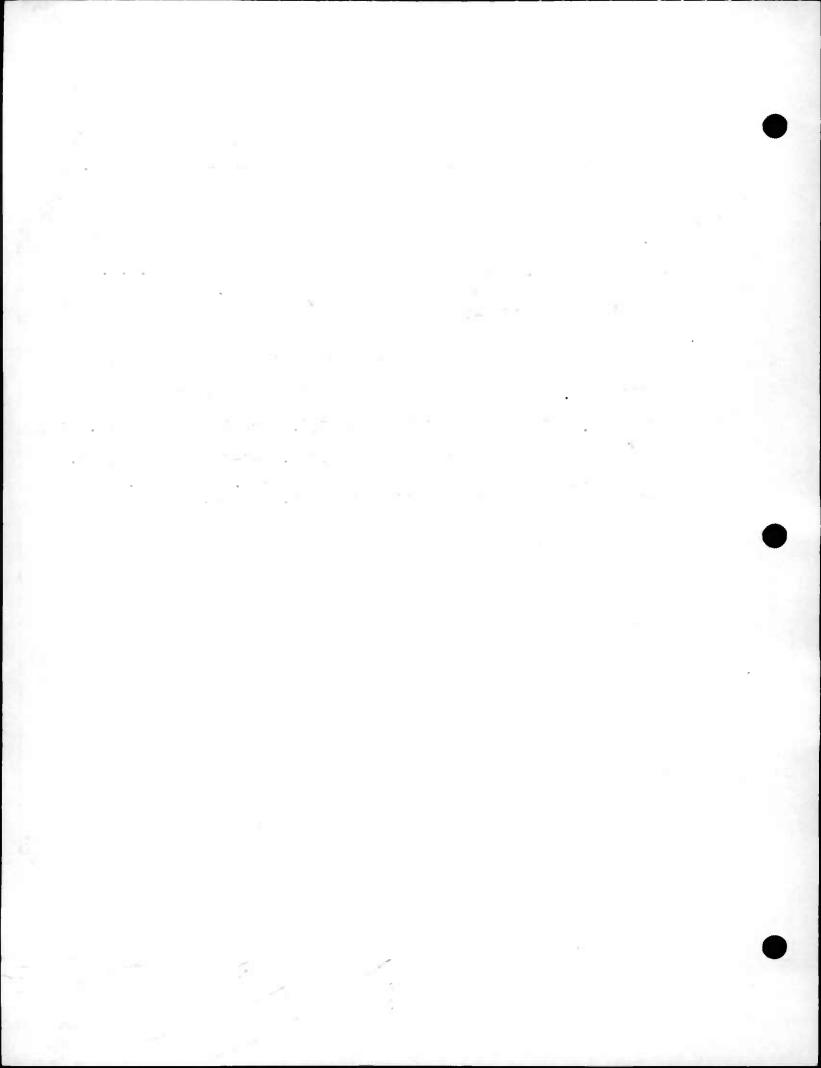
												93	12703
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND A	DEPAI					MEN1	TAL HYGIE REG. N	NE		12700
	1. DECEDENT'S NAME (First, Middle, Last)								2. DA	TE OF DEATH	<u>. </u>		3. TIME OF DEATH
	JOHN ALEXANDER	BLAND	BLAND							NTH	DAY 29	VEAR 2	1112.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)		ER 1 YEAR	IF UNDER	9 24 HRS.	7. DA	TE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	216-40-0582	★ M 2 □ F	M 2 F 49 YRS. MONTHS DAYS HOURS				MIN.	9	14-43		Count	Md.	
	9a. FACILITY NAME (If not institution, give s	street end number)		9b. CIT	Y, TOWN	OR LOCATI	ON OF DE		21 10		UNTY OF C		
OR		MEMORIAL HOSPITAL				LTIM	ORE	CITY					
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	The second secon											,
DIRECTOR		*		10c. CIT	Y, TOWN	OR LOCAT							10d, INSIDE CITY LIMITS?
-	Md . 100. STREET AND NUMBER						lti		3				XXYES 2 NO
PA P						101	ZIP COD	-					WHAT COUNTRY?
FUNERAL	1815 East 31 &						212					. S . A	
I	1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YES 2	NO	13	If yee, sp	ecify Cubs	ın, Mexica	n, Puer	GIN? (Specify to Rican, atc.)	ee or No-	14. RACI Blac	E — Americen Indien, k, White, etc.
ВУ	3 Widowed 4 Divorced	1962	if yes, give war or dates $1962 - 1964$					Specify	y:			Spec	my: Black
COMPLETED	15. DECEDENT'S EDU	CATION	16s. DI	ECEDENT'S	USUAL	OCCUPATIO	ON		1	16b. KIND OF B	USINESS/IN	DUSTRY	
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	1060	ive kind of Do NOT u	work done se retired.,	during mo	st of working	ng					
MPL		4		Нои	sin	a Ir	ispe	cto:	r	Balt	imor	e C.	itu
Ö	17. FATHER'S NAME (First, Middle, Last)									t, Middle, Maide			
BE (William E. I	Bland					Es	tel	le	Paili	n Me	lvi	n
10	William F. Bland 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
F	Estelle B. Melvin 1815 East 31st. Street Baltimore.Md. 21218												
	20s. METHOD OF DISPOSITION 1												
	4 Donation's Other (Specify) Mtro Crematory, Inc. 5-1-93 Baltimore, Md.												
	21. SIGNATURE OF FUNERAL SERVICE LIC	CEMBEE	/			. NAME AN	ID ADDRE	SS OF FA	CILITY	Giln			
	Allen	1111	1/_		1	1200							41417
	23. PART I. Enter the diseases, or complication that ceused the death. Do not enter the mode of dying, such ea cardiac or respiratory arrest, Approximate												
	SHOCK, Of near reliure. List only the cause on each line.							interval Between Onset and Death					
	disease or condition resulting in death)												
	resulting in death)	b. Due TD (OR AS A CONSEQUENCE OF): Saphoaccus Gereur Endocarditis											
z		b. &	tapeloa	Deceu	19	evre	w	El	rdi	card	lu	1	
TIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSE	OUENCE O	F)/	dilling.							
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	abeli	3		lelis	, h						
비	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
CER		d											
	PART ii. Other significent condition	s contributing to	death but not	resulting	in the u	nderiying	ceuse g	given in	Part i.	24a. WAS A	N AUTOPSY	24b	WERE AUTOPSY FINDINGS
2											PRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀										1 🗌 YES	2 NO		OF DEATH?
2										1			1 NES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL		·			26. PL	ACE OF D	EATH (Che	eck only	one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE 4 No	R:							
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	280. DATE OF INJURY 28b. TIME OF 26c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED											
BY F	1 Natural 5 Pending 2 Accident Investigation	/ (Month, D	ray, rear)	IN.	M	1 🗌 Y	RK? 'ES 2 [□ NO					
	3 Suicide 8 Could not be	2/ Accident prevengation 28s PLACE OF IN HIDY At home form should find the						26f. LC	OCATION (Stree	end Numbe	r or Rural F	Route Number,	
	4 Homicide determined City or Town, State)												
7	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occum	ed at the	Ilme, date	and place.	, end due	to the	cause(s) and m	enner ee sta	rted.	
COMPLETED													s) and manner es stated.
Č	29b. SIGNATURE AND TITLE OF CERTIFIER				-			ENSE NUM			1		(Month, Day, Year)
8	Hinterna	Shal	1/ 1	10		ı						11/2	0/97

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER MD. halu 29 U

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HUMA SHANIL 2016 Uni altruiore WID

31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE 199

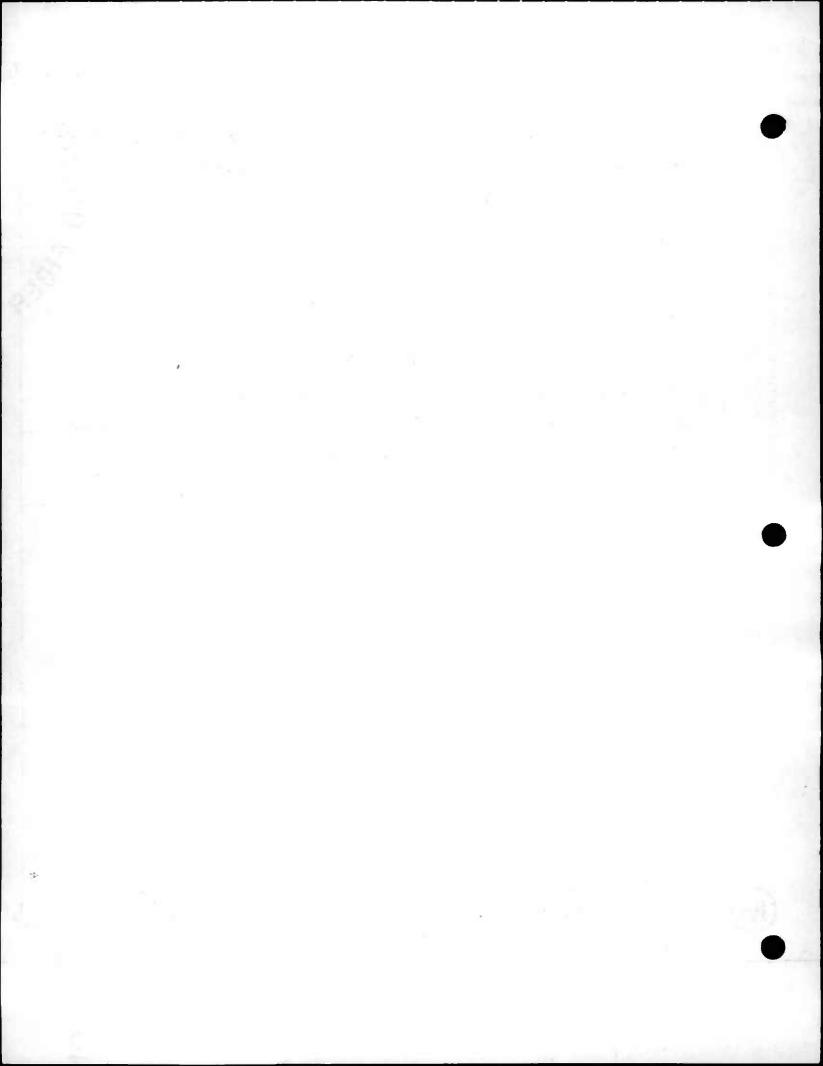
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	it permit. Pages 1, 2, 3 should	
tal or attending physician.	for use as the burial-tran-	
sy be retained by the hosp	page 5 should be detached	
urs after death. Page 6 m	in by the funeral director,	removal.
be executed within 24 no	ian and completely filled	or to burial, cremation, or
at the death certificate	by the attending physic	and Mental Hygiene pric
CIAN: The law requires the	ertificate has been signed	he State Dept. of Health
THE HOSPITAL OR ATTENDING PHYSIC	. DIRECTOR: After this co	hours after death with
THE HOSPITA	THE FUNERAL	7 filed within 72

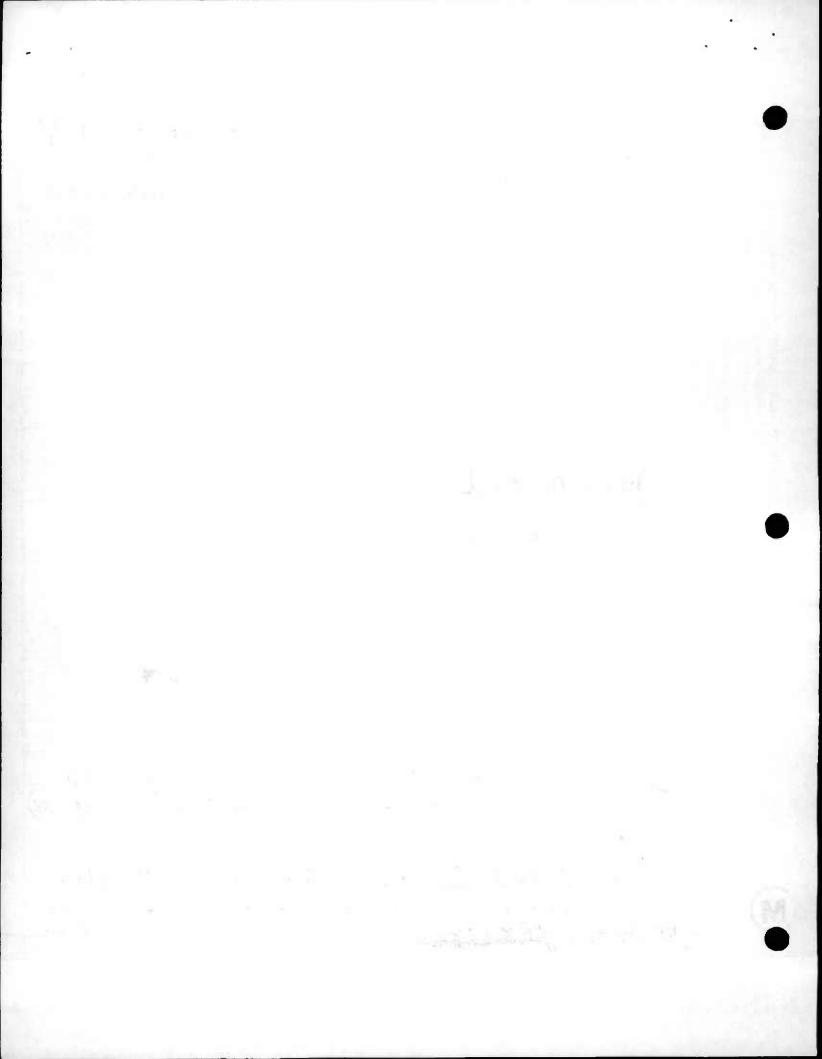
					93 12704					
	1 - FOR STATE (OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.						
Į,	1. DECEIDENT'S NAME (First, Middle, Last)	vlev		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
	4. social security number 5. Sex 215-32-0183 1 □ M 2 9	Or .	F UNDER 1 YEAR F UNDER 24 HRS.	(Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)					
CTOR	98. FACILITY NAME (If not institution, give street and number INNS OF EVERBREEN	NW	9b. CITY, TOWN OR LOCATION OF		9c. COUNTY OF DEATH					
DIRECT	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION	2	10d. INSIDE CITY LIMITS?					
FUNERAL	100. STREET AND NUMBER 2525 11) Relied OF	DO AUD	10f, ZIP CODE	15	1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?					
BY FUNI	1 Never Married 2 Married FORCES?	EDENT EVER IN U.S. ARMED 1 YES 2 PRO IVE WAR OR DATES	13. WAS DECENDENT OF HISP If yee, specify Cuban, Mexi 1 YES 2 NO Spe	can, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, etc. Specify:					
IPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	or 5+) We. Do NOT use	ork done during most of working retired.)	16b. KIND OF BUSH	VESS/INDUSTRY					
SE COMPL	Mrnstead Wingins									
TO BE COM	190. INFORMANT'S NAME (Type/Print) ETNESTINE LARKING	39 N	MOYICY St.	BAIto.	md 21229					
1 m	1 Surial 2 Cremation 3 Removal from State 200. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 200. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)									
048	22. SIGNATURE OF FUNERAL BEHINGE LIGHISEE 22. NAME AND ADDRESS OF FACILITY WILLIAM C. Brazil Community F. H. 1206 N. North Aue.									
TIFICATION	23. ART I. Enter the diseases, or complications shock, or heert failure. List only one IMMEDIATE CAUSE (Final disease or condition resulting in death)	s that ceused the deeth. Do no e ceuse on each line.		uch es cardiac Dr respire	otbry arrest, Approximate Interval Between Onset and Deat					
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
: MEDICAL CI	PART II. Other significant conditions contribution	g to deeth but not resulting in	the underlying cause given i	n Part I. 24a. WAS AN AI PERFORM	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE					
AN: ME					1 TES 2 NO					
SICI		2 ER/Outpatient 3 DOA	OTHER: Nursing Home 5 - Residence							
ву РНУ	1 Natural 5 Pending (Mod 2 Accident Investigation	E OF INJURY 28b. TIME INJUI	M 1 YES 2 NO	28d. DEŞCRIBE HOW INJ	URY OCCURED					
TED	4 Hamicide determined	CE OF INJURY — At home, farm, str ding, etc. (Specify)	reet, factory, office	28f. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,					
COMPLE		est of my knowledge, death occurred of examination and/or investigation,			er as stated. due to the cause(s) and manner as stated.					
TO BE COMPLE	296. SIGNATURE AND TITLE OF CERTAPIER		29c. LICENSE N	UMBER	29d. DATE SIGNED (Month, Day, Year)					
F	30. NAME AND ADDRESS OF PERIOD WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (Type, A	Leisters town	Rel #31	5					
	MAY 0 2 1993	STRAR'S STRATURE		· · · · · · · · · · · · · · · · · · ·						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in

	1, 2, 3 should	
and the state of t	After this certificate has been signed by the attending physician and completely filled in by the timeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should lead to the crash the Crash Dark and Marriel Lucione and Completely filled in by the timeral director, page 5, 2, 3 should	run une cource cape, or result and mental righters produce to the medical examiner must be notified at once.
	the attending physical	njury, or other t
	has been signed by	23 shows any in
	certifica	narked, or item
	2 THE FUNERAL DIRECTOR; After this after death with	PORTANT: If Item 28 is mark
	THE FUNEF	APORTANT:

	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPAI CERTIF	RTMENT	OF H	EALTH DE A	AND N	MENTAL HYGIEN) i 6	2103
100	1. DECEDENT'S NAME (First, Middle, Last)						2. OATE OF OEATH		3.	TIME OF DEADLE
- 1	Richard Cryan Covell						MONTH D	The state of the s	9 3	7450
- P	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH	-	8. BIRTHPLA	CE (State or Finding)
	003-14-8400 1 k2 M 2 □ F 6	2 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 8-15-1930		New H	ampshire
_	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY	, TOWN 0	R LOCATI	ON OF DE			ITY OF OEATI	
ည် မြ	3611 Courtleigh Dr.		Ra	anda.	llst	own		B	ALTI	moRE
ឌ្ឍ	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	100 00	Y, TOWN (DE LOCAT	ION					
DIRECTOR	Maryland Baltimore Co.		nda1						-	I. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER	, ita	nual.		ZIP CODI			100 CITIZ	EN OF WHAT	YES 2XXNO
FUNERAL	3611 Courtleigh Dr.					21	133	USA		COUNTRY
5	11. MARITAL STATUS 12. WAS DECEDENT EVER I	N U.S. ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Specify Yes			American Indian,
B	1 Never Married 2 Married FORCES? 1 X YES 3 Wildowed 4 X Olvorced FORCES? 1 X YES IF YES, GIVE WAR OR D V Or on 2 5 YE	DATES			cify Cubs	n, Maxican Specify:	, Puerto Ricen, etc.)		Black, WI Specify:	hile, etc.
ED	* * * * * * * * * * * * * * * * * * *									White
	(Specify only highest grade completed)	16e. DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATIO during mos	N it of workin	g	16b. KIND OF BUS	SINESS/INDU	USTRY	
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) 12 years	Instrum	,	raah.	oi oi		Poltimo	Ca	C C E	1
8	17. FATHER'S NAME (First, Middle, Last)	LIISCIUM	CIIC .	Lecii			Baltimo		IS & E	rectric
BEC	Unknown Covell					Unkr		ourname)		
0	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS	(Street ar	nd Number		oute Number, City or Town	n, State, Zip	Code)	
-	Mr. Richard C. Covell	844	Centi	iry :	St.	Hamp	stead, MD	21	074	
	1 0x Buriel 2 Cremation 3 Removal from State	netery, crematory or o	OF DISPOS	ITION (Nai	ne of		DATE 20c. LO	CATION — C	ity or Town,	Sieta
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	D Vetera	ns Ce					rison	, Mar	yland
	NO I VA		Lo Lo	oring	By By	ers I	uneral Di	recto	rs, I	nc.
	John K Hymes L					rty E				D 21133
	23. PART DEntar tha diseasea, pr complications that cause ahock, or haart failure. List only one cause on e IMMEDIATE CAUSE (Final	each line.						ratory arra	ıst,	Approximata Interval Between Onset and Daath
	disease or condition resulting in death) DUE TO (OR AS A	CONSEQUENCE O	d	40	ns	AC				
S S	Sequentially list conditions, Due to (or as a consequence of):									
HIFICATION	cause. Enter UNDERLYING	· JOHOLOGINOL O	, ,.						i	
		CONSEQUENCE O	F):						1	
SE E	reaulting in death) LAST									
AL C	PART II. Other algnificant conditions contributing to death b	out not resulting	in tha un	derlying	cause o	ivan in F	Part I. 24s. WAS AN	AUTOPSY	24b WEB	RE AUTOPSY FINDINGS
							PERFOR	MEO?	AVAI	LABLE PRIOR TO
HYSICIAN: MEDIC							T TES 2	EPNU		DEATH? YES 2 NO
z							_			, 120 2
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:				CE OF DE	ATH (Chec	ck only one)			
2	1 Inpetient 2 ER/Outp	petlant 3 DOA	OTHER		5 The	sidence 8	Other (Specify)			
E	27. MANNER OF DEATH 1 Netural 5 Pending 288. DATE OF INJURY (Magnit, Day, Year)	28b. TIM	URY	28c, INJU WOR	IK?	A	28d DESCRIBE HOW IN	JUNY OCCU	MED 1	
0	2 Accident Investigation 28s PLACE OF IN HIPPY	3 70	2 "		S 2		delt :	LNF	1107	ED
3	4 Homicide detarmined building, etc. (Spec	cify)	ktreet, lecto	ory, offica			261. LOCATION (Street a. City or Town, State)	. /	or Flurai Floute	Number,
4	29s. GESTINES I CERTIFICIAN To the heat of my knowledge	Aom					261/COVA	4 -	591 B	4(2-(133)
VEDICAL EXAMINER: On the basis of examination and/or investigation in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								manner so stated		
١	29b. SCHATUSE AND TITLE OF CERTIFIER	1	1			NSE NUME			SIGNED (Mon	
	Musilla	d'An	1		1	- 11	171	1	1/28	193
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA		Print)	FX	cale	e.	ex An	Ca	1	ILE
	31. OATE FILEO (Month, Day, 1681) MAY 0 2 1993	ATURE	02		10-00	1)	HUE-		7000	D'nd
	MAY 0 2 1993 gifte Stirlen A	andelle						7	427	2 mc



BALTIMORE, MARYLAND 21215-0020

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BALTIMORE, MARYLAND 21215-0020	4YSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dent of Health and Merial Hursiene notor to burial comparition or removal	medical examiner must be notified at once.
CISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOST CONTINUE PHYSICIAN: The law requires that the death certificate be executed within 24 I	TO THE THE ADDRESS After this certificate has been signed by the attending physician and completely filled in by the he filed	IMPORTANE IT I mm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

											9	3	12706	5
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	TMENT TCATE	OF HE	ALTH	AND I	MENTAI	HYGIEN				
								2. DATE	OF DEATH			3. TIME OF DEATH	_	
	SOPHIA RITA DI	IROUDC							MONTH	, D	WAY	YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	ant historian	IF UNDER 1	ween I	IF UNDER		4		28	93	0745A	, N
	180-01-6391	1 M 2 7 F		YRS.	MONTHS		HOURS	MIN.	(Month	DF BIRTH , Day, Year)		Count		-
		1	76	THS.						27/16		Peni	nsylvania	
_	9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN OR	LOCATE	ON OF DE	EATH		9c. COL	JNTY OF E	DEATH	
Ö	St. Agnes Hospit	al			Bal:	timo	re							
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT													
DIRECTOR		-			Y, TOWN OF		N						10d. INSIDE CITY LIMITS?	
		ALTIMORE		Ba	altimo	ore							1 - YES 2 X NO	0
FUNERAL	10a. STREET AND NUMBER	- 5				10f. Z	ZIP CODI	E		-	10g. Ci1	IZEN OF	WHAT COUNTRY?	
in in	1203 Circle	Drive					212	27			1	U.S.A	Α.	
5	11. MARITAL STATUS	12. WAS DECEDEN			13. W	AS DECEN	NDENT C	OF HISPAN	IC ORIGIN	? (Specify Ya	or No-	14. RAC	E — American Indian, k, White, atc.	
	1 Never Married 2 Married	IF YES, GIVE V	MAR OR DATES	NO		yes, speci			n, Puerto P	lican, etc.)		Spec		
B	3 Widowed 4 Divorced						(22,110	ороспу				Spec	White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. D	ECEDENT'S	USUAL OC	CUPATION			18b.	KIND OF BU	SINESS/IN	DUSTRY		
iii	Elementary/Secondary (0-12)	College (1-4 or 5	+)	le. Do NOT u	work done du se retired.)	iring most	of working	ng						
로	12			Iomema	aker				l H	omema	ker			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	HER'S NAI		liddle, Maiden				
ЕС	John CHUCOSKI					- 1		nna		AWSKA				
00	19a. INFORMANT'S NAME (Type/Print)													
임	Robert Louis DuB	NIE C	T T	96. MAILING	ADDRESS	(Street and	Number TT	or Rural F	Poute Numb	er, City or Tow	n, State, Zi		_	
		Julg				_		pers	s rei	ry W.	VA .	25425)	
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Rem	oval from State	20b. PLACE	EAND DATE	OF DISPOSIT	TION (Neme	e of		DATE		CATION —	City or To	own, Stata	
	4 Donation 5 Other (Specify)		Loudo	n Pai	ther place) k Cei	neter	ry		5/3	Bal	timo	re, N	AD .	
	21. SIGNATULE OF FUNERAL SERVICE LI	CENSEE				AME AND								
	1 1. 11	Wash	-							ME, I				
7.5	22 DARY i Enter the diseases To	MALL IN	area		[410)/ W:	ilke	ens A	Ave,	Balti	more	, MD	21229	_
	23. PART i. Enter the diseases, or ahock, or heart feliure.	List only one cau	it caused tha duse on asch lin	laath. Do r a.	not antar t	ha moda	of dyi	ing, suct	h ss card	iac or reap	iratory ar	reat,	Approximata interval Baty	
	IMMEDIATE CAUSE (Final									Onset and D				
	disease or condition resulting in death)	RE									WEEKS			
	DUE TO (OR AS A CONSEQUENCE OF):									WEEKS				
z		sever	ንፑ ለጠወጥ፤	[IEDOC.	CLED	OCT	7						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	RE AORTI	OUENCE O	TERUS.	CLEK	0215						YEARS	
8	cause. Enter UNDERLYING	•												
正	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	EQUENCE OF	j:									
ᇤ	resulting in death) LAST	4												
5														
A	PART ii. Other aignificant condition									24s. WAS AN		24b	. WERE AUTOPSY FINDI	
MEDICAL	BOWEL, ISCHEM	IC DUE TO	SUPER	IOR M	MESEN'	TERI	C AF	RTERY	Y	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAU	
i ii	THROMBOSIS									1 X YES 2	NO		OF DEATH?	
≥									- 1				1 X YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL													
힐	EXAMINER?	HOSPITAL:			OTHER:		E OF DE	EATH (Che	ck only one)				
l∡s	1 TES 2 NO	1 X Inpatient 2		_	4 🗆 Nursir		5 🗆 Ra:	sidence	8 🗆 Other	(Specify)				
ᇤ	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF (Month, D		28b, TIM INJ	E OF 2 URY	8c. INJUR WORK	Y AT		28d. DEŞ	CRIBE HOW I	NJURY OC	CURED		
B	1 \(\bar{\Lambda} \) Natural 5 \(\bar{\Lambda} \) Pending 2 \(\bar{\Lambda} \) Accident investigation				М	1 TYES		NO						
	3 Suicide 6 Could not be	26a. PLACE O	F INJURY — At he etc. (Specify)	ome, term, s	treet, 1actor	y, offica				TION (Street a	nd Number	r or Rural F	loute Number,	
Ľ.	4 Homicide determined								Uny 0	r Town, State)				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	Ally knowledge 4	auth occur	of at the st	a date -	el etc:	and 2	to the	-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
¥	(Check only one) 2 MEDICAL EXAMINE	R: On the hade of	moution and/	Investigation	n in	nios	N PINCE,	and dua	to the caus	e(a) and man	mer aa stat	ted.) and manner as state	
8		- 11	Third and/or	ve=tigatio	п, т ту орг	THOTI, GOAT	iii occuri	ed at the t	time, data	ind place, an	a due to it	ne cause(a) and manner as state	ıd.
핆	29b. SIGNATURE AND TITLE OF CERTIFIED		1			2		NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)	
5		4	ur				D30	0802				-4/2	9/93	
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	E OF DEATH ATE	M 27) /Sma	Dulant)									

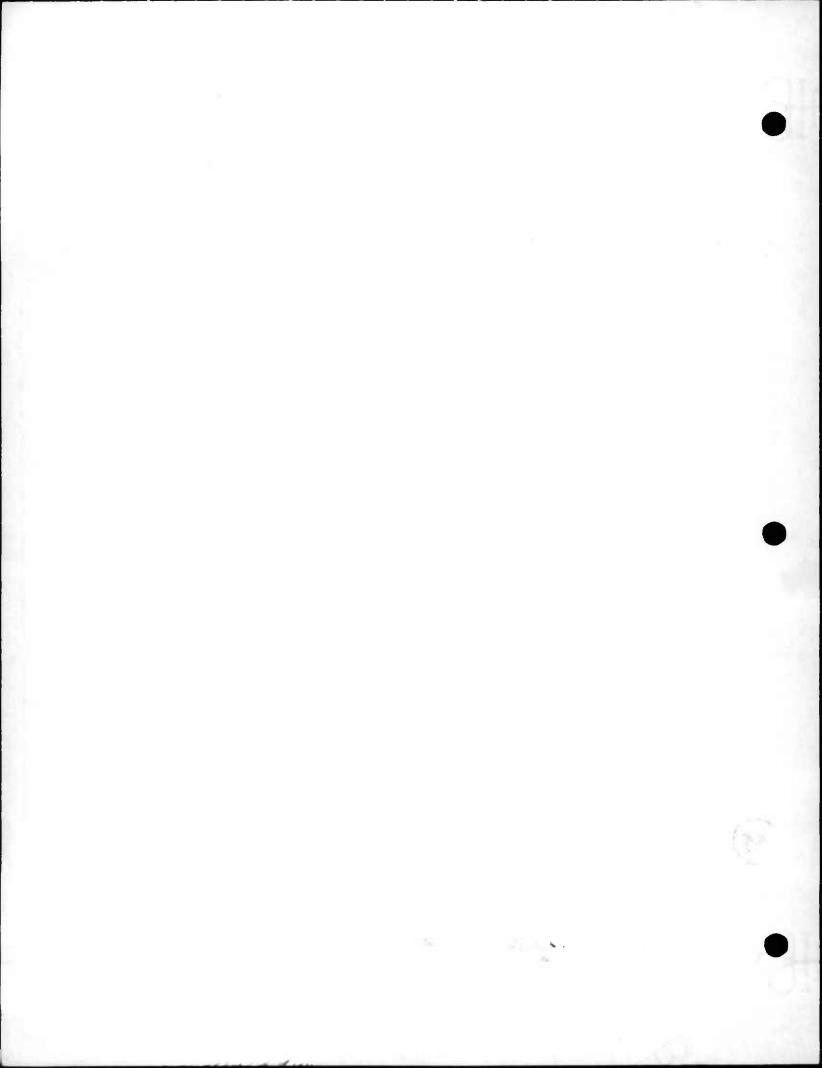
AGNES HOSPITAL 900 S. Caton Avenue

21229

JEAN COLANDREA

31. DATE FILED (Month, Day, Year)

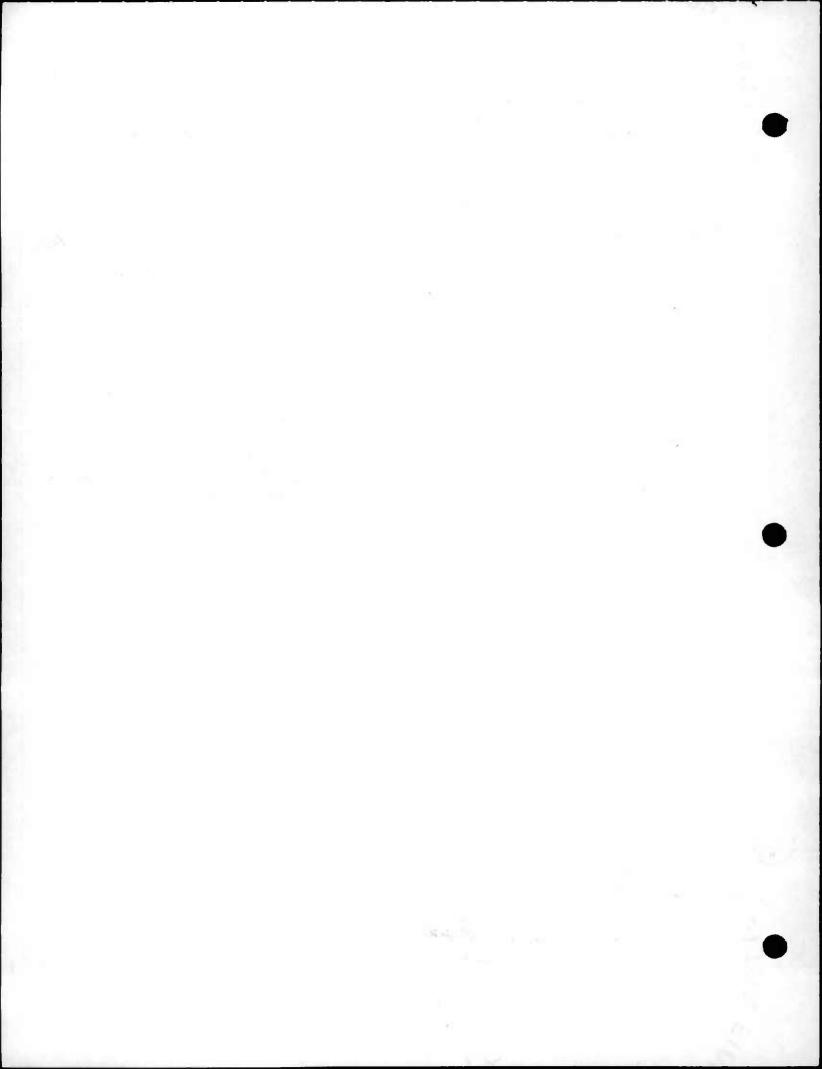
MAY 0 2 1993



BALTIMORE, MARYLAND 21215-0020 ifter death. Page 6 may be retained by the hospital or attending physician. If the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR FLORENCE	STATE OF MAR	YLAND /	DEPART	MENT OF I	REALTH AND	MENTA	AL HYGIEN		,	
	1. DECEDENT'S NAME (First, Middle, Lust)	,			OATE OF	DEATH	2. DAT	E OF DEATH		3	3. TIME OF DEATH
1	FLORENCE	L. DIE	HLM	MNN			MON	TH - 2	1-19	YEAR	12:45AM
5	4. SOCIAL SECURITY MUMBER	5. SEX 6. A	GE (In yrs. les	**	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BUTTH		8. BIRTH	IPLACE (State or Foreign
	215 -22 - 7302	1 □ M 2 🔏 F 8	8	YRS.	NONTHS DAYS	HOURS MIN.	SEE	T. 22,	L904	MA]	RYLAND
-	9a. FACILITY NAME (If not institution, give s	The second second			9b. CITY, TOWN	OR LOCATION OF			_	NTY OF D	EATH
١٥	ST. AGNES HOSPIT	AL			BALTI	MORE					
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR LOCA	TION			-		10d. INSIDE CITY
18	MARYLAND BAL	TIMORE		CA	TONSVIL	LE					LIMITS?
A A	10e. STREET AND NUMBER					. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	715 MAIDEN CHOICE	LANE				21228			11.5	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARI	MED	13. WAS DEC	ENDENT OF HISP	ANIC ORIG	IN? (Specify Ye		14. RACE	E — American Indian, k, White, alc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR O	R DATES			ecify Cuben, Mexi-		rsican, atc.)	ļ	Speci	ity:
	15. DECEDENT'S EDU	CATION	166 DEC	PENENT'S II	SUAL OCCUPATION				1		WHITE
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(G/		rk done during mo		16	b. KIND OF BU	SINESS/IND	USTRY	
ם	12	Conege (1-4 or 5+)	Н	OME M	AKER			OWN	HOME	7.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First,				
ш	HENRY	YOE					SARET			ONNE	ELL
TO B	19e. INFORMANT'S NAME (Type/Print)	,				nd Number or Rura				,	
_	MARY D. SCHEELER	(DAUGHTER	.) 2	200 R	OLLINGF	IELD ROA	AD CA	TONSVI	LLE M	D. 2	21228
	20s METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	oval from Stata	20b. PLACE A	ND DATE OF	DISPOSITION (Na	ime of	DA		CATION —		wn, State
	4 Donation 5 Other (Specify)		NEW, C	THEDI	RAL" CEM			/9B B	ALTIM	ORE	MD.
		1 41			LEROY	& RUSSI	LL W	ITZKE	FUNER	AL H	IOME-CATONSV
1	Jussella	19			1630 EI	MONDSON A	VE. C	ATONSVIL	LE MAR	YLAND	
	23. PART I. Enter the diseases, proshock, pr heert fellure.	complications that cau	sed the de	eth. Do no	t enter the mo	de of dying, au	ch ss ce	rdlec or resp	iratory srr	est,	Approximate
	IMMEDIATE CAUSE (Final										Interval Between Onset and Death
	disease or condition resulting in death)	. LARGE			510	CVA					-
		DUE TO (OR AS A CONSEQUENCE OF):									
O	Sequentially list conditions,	bDUE TO (OR A	S A CONSEO	UENCE OF:							
\Ā.	if any, leading to immediate cause. Enter UNDERLYING										i
IF	CAUSE (Diseese Dr Injury that Initieted events	DUE TO (OR A	S A CONSEO	UENCE OF):							
CERTIFICATION	resulting in desth) LAST	d									
C	PART II. Other significent condition	s contributing to deet	h but not re	sulting in	the underlyin	Ceuse Given i	Part I	24a, WAS AN	AltTODOV	1 045	WERE AUTOPSY FINDINGS
2		-				g codeo given ii		PERFOR	RMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						7.0.		1 🗌 YES 2	II-NO		OF DEATH?
≥											1 Tes 2 No
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28. Pt	ACE OF DEATH (C	heck only o	ne)			
Sic	EXAMINER? 1 YES 2 LINO	HOSPITAL:	Outpatient 3		OTHER:	e 5 🗆 Residence	8 🗆 Oth	er (Specify)			
동	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yes		28b. TIME (OF 28c. INJ		_	SCRIBE HOW I	NJURY OCC	URED	
BY	1 Pending 2 Accident Investigation	(month, obj., 100		Moor		ES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE DF INJU building, atc. (5	JRY — At hor Specify)	ne, ferm, stre	eet, factory, offic		281. LO	CATION (Street of or Town, State)	and Number	or Rural R	oute Number,
4 Homicide determined City or lown, State)											
29a. CERTIFIER (Check only one) Check only one) Check only one)											
COMPLETED	2 MEDICAL EXAMINE	R: On the beels of examina	ntion and/or in	weatigation,	In my opinion, d	eath occured at th	e time, dat	e and place, en	d due to the	e ceuse(a)	and menner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	A .				29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
70	17 Dice 1	Medical R	esiden	+ 5	SAH	SAH	-8-	20	> 5	-2	-93
_	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, P	rint)	0.1			,		10 21229
	Seujamin Lee, M	1V 71, Agi	nes t	respit	21 40	o Catar	Ave	15a	timo	re t	10 21229
	MAY 0 2 1993	his Devidon-1	STORES OF								
l l	MIAL 0 ~ 1000	1									



REGISTRAR			CERTI	FICAT	E OF	DEA	ГН	REG. NO.		
1. DECEDENT'S NAME (First,	Middle, Last)		UTCETTO	1 1	0.3	199.1		2: DATE OF DEATH		3. TIME OF DEATH
Margaret	G. '	Dean			LUC	3	3 1	MONTH D	25	93 915 D
4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs. last birthda	y) IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
135-30-6046	<u> </u>	1 🗆 M Ž 💢 F	55 YRS	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 10-4-193	37	New Jersey
9a. FACILITY NAME (If not in	stitution, give st	reet and number)		9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH			9c. COU	INTY OF DEATH	
umms Hospital					Baltimore, MD					
RESIDENCE OF DEC	EDENT									
10a. STATE	10b. COUNTY	D 1		HTY, TOWN	OR LOCAT	TION		1 -		10d, INSIDE CITY LIMITS?

Maryland Frederick Frederick 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1008 Tangy Avenue 21702 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merri IF YES, GIVE WAR OR DATES 1 TES 2 TO NO Specify 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY

Elementary/Secondary (0-12)	College (1-4 or 5+)	Secretary		Supply Industry
7. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (F	First, Middle, Maiden Surname)
V	Valter Gassawa	Emma		

19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 570Grove Street Walter Gassaway Rahway, NewJersey 07065 20a. METHOD OF DISPOSITION

↑ Quarter 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 28c. LOCATION — City or Town, State DATE

4/30 Hazelwood 4 ☐ Donation 5 ☐ Other (Specify) Cemetery Clark, New Jersey 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marzullo Funeral Service

3981Carrollton Road Upperco, Maryland 21155 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errect, Approximata ahock, or heert fallure. List only one cause on each line.

MMEDIATE CAUSE (Final	4.	Onset and Dasti
resulting in death)	· cardiac anythmia	35 nuin
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentielly list conditions.	- hypotension	12 hr
if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):	
cause. Enter UNDERLYING CAUSE (Disease or injury	« peutonitis	3 days
that initiated events	DUE TO (OR AS A CONSEQUENCE OF):	
resulting in deeth) LAST	livor dailura	31100

cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF):				
that initiated events resulting in deeth) LAST		failure			3 yrs
PART II. Other significent condi	tione contributing to de	ath but not reculting in the	undariying cause given in Pert i.	24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS

1 YES 2 NO massive aDU 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpstient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED

28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? Natural 1 YES 2 NO 2 Accident Investigation 28a. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) 3 Sulcide 8 Could not be determined 26t. LOCATION (Street end Number or Rural Route Number, City or Town, State)

I	29a. CERTIFIER	1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated,
II	(Check only	CERTIFYING PHYSICIAN: 10 the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated,
Ш	one)	

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

29b. 9IGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
The state of the s		11/2=1-2

MISOI COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

St. Baltimore ವಿಎಽ Greens 31. DATE FILED (Month, Day,

32. BEGISTRAR'S SIGNATURE rina Davidson MAY 1993

1, 2, 3 should

use as t

FUNERAL DIRECTOR

ВУ

COMPLETED

0

once. Ħ 8 notified

pe

examiner must

other traumatic event, the medical

Injury, or

Shows

23 Item 2

0

been st. of h

this certificate has be with the State Dept.

FUNERAL DIRECTOR: After this ce within 72 hours after death with the TANT: If Item 28 is marked,

IMPORTANT: THE F

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

4 Homicide

COMPLETED

BE

9

50 cremation,

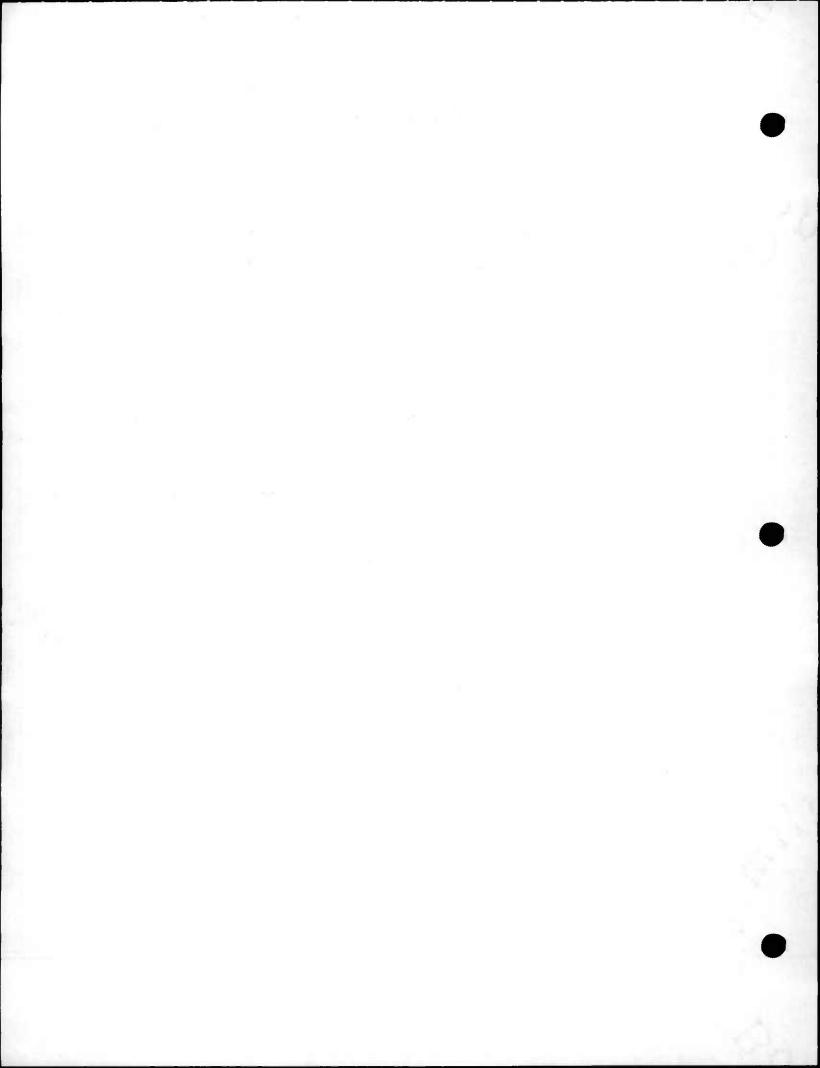
RECORDS, P.O. BOX 68760, DIVISION OF VITAL

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be

품 2 3 COMPLETION DF CAUSE

OF DEATH?

1 □ YES 2 □ NO



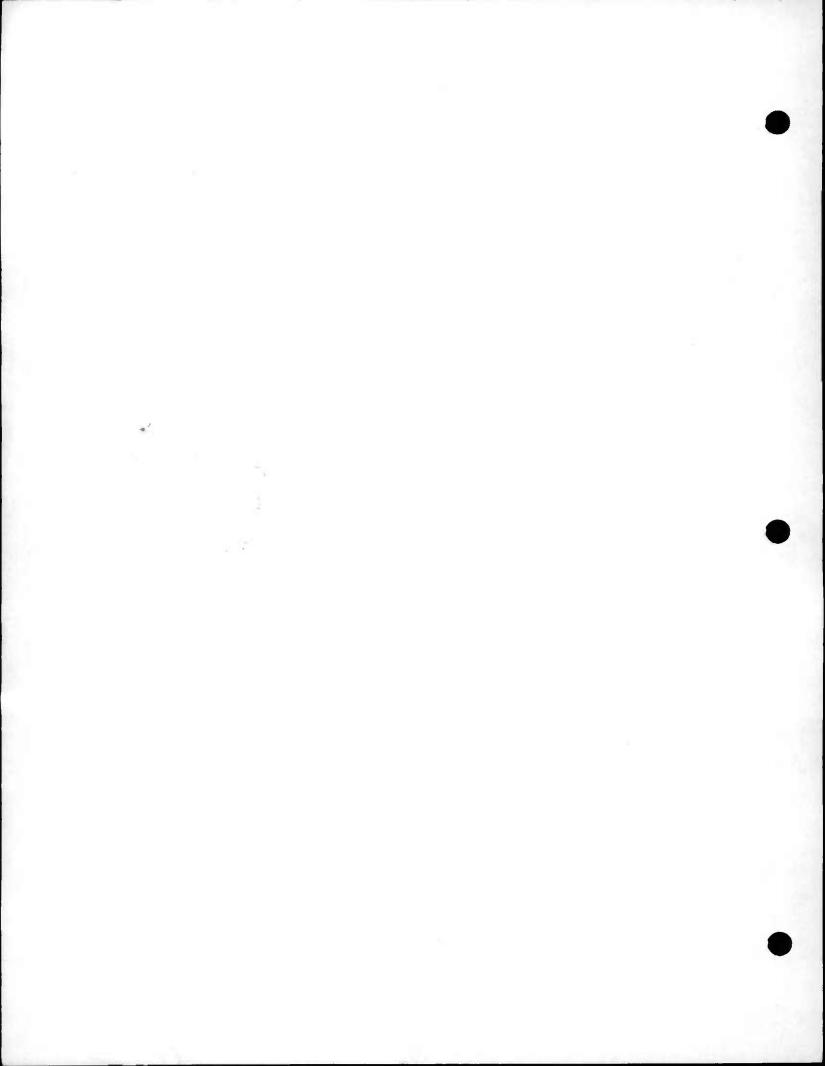
		Ī	
68760, BALTIMORE, MARYLAND 21215-0026	E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending in precious	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use an in Superscript and Mental Hygiene prior to burial, cremation, or removal.	RTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fit of within 72 hours after death with the State Dept, of Health and Mernal Hyglene prior to burial, cremation, or removal.	23 shows any injury, or other traumatic e
DIVISION OF VITA	E HOSPITAL DR ATTENDING PHYSICIAN: The	E FUNERAL DIRECTOR: After this certificate his within 72 hours after death with the State D	RTANT: if item 28 is marked, or item

TO THE HOSPITAL ITO THE FUNERAL CE DE FIED WITHIN 72 H

iges 1, 2, 3 should

REG. NO I. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR STELLA DAVIS 93 4 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 😾 F DAYS HOURS 212-58-7317 41 VRS 1-25-52 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1206 HOMEWOOD AVENUE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD 1-YES 2 NO RALTIMORE 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1206 HOMEWOOD AVENUE 21202 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR OATES. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried
3 Wildowed 4 Divorced If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: ВУ Specify: BLACK ETED | 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) COMPL UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BUTLER NELSON BE AMANDA WRIGHT 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 1206 Homewood Ave./Baltimore, MD 21202 Amanda Nelson 20e_METHOD OF DISPOSITION
ALABURIE 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE VOSHELL MEMORIAL GARD. DUNDALK. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Intervel Between **IMMEDIATE CAUSE (Fine)** Onset and Deeth disease or condition resulting in death) MULTIFORME 10 HONAT MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 YES 2 NO OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Retural 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 🙀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the ceuse(a) and menner se stated. MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, data and piecs, and due to the cause(e) and menner as stated. MATURE AND TITLE OF CENTIFIER BE 29d, DATE SIGNED (Month, Day, Year) 126 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GROSSMAN MD STUARS TOMNS 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day,



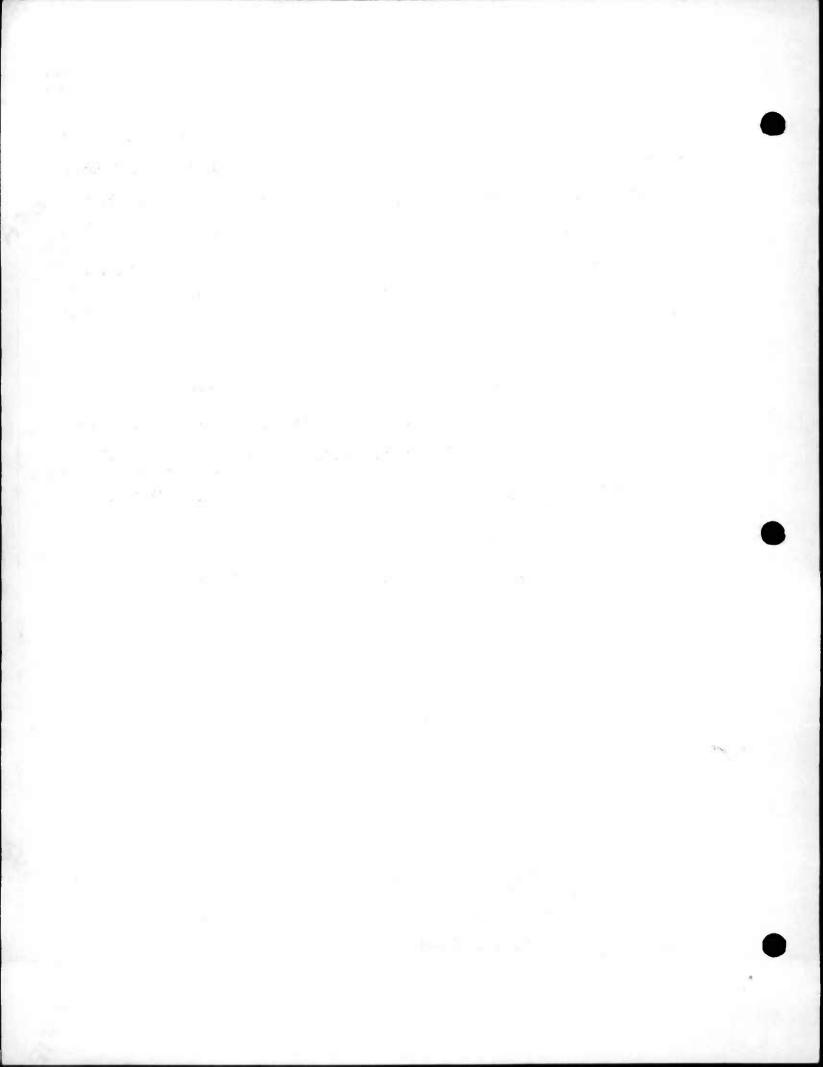
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSON THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death while a secure to the feath and Mental Hygher prior to burial, cremation, or removal.

IMPORTANT: If them 28 is instructional transfer any injury, or other transmatic event the medical argument must be multified at once.

DIVISION OF YITAL RECORDS, P.O. BOX 68760,

	HEGISTRAH	CERTIF	ICATE OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) BETTIE	EF	PS	2. DATE OF DEATH MONTH	Y YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5, SEX 6, AG	E (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	7.3	071717	
	215-30-8741 1 D M 2 X/F	83 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year)	0	BIRTHPLACE (State or Foreign Country)	
1 1		4-16-10	P	rince G. Va.			
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY		
DIRECTOR	Baltimore County General	Randallst	own	Rand	dalls town		
		10c CIT	Y, TOWN OR LOCATION			10d. INSIDE CITY	
	Mary land 10b. COUNTY Randallstown 10c. city, town or Location 10d. L						
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
	3825 Brynbrook Drive		2101	7	l t	J.S.A.	
5	11, MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISPAI	VIC ORIGIN? (Specify Yes	or No- 14. I	RACE — American Indian,	
BY F	1 Never Merried 2 Merried FORCES? 1 TYES, GIVE WAR OR	DATES T	If yes, specify Cuben, Mexics 1 YES 2 NO Specify			Black, White, etc. Specify:	
	3 Wildowed 4 Divorced		XX	,		Black	
0	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTI		
1 [1]	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT u	work done during most of working Retired	do			
. [로]			Retired				
COMPLET	17. FATHER'S NAME (First, Middle, Last)		18 MOTHED'S NA	ME (First, Middle, Maiden	Cumama		
	Levi Wilson		10. 10. 11.				
H	199. INFORMANT'S NAME (Type/Print)	401 11411 114			ian Pet		
유	l · · · · · · · · · · · · · · · · · · ·		ADDRESS (Street and Number or Rural		n, State, Zip Code	9)	
	Indianna Reed		Rigbie Hall Ct.	<u>Bel Camp</u>	, Md.	21017	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State	0b. PLACE AND DATE	OF DISPOSITION (Name of	DATE 20c. LO	CATION — City	or Town, State	
	4 Donation 5 Other (Specify)	Sharpe St	U.M.C. Cemete	ry4-29 Ch	ase, Ma	aryland	
	21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE		22. NAME AND ADDRESS OF FA	^{силү} William	C. Bro	wn Community	
	> // My Kuruma						
\vdash	(1) (A. XIBION		Funeral Home	1206 W. N	orth Av	/e.	
	23. PART i. Enter the diseases, Dr complications that caus shock, Dr heart failure. Liet only one cause on	ed the deeth, DD r	not enter the mode of dying, suc	h aa cardiec or reepi	ratory erreet,	Approximate	
	IMMEDIATE CAUSE (Final					interval Between Onset end Death	
	disease or condition a. Now SA	1ALL C	ELL CAMER	OF LI	10/6		
	DUE TO (OR AS	A CONSEQUENCE O	7:		7.0		
z	METAST	ACES C	F LUNG (AN/CER			
일	Sequentially list conditions, if any, leading to immediate	A CONSEQUENCE OF	7:				
8	CAUSE (Disease or Injury	TIVE	HEART F	AILURE	,		
드	that initieted events DUE TO (OR AS	A CONSEQUENCE D	ŋ:	.,,			
CERTIFICATION	resulting in death) LAST						
	DARWER ALL ONLY AND ALL ONLY AN						
EDICAL	PART II. Other aignificant conditions contributing to deeth	but not resulting	n the underlying cause given in	Part I. 24s. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
				1 _ YES 2		COMPLETION DF CAUSE	
						OF DEATH? 1 YES 2 NO	
2					- 1		
CIAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE DF DEATH (Ch	eck only one)			
18	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/O	dusting 2 1 DOS	OTHER:				
糖	27. MANNER OF DEATH 260. DATE OF INJUR		4 Nursing Home 5 Residence E OF 28c, INJURY AT				
瘮	1 Netural 5 Pending (Month, Day, Year,		URY WORK?	28d. DESCRIBE HOW IN	IJURY OCCURE	P	
1	2 Accident Investigation		M 1 YES 2 NO				
0	3 Suicide 6 Could not be determined 28e. PLACE OF INJUI building, etc. (S)	RY — At home, ferm, a pecify)	treet, factory, office	26f. LOCATION (Street e City or Town, State)	nd Number or Ru	iral Route Number,	
COMPLETED	- Councide Optimitied						
1 5 1	299. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kno	wledge, death occurre	d at the time, date end place, and due	to the causelet and man	ner as stated		
S	one) 2 MEDICAL EXAMINER: On the basis of examinat					se(e) end manner se stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER	-					
8	Col.	6. H N	29c. LICENSE NUM	BER	29d. DATE SIG	NED (Month, Day, Year)	
2	-ealth.	1. 00.10	43	081	- 4	-25-93	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF		Print)	14	,		
	JEDAN, K.H., MD. Ballin	we lu	certy General	Hospit	d.		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SK	NATURE					
1 1	MAY 1 2 1993 Julie Juridan	andelle					

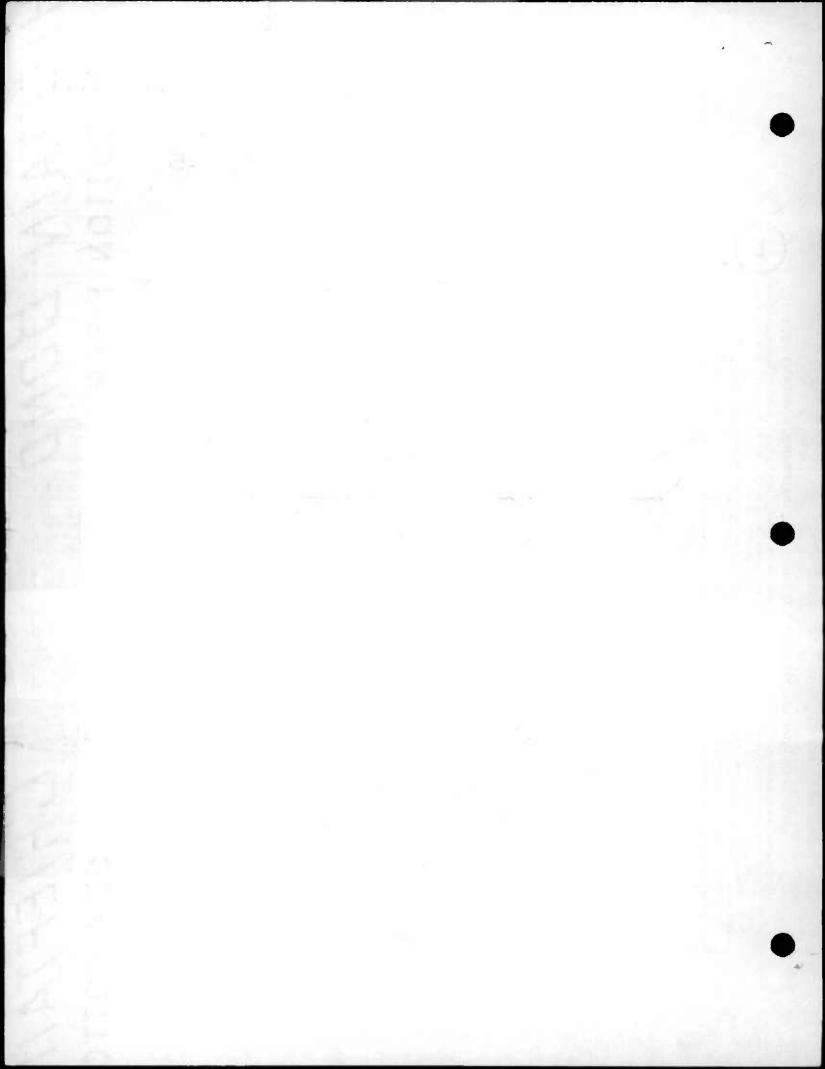


BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

)	3		1	4	1	i	
-	_	T	3 TI	ME O	F DE	ATM	-

1. OECEDENT'S NAME (First, Middle, Last)								
BLANCHE	EDMOS	VDS			2. DATE OF DE	DAY	YEAR	DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	тн Т	6. BIRTHPLACE (State Country)	or Fore
231-28-7496		6 / THS.		HOURE MIN.	7/13	125	VIRGI	N
90. FACILITY NAME (If not institution, give : BON SECONS	1.		Baltin		EATH		FINDS	11:
RESIDENCE OF DECEDENT			JUCITA	eu,		CMC	ATTION	CCI
RESIDENCE OF DECEDENT 100. STATE 100. COUNT Bal	Fimore lity		LAMEN				10d, INSIDE	?
1		Ba		ZIP CODE		10g, CIT17	1 YES :	
10s. STREET AND NUMBER 4266 R6	- U			21229	3		UST	
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	3 2- NO	If yes, spec		NIC ORIGIN? (Spe an, Puerto Rican, o fy:		14. RACE — American Black, White, etc. Specify:	
15. DECEOENT'S EDU (Specify only highest grade		18a. DECEDENT'S US (Give kind of wor life, Do NOT use r	rk done during most	t of working	16b. KIND	OF BUSINESS/INDU	ISTRY	
(Specify only highest grade					Cos	Cosmetology		
17. FATHER'S NAME (First, Middle, Last)	ATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	AME (First, Middle,			_
Allie Gre	eene				ie Brow			
19a. INFORMANT'S NAME (Type/Print)						or Town, State, Zip (
Robert Editorias			Rokeby			., Md. 2		
20a. METHOD OF DISPOSITION X Burial 2 Cremation 3 Ren 4 Dopation 5 Other (Specify)	noval from State	other place) Arbutus	TON (Name of ceme	etery, cremetory or		7 Balto		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- ILDACUD	22. NAME AND	ADORESS OF F	CILITY			-
amin	1. Mint	-m)	James	A. Mort	con & Sc	ns to., Md.	0	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):		NGU	140/0	///\		
that initiated events								
	na contributing to death	but not resulting in		cause given in	Part I. 24a.1	AS AN AUTOPSY	24b. WERE AUTOR	SV FIN
	na contributing to death	but not resulting in		cause given in	1	MAS AN AUTOPSY PERFORMED? YES 2 17410	24b. WERE AUTOP AMILABLE P COMPLETION	RIOR T
PART II. Other algnificant condition DIABETES HYPERTERV	na contributing to death	but not resulting in		cause given in	1		AVAILABLE P	RIOR TO
PART II. Other algnificant condition DIABETES HYPERTERV	MELLI	but not resulting in TUS		cause given in	1	PERFORMED?	AMILABLE P COMPLETION OF DEATH?	RIOR TO
PART II. Other algnificant condition DIABETES HYPERTERV	MELLI SION VE HEA HOSPHÁL:	TUS PRT F	the underlying		10	PERFORMED?	AMILABLE P COMPLETION OF DEATH?	RIOR TO
PART II. Other algnificant condition DIABETES HYPERTERV	MELLI SION VE HEA	TUS HT F	the underlying ALC M 26. PLI OTHER: Nursing Home	ACE OF DEATH (C	1 heck only one)	PERFORMED? YES 2 10/10	AMALABLE P COMPLETION OF DEATHY 1 YES 2	RIOR T
PART II. Other algnificant condition PART II. Other algnificant condi	HOSPITAL:	TUS Appetient 3 DOA 4	26. PLIOTHER: Nursing Homeo	ACE OF DEATH (C.	1 heck only one)	PERFORMED? YES 2 □ NO	AMALABLE P COMPLETION OF DEATHY 1 YES 2	RIOR T
PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition 25. Was Case Referred to Medical Examiner? 1	HOSPITAL: 10 Mightlent 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	TUS stpatient 3 DOA 4 28b. TIME 1 NJUF	26. PLJ OTHER: Nursing Homeo OF M M 1 Yi T	ACE OF DEATH (C) 5 □ Residence	heck only one) 8 Other (Special Describe)	YES 2 100	AMALABLE P COMPLETION OF DEATHY 1 YES 2	RIOR T
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PART II. Other algnificant condition ABCT S	HOSPITAL: 1\ \times method for injury 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Sp SICIAN: To the best of my knothing for injury ER: On the basis of axaminst	ripstient 3 DOA 4 28b. TIME (INJURY — At home, farm, streecity)	26. PL/ OTHER: Nursing Home Nur	ACE OF DEATH (Co. 5 G Residence RRY AT RK? 2 MO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 100 WHOW INJURY OCC (Street and Number of 1, State) and menner as state lace, and due to the	AMALABLE PCOMPLETION OF DEATH? 1 YES 2 URED Pr Rural Route Number, od. e cause(e) and manner	RIOR TI I OF CA
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PART II. Other algnificant condition ABCT S	HOSPITAL: 1\ \text{Mosplet for in Jurg building, atc. (\$0} \text{SICIAN: To the best of my knd left.} \text{On the basis of axaminst left.}	ripatient 3 DOA 4 285. TIME (INJUF RY — At home, farm, stripecity) wiedge, death occurred ion and/or investigation,	26. PLOTHER: OTHER: ON UNISING HOME OF 28c. INJU WOF 1 Y eet, factory, office at the time, data is in my opinion, de	ACE OF DEATH (CO. 5 Residence RRY AT INC? ES 2 NO Inc. NO	theck only one) 8 Other (Special Describer City or Your City or Your Describer City or You	YES 2 100 WHOW INJURY OCC (Street and Number of 1, State) and menner as state lace, and due to the	AMALABLE PCOMPLETION OF DEATH? 1 YES 2 URED OF Rural Route Number, od. e cause(e) and manner SIGNEO (Month, Day,	r ae sta



DIVISION OF VITAL

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	The law requires that the death certificate be executed within 24 hours after dea
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1	The
IN OF VITAL RECORDS, P.O. BOX 68/60	HYSICIAN:
	TAL DR ATTENDING PHYSICIAN: Th
5	8
1	M

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending objection.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hursalzment narmin page 1.2 should
be filed within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAN	ND / DEPARTME Certifica	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE REG. N					
	1. DECEDENT'S NAME (First, Middle, Last) Emma 0. Eichelbe:		TE OF BEATT	2. DATE OF DEATH MONTH	DAY YEAR 3. TIME OF DEATH				
		IAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BI							
	216 14 1208 1 D M 2 🖫 F	210 14 1200 A 09							
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 8129 Woodhaven Road RESIDENCE OF DECEDENT	9b. C	Rossville		9c, COUNTY O				
٣ ١	10e. STATE 10b. COUNTY	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY			
	Maryland Baltimore		Rossville			1 YES 2 NO			
FUNERAL	8129 Woodhaven Road	101. ZIP CODE				DE WHAT COUNTRY?			
N N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN II	S. ARMED	13. WAS DECENDENT OF HISF	ANIC ORIGIN? (Specify)	ea or No- 14, R	ACE — American Indian.			
À	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 to NO	If yes, specify Cuban, Max 1 ☐ YES 2 M NO Spe	can, Puarto Rican, atc.)		Black, White, etc.			
COMPLETED	(Specify only highest grade completed)	Give kind of work do	ne during most of working	16b. KIND OF B	USINESS/INDUSTR				
퓝	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retire	usewife		lowe				
Š.	17. FATHER'S NAME (First, Middle, Last)	110		NAME (First, Middle, Maide	ome on Sumame)				
BE (Thomas Hughes				effersor				
2	19a. NFORMANT'S NAME (Type/Print) Eleanora Kues		ESS (Street and Number or Run						
	20a. METHOD OF DISPOSITION 20b BI	8129 W	oodhaven Roa		OCATION - City of				
	4 Donation 5 Other (Specify)	ry, crematory or other pla	etery 5/1	/93 Bal	timore N				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		2. NAME AND AODRESS OF Bruzdzinski I	vuneral Hon	ne PA				
	23. PART . Enter the diseases, or complications that caused the	ne death. Do not en	407 Eastern	Ave Baltin	ore Mary	Vland 21221 Approximate			
	shock, or heert failure. List only one cause on each immediate Cause (Final disease or condition resulting in death)	1emic	bov	Jel	priotory arrest,	interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
뜅	DADT II Other significant conditions contained as death to								
DICAL	PART II. Other significant conditions contributing to deeth but	not resulting in the	underlying ceuse given i	n Part I. 24s. WAS A PERFO	PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDIC				_		1 NES 2 NO			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТИ	28. PLACE OF DEATH (C	Check only one)					
14Si	1 YES 2 NO 1 Inpatient 2 ER/Outpetie		lursing Home 5 Rasidence						
BY PH	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF INJURY M	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED				
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — building, stc. (Specify)	At home, farm, street, f	actory, offica	281. LOCATION (Stree City or Town, Stat	t and Number or Run e)	rai Route Number,			
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination and								
	296. SIGNATURE AND TITLE OF CERTIFIER.	The state of the s	29c. LICENSE N						
	- meanens	7	D2	4334	▶ 4	1ED (Month, Def., Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH F ((ITEM 27) (Type, Print)	K						
	31. DATE FILED (Month, Day, Well) 32. REGISTRAR'S SIGNATU MAY 0 2 1993	RE male Ma							



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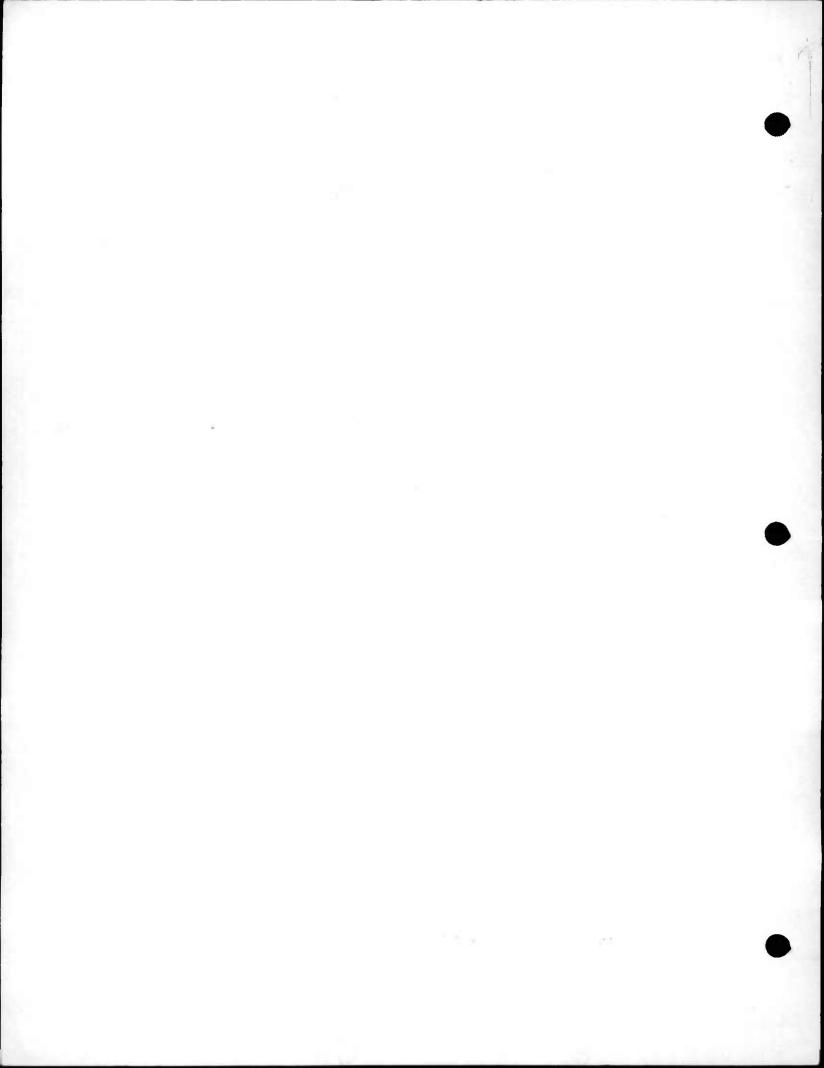
soe 5 should be detached for use as the burial-transit		
be detached for us		at once.
ector, page 5 should		must be notitled
by the funeral dir	removal.	dical examiner
d completely filled in	urial, cremation, or	natic event, the medic
nding physician an	Hygiene prior to b	ANT: If item 28 is marked, or item 23 shows any injury, or other traumati
signed by the atte	Health and Mental	ows any injury,
certificate has been	the State Dept. of	, or Item 23 sh
RECTOR: After this	within 72 hours after death with the State Dept. of H	item 28 Is marked
FUNERAL DIF	within 72 hou	ANT: # iter

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH FROOMAN FRANK ARNOLD 3:50 04 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 9e. FACILITY NAME (If not institution, give street and number) 1 M 2 - F 74 DAYS HOURS YRS 09-04-18 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. AGNES DIRECTOR CLTIMORE HOSPITAN 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD 0 BAZTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: EDGEWOOD U.J. A 11. MARITAL STATUS 12. WAS DECEDENT EVED N U.S. ARMED FORCES? 1 PES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married ВУ 3 Widowed 4 Divorced Specify: BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high HOSPITAZ LABORATORY workers 17. EATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname ESTER 띪 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural 2 25 ETYFEWOOD reem AN 40 21229 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY UNITY Funeral Home AUE 08 BALTO, MD 27201 W. North 23 Mar i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List pnly one ceuse on each line. Interval Betwe WEDIATE CAUSE (Finel Onset and Death disease or condition resulting in deeth) e. MASSIVE CEREBROUMSCULAS

DUE TO (OR AS A CONSEQUENCE OF): 13 days ACCIDENT 13 Homisenera SIP WHIPPLE CERTIFICATION REJECTION 4-14-93 Sequentially list conditions DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CARCINOMA OF THOS CAUSE (Disease or Injury DUODENUM DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? OLD (L) HOUISPHONE C. U. A. (R) SiDER WOMILNOTS) 1 TYES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO No Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? TIME OF 28d, DESCRIBE HOW INJURY OCCURED 5 Pending 1 Natural ВУ 1 YES 2 NO 2 Accident 28f. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner as attend. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTAN 29b. SIGNATURE AND TITLE OF CERTIFIER 38 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 04-27-93 Du aniker MD 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SWANIKER AGNOS ST HOSPITAL BALTIMONO MID 31. DATE FILED (Month, Day, Year) Luis Dandon Honding

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR	OINIE OF MINITE			F DEATH		REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF	DEATH			. TIME OF DEATH
	LILLIAN FLORENCE	E GREGG				APRIL	30,	1993	3 YEAR 4	:00 P.M. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	MONTHS DAY		7. DATE OF (Month, D			8. BIRTHPL Country)	ACE (State or Foreign
	217-22-7580 9a. FACILITY NAME (If not institution, give s	/ YRS.				16.			GINIA	
œ	At the second second				N OR LOCATION OF D	EATH			NTY OF DEA	
5	5501 GLENARM I	ROAD		GLE	NARM			BAL	TIMORE	
DIRECTOR	MARYLAND BAL	TIMORE		Y, TOWN OR LO	CATION	· -		10d. INSIDE CITY LIMITS? 1 \(\text{YES} \) 2 \(\text{A} \)		Dd. INSIDE CITY LIMITS? YES 2 2 NO
FUNERAL	10%. STREET AND NUMBER 5501 GLENARM	ROAD			101. ZIP CODE 21057			10g. CITIZEN OF WHAT COUNTRY? U.S. OF A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED		DECENDENT OF HISPA			or No-	14. RACE -	- American Indian,
B≺	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			, specify Cuban, Mexic YES 2 NO Speci		in, etc.)		Specify:	White, etc.
三	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of t	vork done during	ATION most of working	16b, KI	ND OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 8th	College (1-4 or 5 +)	DOMEST	e retired.)	_	PR	IVAT	E FAN	MULIES	
BE CO	17. FATHER'S NAME (First, Middle, Lest) WILLIAM HENRY HA	ALE			18. MOTHER'S N.	AME (First, Mick IARGARE	T AM	Sumeme) OS		
TO B	190. INFORMANT'S NAME (Type/Print) MRS. ALBERTA GREGO	G BARRETT	19b. MAILING 5501 (ADDRESS (STREET	et end Number or Rural I ROAD GL	Floute Number, ENARM,	MAR	YLANI	2105	57
	20s. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State Cen	b. PLACE AND DATE (ther place)		93 DATE	20c. LO	CATION —	City or Town	, State
8	21. SIGNATURE OF THERAL SERVICE LIK	PENDEE			EM, GARDE	ACILITY			M, MD. I	RALTO CO.
	+ Lewis -	. Swy	T. GWYNI	LEV	IS T. GW	YNN FU				1215-6393 E,MARYLAND
	23. PART i. Enter the diseases, or shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause on e	each line.	Tum	mode of dying, suc	ch as cardiac	or respi	ratory an	rest,	Approximate interval Between Onset and Death
NO	Sequentially list conditions, Due to (or as a consequence of):									
E	if any, leading to immediate cause. Enter UNDERLYING	552 10 (511 25)	CONSCOURNCE OF	·)-						
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF	ŋ:						
Ë	resulting in death) LAST	d								
PHYSICIAN: MEDICAL C	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUS OF FORTH?							MILABLE PRIOR TO		
: ME						_		^		YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	heck only non)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	Iome 5% Residence		naciful			
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b, TIM		INJURY AT WORK?	28d. DESCRI		JURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(World, Day, Your)	1100		YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, stc. (Spec	f — At home, farm, s cify)	street, factory, o	ffice	26f. LOCATIO City or R	ON (Street e own, State)	nd Number	or Rural Rou	te Number,
COMPLETED		CIAN: To the best of my know								nd manner on stated
	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU		piace, an			opth, Day, Year)
BE	1	Of on	2		0/6	527	_	▶ 4	1/2/	5.7
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	Old	(0.	7	R	1 3/	/ _
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE &	000	ad	corn	1	00	•	
		3 Tillio Davi	dron-Randa	80						

6

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician or THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriahing be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

760, BALTIMORE, MARYLAND	d within 24 nours after death. Page 6 may be retained by the hosp	mpletely filled in by the funeral director, page 5 should be detached, cremation, or removal,	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

21215-0020

33

use

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 YEAR BABY GIRL GANT 4:40 A APRIL 12 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 XF YRS. 12 b4 MD 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH BALTIMORE CITY DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10e STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE BALTIMORE, MARYLAND 1 X YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 619 NORTH PORT STREET 21205 USA 11 MARITAL STATUS
1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-It yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 ND Specify: BLACK BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at CAMERON SIMPSON TANYA GANT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 TANYA GANT 619 NORTH PORT STREET-BALTO MD. must be 20s. METHOD OF DISPOSITION

1 Burlat 2 Cramation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 4/12/93 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOHNS HOPKINS HOSPITAL 600 N. WOLFE STREET medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** the disease or condition Pernaturity
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) shows any injury, or other traumatic event, MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: marked, or item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 2 FR/Outpatient 3 DOA 1' YES 2 NO OTHER: ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT ' 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a. CERTIFIER

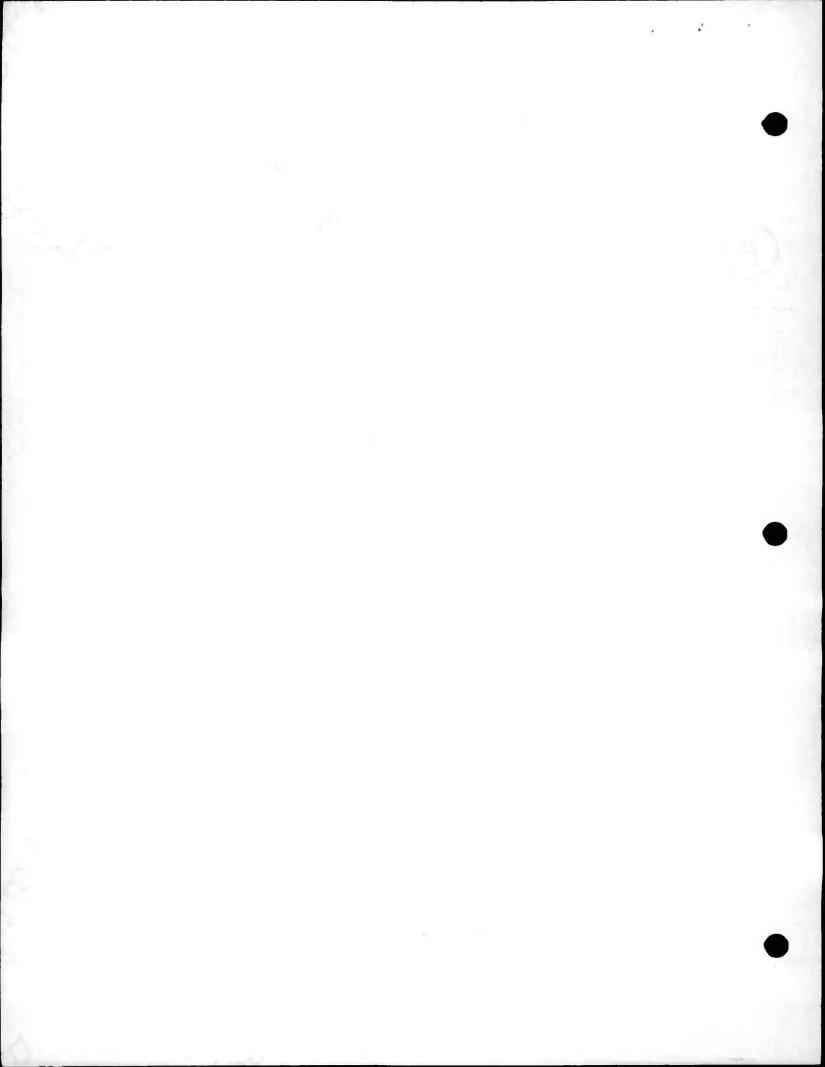
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MB Don Tino M ►4/12/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

North Wolfe St Balto

HHL

31. DATE FILED (Month, Day, Year)
MAY 0 3 1993

600



		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF I	HEALTH AND	MENTAL HYGIEN		12110
		1. DECEDENT'S HAME (First, Middle, Last) JAMES GF	RAY	CERTIF	CATE OF	DEATH	2. DATE OF DEATH MONTH 23 to	DAY 1993 YE	3. TIME OF DEATH
3 should		4. SOCIAL SECURITY NUMBER 217 - 68 - 1647 98. FACILITY NAME (If not institution, give st	5. SEX 1 V M 2 F reet and number)	(In yrs. last birthday)		F UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 7 - 4 - 6 () EATH		OF OEATH TIMORE CITY
~ 1	DIRECTOR	THE JOHNS HOPK				TIMORE		BAL	
m. Pages 1,		MD 100. STREET AND NUMBER			1 timor	·e			10d. INSIDE CITY LIMITS? 1 🕍 YES 2 🗌 HO
	FUNERAL	2207 E. Jeffe				21205		USA	OF WHAT COUNTRY?
215-002e attending prise	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XHO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico S 2 X HO Specif	NIC ORIGIN? (Specity Year, Puarto Rican, etc.)	s or Ho— 14.	RACE — American Indian, Black, White, atc. Specify: Black
D 21 spital or ed for u	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 9th		16a. DECEOENT'S (Give kind of w life. Do NOT us Unemp]	ork done during m e retired.)	ON ost of working	16b. KIHD OF BU	JSIHESS/INDUST	RY
8 8 A	BE CON	17. FATHER'S HAME (First, Middle, Lest) Arthur Gray S	r.			Mary			
TE, MAR ay be retained I page 5 should t be notified	10	Arthur Gray Jr		521 G	lover	St./Bal	Route Number, City or Tov timore,		
ALTIMORI leath, Page 6 ma) funeral director, p		20a. METHOD OF OISPOSITIOH 1 Daniel 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUHERAL SERVICE LICE	V	o PLACE AND DATE Of netery, cremetory or of OSNE	Memori	al Gard	J. Du	ocation - city	•
SALT r death. e funeral. exami		· Olnim	Col		WM C	NO ADDRESS OF FA	F.H./11	.01 E.	NORTH AVE
within 24 hours operation, or re-		23. PART I. Enter the diseases, or canock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that cause clist only one cause on e	sch line.	ot enter the mo	ode of dying, suc	h as cerdiec or reep	piratory arrest,	Approximate interval Betwee Onset and Deat
certificate be executed ling physician and con ygiene prior to burial, other traumatic en	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOR AS A OUE TO GOR AS A OUE TO GOR AS A	COHSEQUENCE OF	LU MONI				1 week 2 weeks
KECORDS requires that the been signed by the signed by the shows any injury.	I: MEDICAL C	PART II. Other eignificent condition	A .						24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	entleret 3 🗆 DOA	OTHER:	LACE OF DEATH (Ch	eck only one) 8 Other (Specify)		
S Kit it is	ву РНУ	27. MAHHER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	M 1 🗆	JURY AT DRK? YES 2 HO	28d. OEŞCRIBE HOW		
DIVISION DIRECTOR: After hours after death	PLETED	3 Suicide 6 Could not be determined	28e. PLACE OF IHJURY building, atc. (Spec	:my)			261. LOCATION (Street City or Town, State))	ural Route Number,
A 국 C =	COMPI	(Check only one) 2 CERTIFYING PHYSIC	CIAN: To the beat of my knowless. On the basis of axamination						use(s) and manner as stated.
TO THE HOSPIT TO THE FUNERA DE filed within 7	TO BE	296. SIGHATURE AND TITLE OF CERTIFIER 30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OF	ATH (ITEM 27) (Time	Priat1	29c. LICENSE HUI	MBER		NED (Month, Day, Year)

Margaret 31. DATE FILED (Month, Day, Year) MAY 3 19

Mangant M. Duris

30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1993

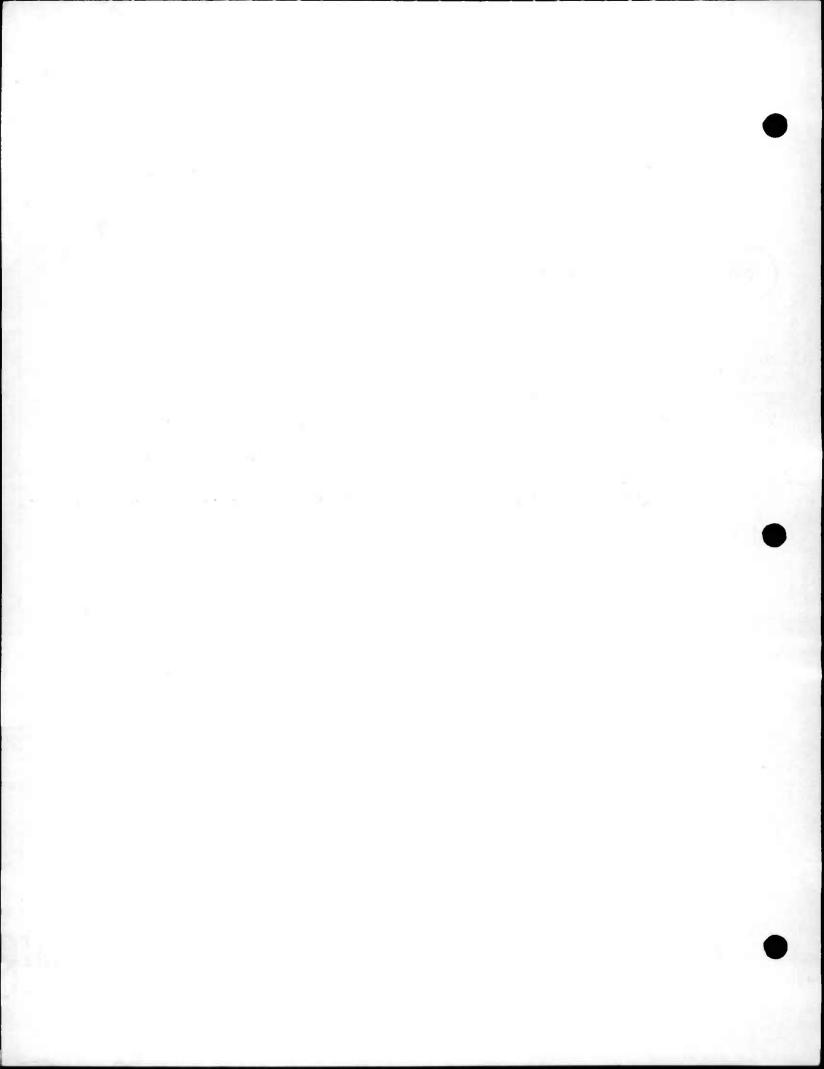
32. REGISTRAR'S SIGNATURE

La Varidon

Tower 110

DHMH-16 Rev 1/89

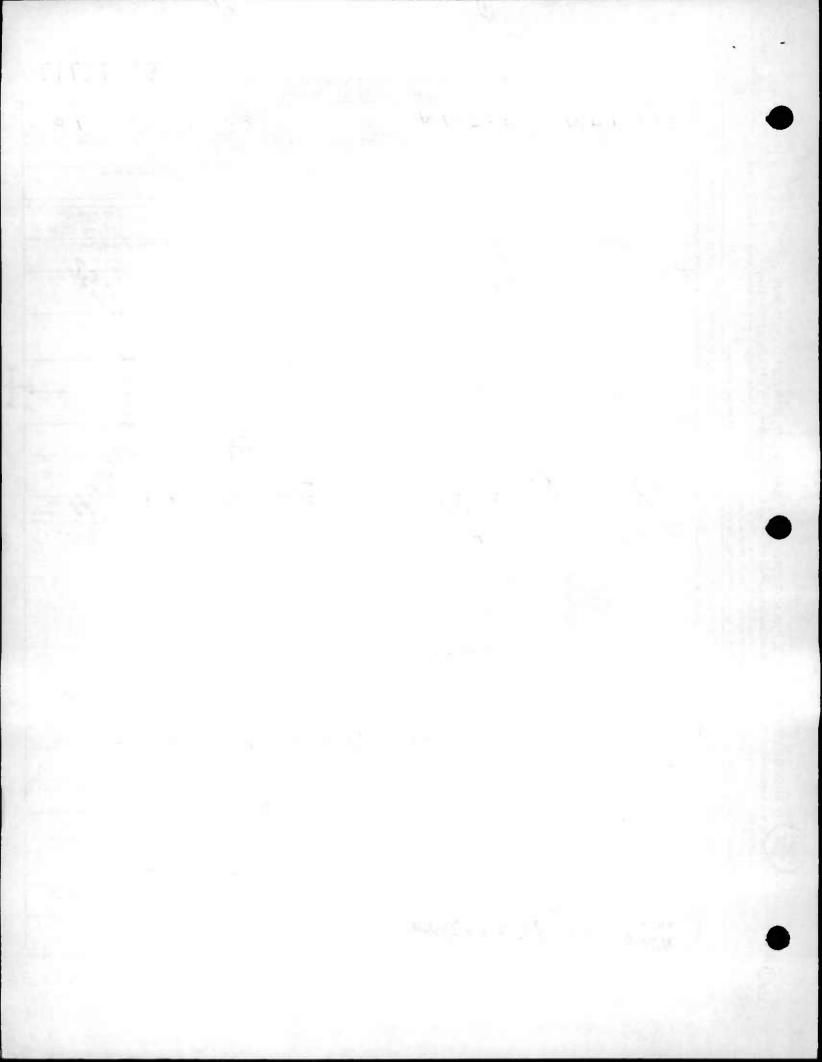
Office



TO THE PRESENCE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after cleant with the State Den. of Health and Mental Housene ning to burial, cremation, or removal.
-

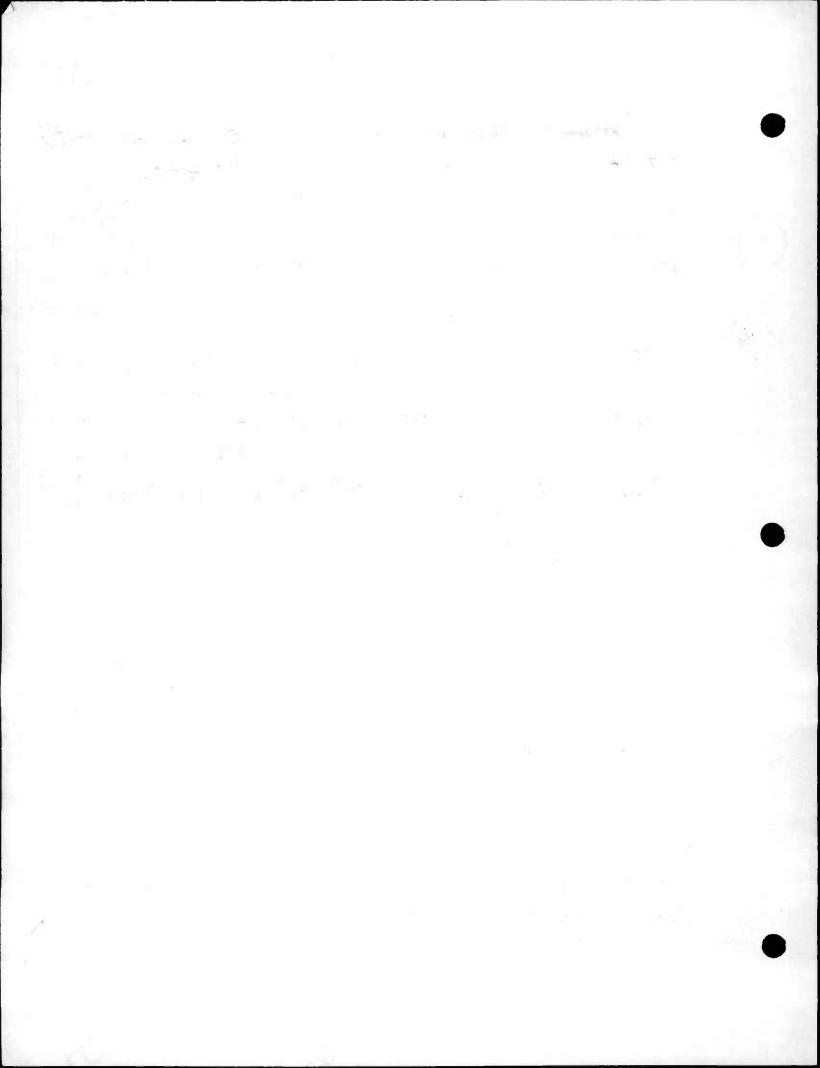
1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last		CERTIFIC	ATE OF DEATH	P MENTAL HYGIENE REG. NO. 2. DATE OF DEATH MONTH DAY	3. TIME OF GEATH
4. SOCIAL SECURITY NUMBER 212289493 98. FACILITY NAME (If not institution, give JOSEPH RICHIE	1 M 2 S F	77 YRS. MO	UNDER 1 YEAR IF UNDER 24 HR: HOURS MIN CITY, TOWN OR LOCATION OF BALTIMORE;	s. 7. DATE OF BIRTH (Month, Dey. Year) 03/06/16	8. BIRTHPLACE (State or Foreign Country) MARYT AND COUNTY OF DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			OWN OR LOCATION ALTIMORE		10d. INSIDE CITY LIMITS? 1 □ YES 2 □ NO
10e. STREET AND NUMBER 5170 WRIGHT A 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 U Y IF YES, GIVE WAR O	ES 2 THO	If yes, specify Cuban, Max	PANIC ORIGIN? (Specify Yea or No	Black, White, atc.
3 Wildowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 7 17. FATHER'S NAME (First, Middle, Last)	UCATION	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	VAL OCCUPATION done during most of working tired.)	16b. KIND OF BUSINES	Specify: WHITE SS/INOUSTRY EWIFE
JOHN BLOOM			WINIE	NAME (First, Middle, Malden Surna FRED KAUFMAN	ime)
JEAN CAVE 20s. METHOD OF DISPOSITION 1-1-Burlel 2 Cremetton 3 Rev			TOWN CENTER I	DATE 20c. LOCATIO	21085 ON — City or Town, Stata
21. SIGNATURE OF FIMERAL SERVICE	CENSEL	MEAIX)WRIIX	22. NAME AND ADDRESS OF	SEDALE FUNERA	
23. PART Infler the diseases of ahock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Slibbl	sed the death. Do not neach line. AS A CONSEQUENCE OF:	anter tha moda of dying, a	uch as cardiac or reapirator	y arreat, Approximate Interval Batween Onset and Death
Sequentially flat conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR A	S A CONSEQUENCE OF):			
PART II. Other algoriticant condition	ona contributing to deat	h but not resulting in t	ha underlying cause givan	In Part I. 24a. WAS AN AUTO PERFORMED 1 UPS 2 N	? AWAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 22 NO 27. MANNER OF DEATH	HOSPITAL:		26. PLACE OF DEATH	. 1	SPICE
2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea	Y 28b. TIME O	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY 28f. LOCATION (Street and No.	Y OCCURED
4 Homicide detarmined 29a. CERTIFIER (Check only	SICIAN: To the best of my kr	ioecify) nowledga, dasth occurred a	the time, data and place, and o	City or Town, State)	na atated.
256. SIGNATURE AND TITLE OF CENTIFIE	ome		29c. LICENSE I		to the cause(a) and manner as stated. DATE SIGNEO (North, Day, Year)
31. DATE FILED (Month, Day, Year)	HO COMPLETED CADSE OF	1 9001	aton Ave	Balby	MD 21229

DHMH-16 Rev 1/89



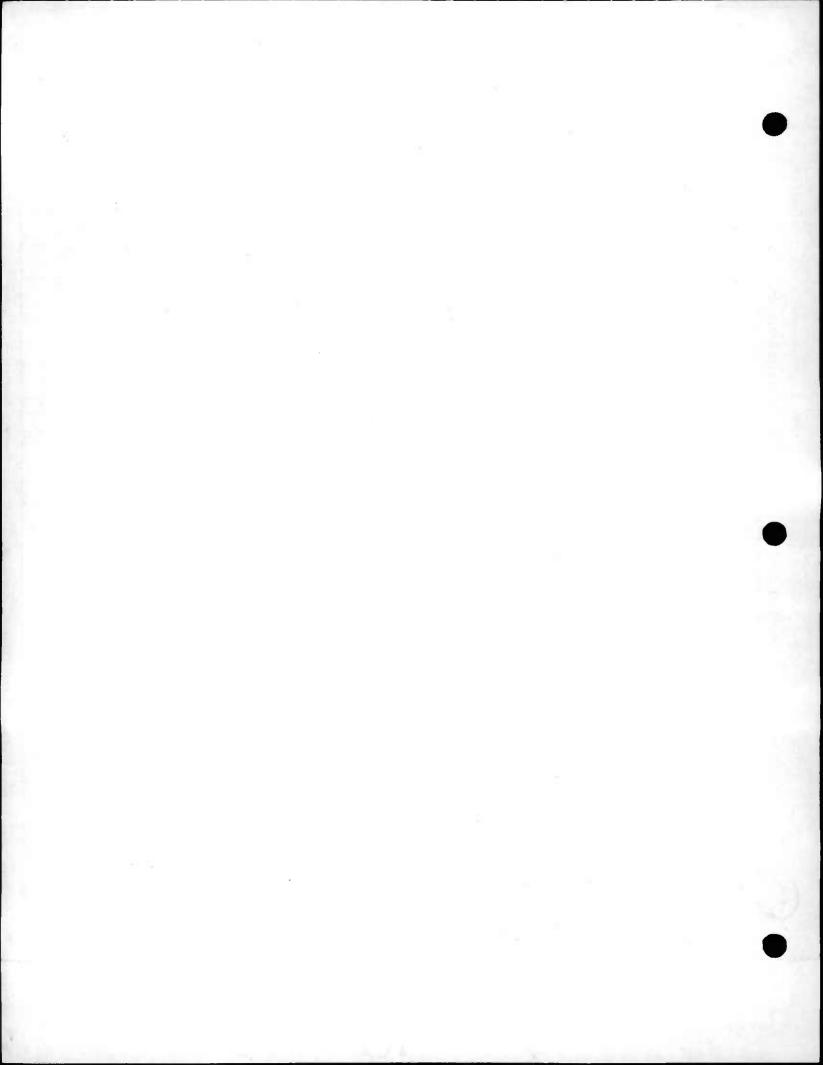
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BALTIMORE, MARYLAND 21215-0020	i hours after death. Page 6 may be retained by the hospital or artending physician. Illed in by the funeral director, page 5 should be detached for use as the burial-trans-	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans. The filled within 72 hours after death with the State Dent of Health and Mental Availage prior for burial cremation or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTI	FICATE	OF DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DE	EATH DAY	VEAD :	3. TIME OF DEATH	
	EARL I	D. HOSE	JR.			5	2	93	5 20 "	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday			7. DATE OF BIL			LACE (State or Foreign	
	217-12-9535	1 X M 2 🗆 F	68 YRS.	MONTHS D.	NYS HOURS MIN.	(Month, Day,	2/24	MA]	RYLAND	
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TO	WN OR LOCATION OF D	EATH	96. CO	UNTY OF OE	ATH	
6	HARBOR HOSPITAL CENTER BALTIMORE _									
딦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		1 40.0							
DIRECTOR		INE ARUNDE		TY, TOWN OR L				- 1	10d, INSIDE CITY LIMITS?	
									1 🗌 YES 2 🔀 NO	
FUNERAL	201 LONGWOOD				AT COUNTRY?					
201 LONGWOOD AVENUE 21061 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGINAL (Specific Via or No.								U.S.F		
	1 Never Married 2 Merried FORCES? 1 X YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)									
A	WHITTE									
	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16e. DECEDENT	S USUAL OCCU	PATION	16b. KIND	OF BUSINESS/IN		1111	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	work done durir use retired.)	g most of working					
PI	12	0	TOOL	& DIE	MAKER	META	AL MAN	UFACI	URING	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle,	Malden Sumame)			
BE (EARL D. HOSE	SR.			ERIKA	A. GES	SSING			
2	19e. INFORMANT'S NAME (Type/Print)				reet and Number or Rural	Route Number, City	or Town, State, Z			
-	ELEANOR V. HOS	E	201	LONGW	OOD AVENU	JE-GLEI	N BURN	IE,MD	.21061	
	20a. METHOD OF DISPOSITION 1 Sp Burlel 2 ☐ Cremation 3 ☐ Rem	oval from State	Db. PLACE AND DATE	OF DISPOSITIO	N (Name of		20c. LOCATION -			
	1 Donation 5 Other (Specify)		MARYLA	ND VE	TERANS	5/5	CROWN	SVILI	LE, MD.	
	21. SIGNATURE OF FUNERAL SERVICE AN	PENSEE A			MOND C.		317377777		21.061	
- 1	- All 2 >	Tak: 1) 6	1.	426	CRAIN H	TINK I	ONERAL V CLEN	BIIDN	ITE MD	
	23. PART I. Enter the diseases, or	complications that cause	ed the death. Do	not enter the	mode of dving, aug	h ae cerdiec o	r respiratory e	mest.	Approximete	
	ahock, or heart fellure. IMMEDIATE CAUSE (Finel	Liet only one ceuse on	ech line.						Interval Between Onset and Death	
	disease or condition	Panalya	.40	40		. A.		0		
i	resulting in death)	DUE TO (OR AS	CONSEQUENCE	OF):	Carcinon	u. on	gin co	nkno	79.	
z		h								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):						
<u>S</u>	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury	С								
E I	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):						
#	Total ling in dealing Exist	d								
	PART II. Other algorificent condition	ns contributing to death	but not resulting	In the under	lying cause given in	Part I. 24s. \	MAS AN AUTOPSY	24b. W	PERE AUTOPSY FINDINGS	
EDICAL						F	ERFORMED?	A	WAILABLE PRIDE TO	
						_ '	YES 2 NO	٥	F DEATH?	
2						_		1	YES 2 NO	
₹ I	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (Ch	eck only one)			N/A	
PHYSICIAN: M	EXAMINER?	HOSPITAL:	testient 3 DOA	OTHER:	Home 5 - Residence		44.1			
È	27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TI	ME OF 28c	INJURY AT		HOW INJURY OC	CURED		
	Natural 5 Pending	(Month, Day, Year)	"	JURY M 1	WORK?					
À	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	IY — At home, ferm,	street, factory,	office	26f. LOCATION	(Street and Numbe	or Rural Rou	ite Number	
4 Homicide determined building, efc. (Specify)										
COMPLETED	290. CERTIFIER TXT CERTIFYING PHYSI	CIAN: To the best of my kno	windon double once							
Ě		R: On the basis of examinati							ing mineral an initial of	
	29b. SIGNATURE AND TITLE OF CERTIFIE						ace, and due to t	ne ceuse(s) s	ind menner as stated.	
H H	C'ILIANE E ME	6		- T	29c. LICENSE NUI	MBER	29d. OAT	TE SIGNEO (A	fonth, Day, Year)	
ဥ	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	EATH (ITEM OT C	C Delari	1024	0/6	1/3	12/9	3	
	Hart thouse	1.0 0	Carrie (item 21) (1yp	110	D. 2120	27				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE NATURE	Cho of	11.00/20	-)				
	MAY 9 1993	The Davidson	·							
- 11	3 1333	2	-		· · · · · · · · · · · · · · · · · · ·					
-		W7	100) T					DHMH-18 Rev 1/89	



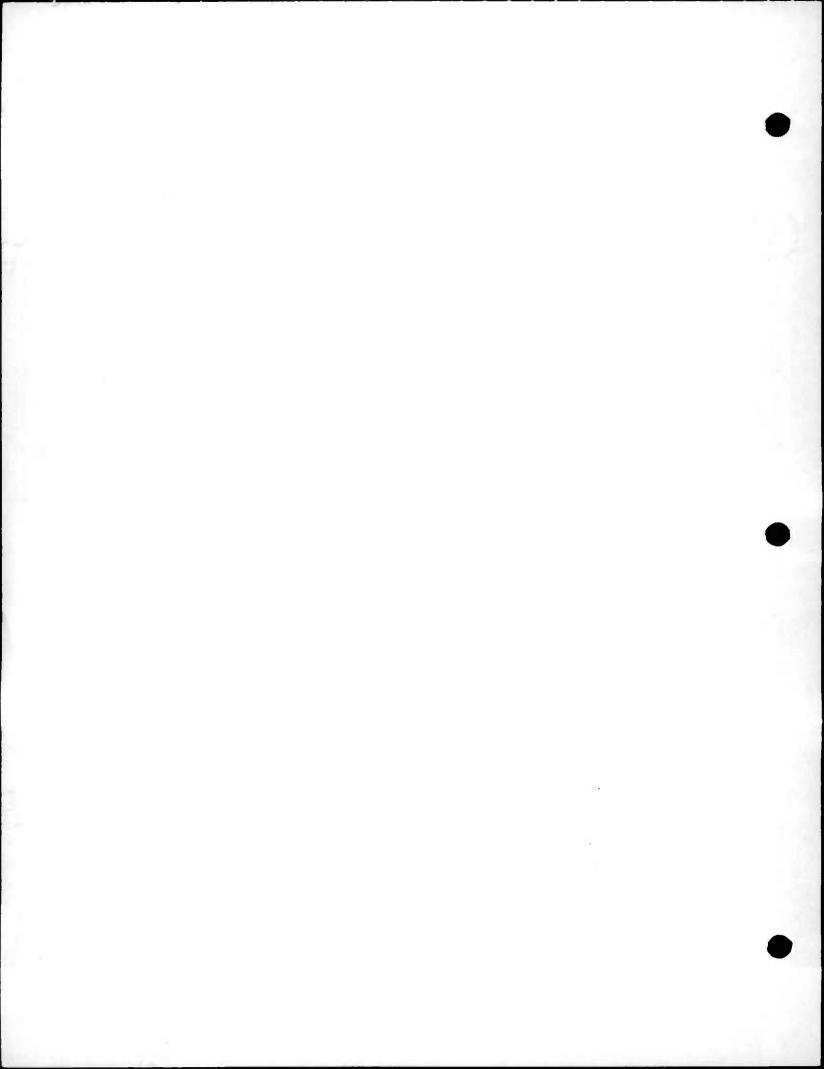
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	ALE UF MARYLAN	DEPARTME CERTIFICA	TE OF DEATH	MENTAL HYGIEN REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
1 3	Charles W. HUTCHINS	SON			May 2 . 1	YEAR	12:00MN M			
	4. SOCIAL SECURITY NUMBER 5. SE		MONT	HOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign			
1	TT0-00-1000	M 2 □ F 77	YRS.		April 12		nnsylvania			
·	9a. FACILITY NAME (If not institution, give street and Perry Point Hosp:		96. 0	CITY, TOWN OR LOCATION OF I	DEATH	9c. COUNTY OF				
DIRECTOR	Perry Point Hosp:	LLAI		Perryville		Cecil				
JE C	10a. STATE 10b. COUNTY		10c. CITY, TOV	N OR LOCATION			10d. INSIDE CITY			
	Maryland		Bal	timore			LIMITS?			
3AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
FUNERAL	613 South Wickham Ro			21229		U.S.A.				
	1 Never Married 2 V Married	AS DECEDENT EVER IN U. DRCES? 1 X YES	2 NO	 WAS DECENDENT OF HISPI If yes, specify Cuban, Mexic 	en, Puerto Ricen, etc.)	Ble	CE — American Indian, ck, White, etc.			
B	I WILL'S									
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade comple	(ed)	a. DECEOENT'S USUA	L OCCUPATION one during most of working	166, KIND OF BUS	SINESS/INDUSTRY				
	Elementary/Secondary (0-12) Colle	ege (1-4 or 5+)	Derrick	(d.)						
₹	8th		Crane op			rt Autho	rity			
	17. FATHER'S NAME (First, Middle, Last) John HUTCHINSON				AME (First, Middle, Maiden					
BE	19a. INFORMANT'S NAME (Type/Print)		105 1441 140 4000		stina KALCH					
일	Mary M. Hutchinson			th Wickham Ro			01000			
	20a. METHOD OF DISPOSITION	20b. PL	ACE AND DATE OF DIS			Ore, MD	21229			
	1 🖾 Burlel 2 🗆 Cremation 3 🗆 Removal fro 4 🗆 Donation 5 🗀 Other (Specify)	om State			3					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2		22. NAME AND ADDRESS OF F	ACRITY		IS, III			
	► W) (MIM 24	isher	1	HUBBARD FUNE 4107 Wilkens	RAL HOME, I	NC.	21220			
Н	23. PART I. Enter the diseases, or compil	cetions that ceused th	e death. Do not en	ter the mode of dying, su	ch as cerdiac or resoi	ratory arrest.	21229 Approximate			
	shock, or heart feilure. List or IMMEDIATE CAUSE (Final	nly one cause on each	ilne.			,	Interval Between Onset and Death			
		Metastatic	Colon Car	cinoma						
		DUE TO (OR AS A CO								
8	Sequentially list conditions, b.									
¥.	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	INSEDUENCE OF):							
[윤]	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	INSEQUENCE OF):	·						
CERTIFICATION	resulting in death) LAST									
	PART II. Other significent conditions conf	ributing to death but	not requiting in the	underlying anyon short i	Prot Las many					
CAL		Lzheimers D		underlying cause given in	PERFOR	MED?	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE			
					1 TYES 2	₹NO	OF DEATH?			
1 44 1					—]		1 TYES 2 NO			
: MEDI					_					
HAN: ME	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)					
SICIAN: ME	EXAMINER? HOS	SPITAL:	ont 3 DOA 4 D	IER:						
HYSICIAN: ME	EXAMINER? 1 YES 2 YNO 27. MANNER OF DEATH	npatient 2 ER/Outpatie	28b. TIME OF	IER: Nursing Home 5 Residence 28c. INJURY AT		NJURY OCCURED				
PHYSICIAN:	EXAMINER? 1 YES 2 Y NO	npatient 2 ER/Outpatie	nt 3 DOA 4 D	IER: Nursing Home 5 - Residence	6 Other (Specify)	VJURY OCCURED				
D BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be	npatient 2 ER/Outpatie	28b. TIME OF	IER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify)		Route Number,			
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be detarmined	npetient 2 ER/Outpetie Ba. DATE DF INJURY (Month, Day, Year)	28b. TIME OF	IER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d, DESCRIBE HOW II 28f, LOCATION (Street a		Route Number,			
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	npatient 2 ER/Outpatie 88. DATE OF INJURY (Month, Day, Year) 168. PLACE OF INJURY building, etc. (Specify) to the best of my knowleds	29b. Time OF INJURY N At home, farm, street,	IEFI: Nursing Home 5	6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State)	ind Number or Rural				
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 YNO 27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Do to	npatient 2 ER/Outpatie 88. DATE OF INJURY (Month, Day, Year) 168. PLACE OF INJURY building, etc. (Specify) to the best of my knowleds	29b. Time OF INJURY N At home, farm, street,	IEFI: Nursing Home 5	6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State)	ind Number or Rural				
E COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	npatient 2 ER/Outpatie 88. DATE OF INJURY (Month, Day, Year) 168. PLACE OF INJURY building, etc. (Specify) to the best of my knowleds	29b. Time OF INJURY N At home, farm, street,	IEFI: Nursing Home 5	6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) e to the cause(s) and man e time, date and place, and	ind Number or Rural	(s) and manner as stated.			
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BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Do to the detarmined 30. MAME ANO ADDRESS OF PERSON WHO COMINERS IN THE COMPANY OF THE PERSON WHO COMINERS IN THE PERSON W	neatient 2 ER/Outpatie 18a. DATE OF INJURY (Month, Day, Year) 18a. PLACE OF INJURY building, etc. (Specify) 18b. PLACE OF INJURY building, etc. (Specify) 18b. PLACE OF INJURY building, etc. (Specify) 18b. PLACE OF INJURY 18b. PLACE OF I	At home, ferm, street, le, death occurred at the door investigation, in n	IEFI: Nursing Home 5 Residence 28. INJURY AT WORK? 1 YES 2 NO factory, office Time, date and place, and du ny opinion, death occured at the	6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) e to the cause(s) and man e time, date and place, and	nd Number or Rural mer as stated, d dua to the cause	(s) and manner as stated.			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retaired by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR		CERTIF	CATE O	F DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last) Eva E. Ha	all				2. DATE OF DEATH	1993 YEAR	3. TIME OF DEATH 1:25 p.m. M
1		1 M 2 7 F	96 vns.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give str Chesapeake Manor	EATH	9c. COUNTY OF Anne A					
DIRECTOR	10a. SATE 10b. COUNTY	e Arundel	ANON			10d. INSIDE CITY LIMITS?		
FUNERAL	100. STATES AND NUMBER ge Park	kway			101. ZIP 201012		10д. СПЕЗБИ ОБ	1 ☐ YES 2 🔀 NO WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes,	ECENDENT OF HISPAR specify Cuban, Mexica ES 2 NO Specifi		Blac	CE — American Indien, ck, White, atc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) T7. FATHER'S NAME (First, Middle, Last) Light of Tables (1-4 or 5-) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE 16. MOTHER'S NAME (First, Middle, Maiden Surneme)								
BE CO	17. FATHER'S NAME (First, Middle, Last) Walter W. Copper	1871–28				ME (First, Middle, Maiden E. Boone		52
TO E	19a. INFORMANT'S NAME (Type/Print) Robert B. Link		19b. MAILING 611 H	address (Street Edwards	and Number or Rural I Road	Annapolis		21401
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remon 4 Donation 5 Other (Specify)	ral from State comp	PLACE AND DATE O	Trk Cem	etery 5/	4/93		e, Maryland
3	21. SIGNATURE OF FUNERAL SERVICE LIC	NDEE	2			Spring Ro		
	23. PART I. Enter the diseases, or co	mplicationa that caused	the death. Do no	ot enter the m	ode of dving, suc	h as cardiac or read	retory arrest	Approximate
	shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Resp.	en ilne.	N	is off	icej	and the line of	Interval Between Onset and Death
NO	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF	no	~ / ′	,		der
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	HAS	(d)				ylan
	resulting in death) LAST			be	nAm			gu
MEDICAL	PART II. Other significant conditions	contributing to death bu	t not resulting in	the underly	ng cause given in	Part I. 24e. WAS AN PERFOR	MED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Ž.								
PHYSICIAN		HOSPITAL:	tient 3 DOA	OTHER:	PLACE OF DEATH (Chi			
M 1 YES 2 NO								
	Accident Suicide	8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, afc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Tourn State)						
COMPLETED		AN: To the best of my knowle On the basis of examination						s) end manner as stated.
TO PE 0	AGNATURE AND TITLE OF SERTIFIER	Herty.	n	-	29c. LICENSE NUM	438/	29d. DATE SIGNED	(Nonth, DA, Year)
	50. NAME AND ADDRESS OF PERSON WHO	COMPATED CAUSE OF DEAT	TH (ITEM 27) (Type,	velo	GELYA	VE#120	HanAx	WIMduy
3	MAY 3 1993	32. RIGISTRAR'S SIGNAT	TURE		7			
	11101	=						DHMH-16 Rev 1/89



1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
1. DECEDENT'S NAME (First, Middle, Lust) Lester Pau	1	HEDRICK			TE OF DEATH	93 YEAR	3. TIME OF DEATH 5:12 P	
		AGE (In yrs. lest birthdey)	IF UNDER 1 YEAR IF UNDER		TE OF BIRTN	8. BIRTH	PLACE (State or Foreign	
ZZU-U/-00U0		6 YRS.	ONTHS DAYS HOURS	marro,	onth, Day, Year) 17–1916	Countr	, irainia	
9a. FACILITY NAME (If not institution, give street			b. CITY, TOWN OR LOCATIO			c. COUNTY OF D	EATN	
Franklin Square Ho	spital		Ross	ville_		Baltimo	re	
Maryland Baltimore 10c. CITY, TOWN OR LOCATION Perry Hall							10d. INSIDE CITY LIMITS? 1 YES 2XX NO	
10e. STREET AND NUMBER			10f. ZIP CODE		.10	Og. CITIZEN OF W	NAT COUNTRY?	
4214 Soth Avenue	2. WAS DECEDENT EV	ED IN ILC ADMED	2123			UŞA		
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 K	YES 2 NO	13. WAS DECENDENT O If yes, specify Cuber 1 ☐ YES 2XX NO	, Mexicen, Puer	GIN? (Specify Yee or to Ricen, etc.)	No — 14. RACE Black Specifi	— American Indian, , White, etc. y:	
15. DECEDENT'S EDUCAT	ION	WW 11	I CONTRACTION				White	
(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of wo	k done during most of working	,	16b. KIND OF BUSINE	SS/INDUSTRY		
12th grade		Turbine	Operator		Bethlehem	Steel		
17. FATNER'S NAME (First, Middle, Last)	2 -1.				t, Middle, Maiden Sun	name)		
Luther David Hedr	TCK	10h MAILING A	DORESS (Street and Number	rtrude				
Mrs. Lena L. Hedri	.ck		Soth Avenue					
20a. METHOD OF DISPOSITION 1 Disposition 3 Remove	i from State	20b. PLACE AND DATE OF cemetery, crematory or other				ION — City or To		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	SFF	Parkwood Ce	metery	4-30-9		more,Md		
Joseph Tues	ene Si	lone	Lassahn Fu 7401 Belai			ld. 212	36	
23. PART i. Enter the diseases, or con ahock, or heart failure. Lie	nplications that ca	used the death. Do not					Approximate	
iMMEDIATE CAUSE (Final disease or condition resulting in death)	Myo	CAPOIA	U INFA	nan	00		interval Between Onset and Death	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death								
PART ii. Other significant conditions	ontributing to dea	th but not resulting in	the underlying cause g	lven in Part i.	24a. WAS AN AUT		WERE AUTOPSY FINDINGS	
					1 Tes 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
							1 TYES 2 NO	
	OSPITAL:		28. PLACE OF DE					
27. MANNER OF DEATN	28e. DATE OF INJU	-/-	Nursing Nome 5 Red OF 28c, INJURY AT			BY OCCUPED		
Natural 5 Pending Investigation	injur	WORK? M 1 YES 2		28d. DEȘCRIBE NOW INJURY OCCURED				
3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc.	URY — At home, ferm, atre (Specify)	et, factory, office	28f. LC	OCATION (Street end I ity or Town, State)	Number or Rural R	oute Number,	
			at the time, date end place, in my opinion, death occure				end menner se stated.	
29b. SIGNATURE AND TITLE OF CESSIONER	1114			ISE NUMBER		d. DATE SIGNED		
				1 /1 / 1		12 - 1	97	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

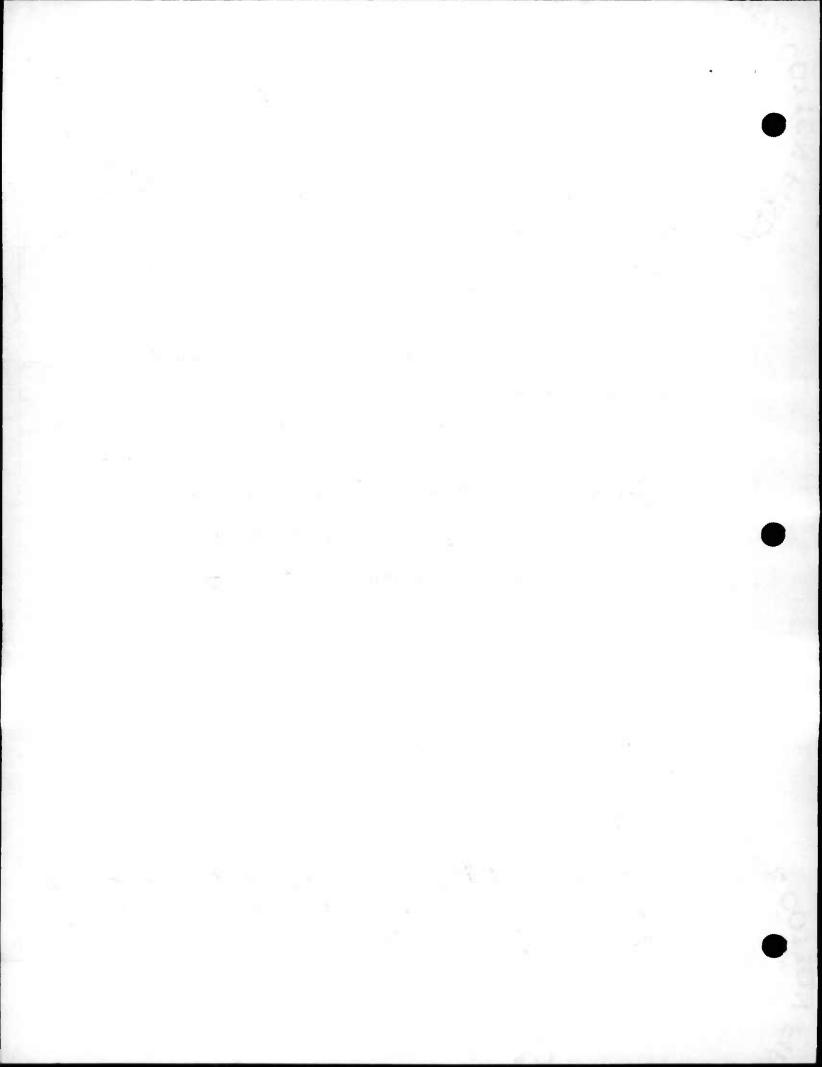
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

021993

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR



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TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 30 1993 HEISE , HENRY 8:40 A. M Α. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-05-5991 85 YRS. DAYS 1 📈 M 2 🗆 F 4/10/1908 Maryland Sa. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County Rosedale 1 | YES 2 X HO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7928 Langdon United States 21206 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black White sto If yes, specify Cuban, Mexican, Pt.

1 YES 2 NO Specify: 1 Never Married 2 Marri BY 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIHD OF BUSINESS/IHOUSTRY (Give kind of work done life. Do NOT use retired.) 12 College (1-4 or 5+) Machinist 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Malden Surname) Henry A. Heise, Sr. Cecelia Geise BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Josephine A. Farmer 7934 Langdon Avenue Baltimore, Md. 21206 20a, METHOD OF DISPOSITION
1 A Burlat 2 Cremation 3 Removal from State 20b. PLACE AHD DATE OF DISPOSITION (Name of DATE 20c. LOCATIOH — City or Town, Stata Oak Lawn Cemetery

Oak Lawn Cemetery 4 ☐ Donation 5 ☐ Other (Specify) _ 5/3/93 Balto.. 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. HAME AND ADDRESS OF FACILITY Mark T. Zavoyna Mark Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 23. PART I. Enter the diseases, or compli cytions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition Cardiony a partly 19chemic 04 V3 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 HO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home Residence 6 - Other (Specify) 4 III Hurs 27. MAHHER OF DEATH 26a. DATE OF IHJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF IHJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATIOH (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide

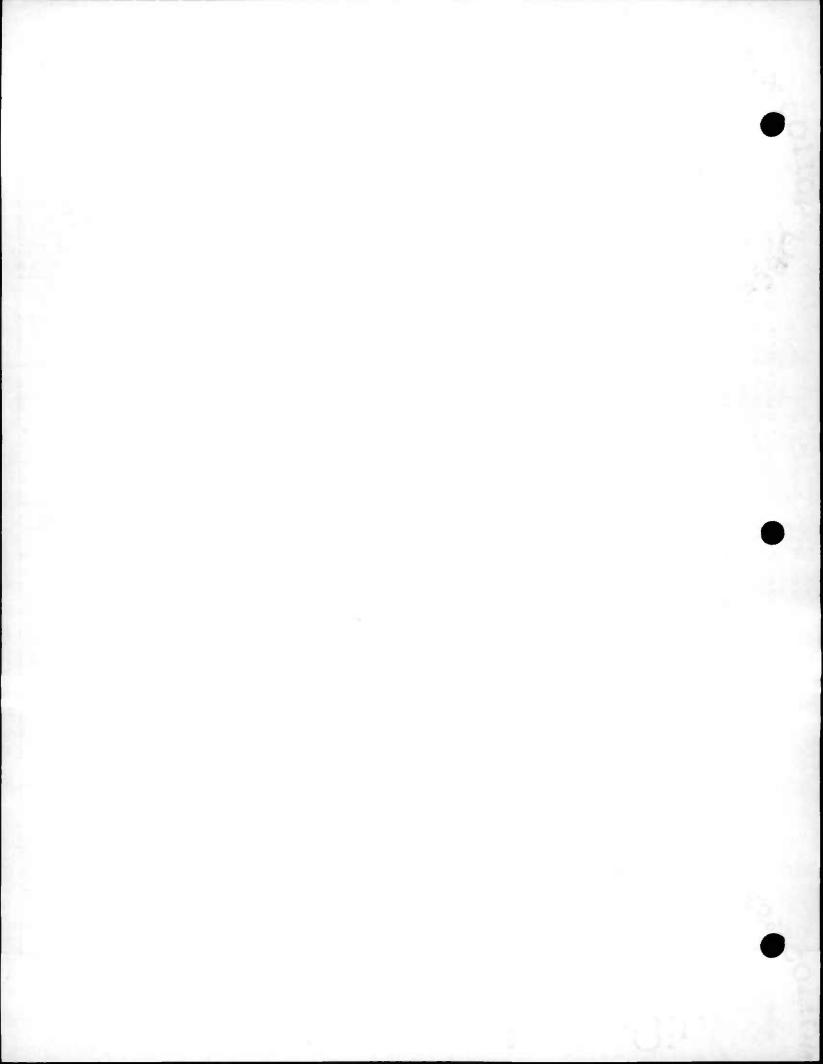
29e. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner ee stated. 2 MEDICAL EXAMIHER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 286. SIGNATURE AND TITLE OF CERTIFIEE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 130 Quene 92 770673 30. NAME AND ADDRESS OF PENSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) George E. Lowe, M.D., 5810 Belair Rd., Baltimore, Md. 21206

31. DATE FILED (Month, Day, Year) 6

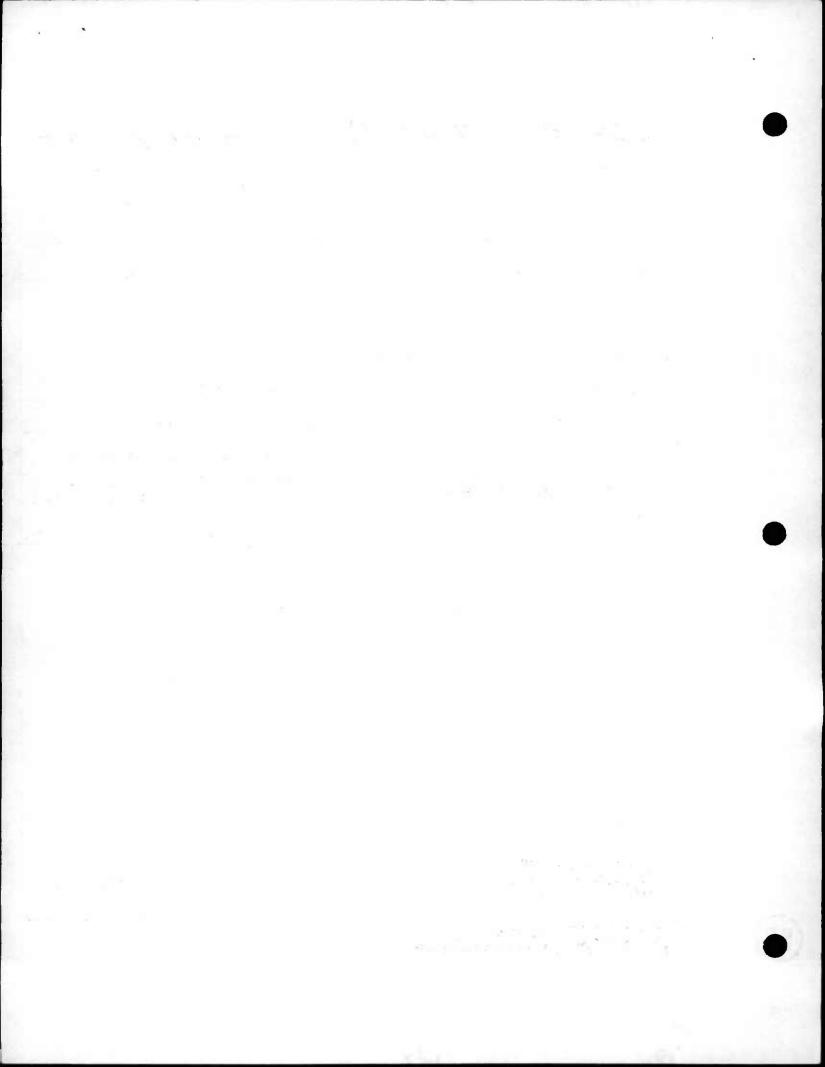
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32. REGISTRAR'S SIGNATURE
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Mr. John Imwold, Jr. 2121 Southland Road Baltimore, MD 21207 200. METHOD OF DISPOSITION 10 Bount 2 Comment of 3 Chemother 3	H			19h MAH ING	ADDRESS (SH	Ethe	1 Brit	tain		-	
TO Burdel 2 Cremettors Comments and the page 21. SIGNATURE OF PUREAL SERVICE LICENSEE LOTTAINE PATK CEMEtery 5-3-93 Woodlawn, Maryland 22. NAME AND ADDRESS OF FACILITY LOTING Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 211 23. PART I. Start had desease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervil Sets once, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervil Sets on conditions, and the set of market in the set of market in the set of the set of market in	5	Mr. John Imwold, Jr.	20h PI	2.12	21 Sou	thland F	load B	altim	ore,	MD 2	
23. PART I. Star the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Betwock, or heart falture. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or conditions as a consequence of the cause). The conditions is a consequence of the cause of the cause of the cause (Final diseases or conditions). BUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS		4 Donation 5 Other (Specify)	cemete	ery, crematory or oti	ark C	emetery	5-3-93	Woo	d1awn	, Mar	yland
IMMEDIATE CAUSE (Final death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (O		John K Agral	7		87	28 Libert	y Road	Ran	dalls	town.	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO North Part II. 26. PLACE OF DEATH (Check only one) 27. MANJER OF GEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. NAILABLE PRIOR TO COMPLETON OF CAUSE OF DEATH (Check only one) 20. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETON OF CAUSE OF DEATH (Check only one) 29. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETON OF CAUSE OF DEATH (Check only one) 29. WEST OF DEATH (Check only one) 29. NAILABLE PRIOR TO COMPLETON OF CAUSE OF INJURY AT II. II. Injurity of the Complete of		IMMEDIATE CAUSE (Final disease or condition resulting in death)	MAL	IGNA				PS PS	OAS	st,	Approximata Interval Between Onset and Death
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The control of the state of the control of the state of the control of the cont	MEDICAL	PART II. Other algnificant conditions contributing	to death but	not reaulting li	tha undar	lying cause given		PERFOR	MED?	CO	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
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29a. CERTIFIER (Check only 20mb) 2 medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piace, and due to the ceuse(s) and menner se stated. 29a. CERTIFIER (Check only 20mb) 2 medical examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piace, and due to the ceuse(s) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Macr) 4 men. 212 31. DATE FILED (Month, Day, Weer) 190. REGISTRAR'S SIGNATURE	- 1	27. MANNER OF DEATH 26e. OATE (Month	OF INJURY	28b, TIME	OF 28c	. INJURY AT WORK?	1	-	NJURY OCCU	JRED	
296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 297. LICENSE NUMBER 296. DATE SIGNED (Month, Dey, Year) 4-30-93 30. NAME AND ADDRESS OF PERSON WRO/COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RAYNOLD DEFESTRE 31. DATE FILED (Month, Day, Veer) 31. DATE FILED (Month, Day, Veer) -92. REGISTRAR'S SIGNATURE	유	3 Suicide 6 Could not be 28e. PLAC	E OF INJURY ng, atc. (Specify)	At home, farm, st	reet, factory,	office	26t, LOCAT City or	ION (Street a Town, State)	and Number o	r Rural Rout	te Number,
296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month, Dey, Year) 296. DATE SIGNED (Month, Dey, Year) 296. DATE SIGNED (Month, Dey, Year) 296. DATE SIGNED (Month, Dey, Year) 296. DATE SIGNED (Month, Dey, Year) 296. DATE SIGNED (Month, Dey, Year) 296. DATE SIGNED (Month, Dey, Year) 296. DATE SIGNED (Month, Dey, Year) 296. DATE SIGNED (Month, Dey, Year) 296. DATE SIGNED (Month, Dey, Year) 296. DATE SIGNED (Month, Dey, Year) 297. LICENSE NUMBER 296. DATE SIGNED (Month, Dey, Year) 296. DATE SIGNED (Month, Dey, Year) 297. LICENSE NUMBER 298. DATE SIGNED (Month, Dey, Year) 298. DATE SIGNED (Month, Dey, Year)	OMPLE	(Check only CERTIFTING PHYSICIAN: To the bear									nd menner ee stated
RAYNOLD DEPESTRE 3100 TIMANUS LA BALTIMORE MD 212 31. DATE FILED (MONIN, Day, Year) - 92. REGISTRAR'S SIGNATURE	8		1/28	_ mI	>			7			
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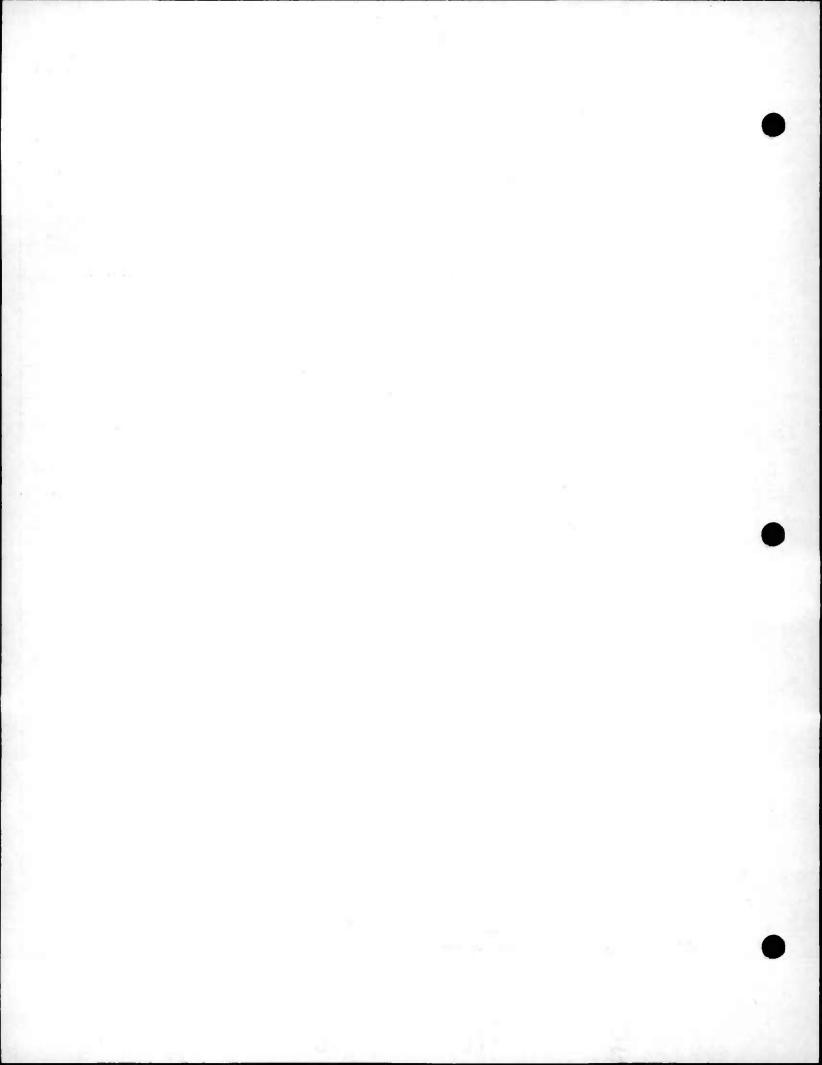
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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH JULIUS JOHNSON APRIL 30. 1993 10:23 Р. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTNPLACE (State or Foreign DAYS 1 🗌 M 2 🙀 F HOURS 577-18-7073-A YRS. 2-26-04 Cherow, for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MARYLAND GENERAL HOSPITAL BALTIMORE, CITY RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND. BALTIMORE, MARYLAND 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1100 Pennsylvania Ave Apt. 202 21217 U.S.A executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician, and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Truck Driver 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) notified at Julius Johnson Sr. BE Mary Johnson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Julius Johnson 113 Canvon Place Capital Hots. Md 20743 Pe 20a. METHOD OF DISPOSITION

1. Burlel 2 Cremation 3 Ref 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION — City or Town, State cemetery, crematory or other pla Arbutus Cemetenv5-5| Arbutus, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY William C. Brown Community Molow Funeral Home 1206 W. North Ave. Balto. Md filled in by the fillen, or removal. the medical 23. PART I. Entai-the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart feliure. List only one cause on each line Interval Between 6 Onset and Death **IMMEDIATE CAUSE (Final** cremation, disease or condition resulting in death) ysician and completely 1 prior to burial, crematio PNEUMONIA event, DUE TO (OR AS A CONSEQUENCE DF): traumatic NO attending physician and Sequentially list conditions. DUE TO (DR AS A CONSEDUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CERTIFICATI 8 death certificate CAUSE (Disease or Injury other Hygiene DUE TO (OR AS A CONSEDUENCE DE): that initiated events resulting in death) I AST 6 en signed by the atte injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. the MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? that shows any 1 TYES 2 NO requires RENAL INSUFFICIENCY AND DEHYDRATION 1 YES 2 ND been PHYSICIAN: Dept. WE has 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATN (Check only one) certificate hi Пеш HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 5 the 27. MANNER OF DEATN marked, (28e. DATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED this c 1 Natural 5 Pending Investige 1 YES 2 ND BY After death DR ATTENDING 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data end place, end due to the cause(a) and menner as stated. THE HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE APRIE 30 , 1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LEONARDO GAN LIM, M.D. c/o MARYLAND GENERAL HOSPITAL 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE mole M. 9 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

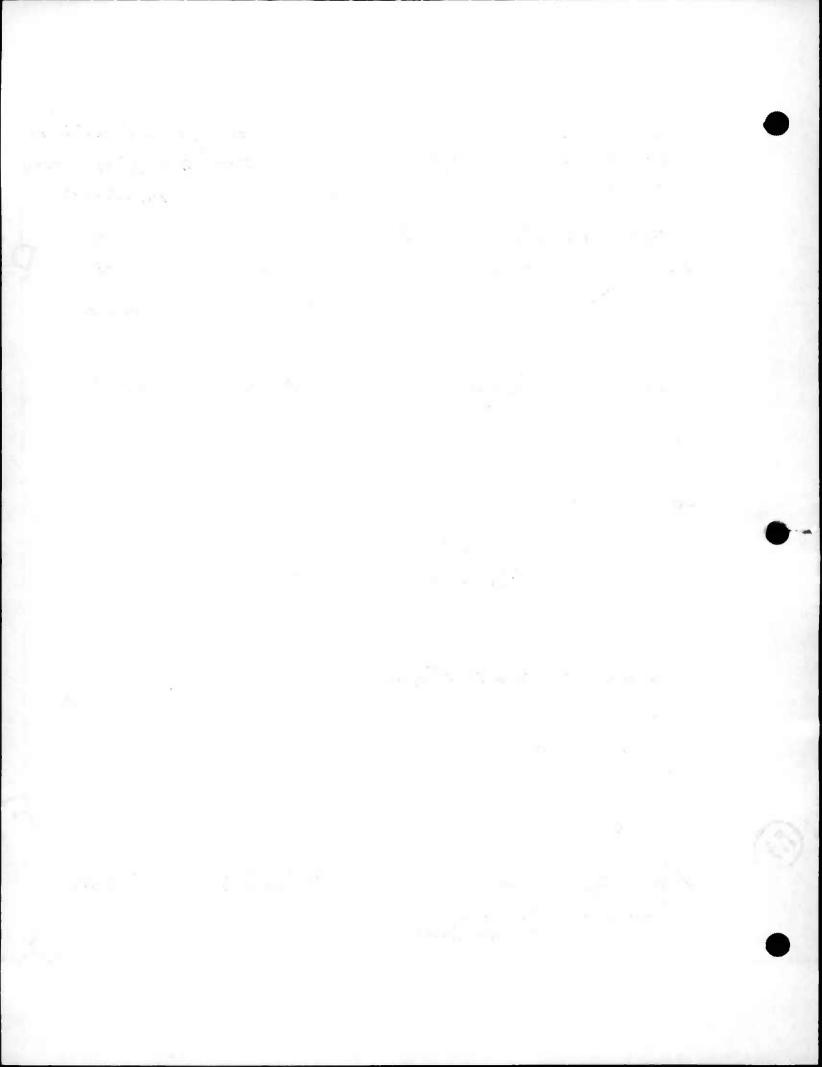
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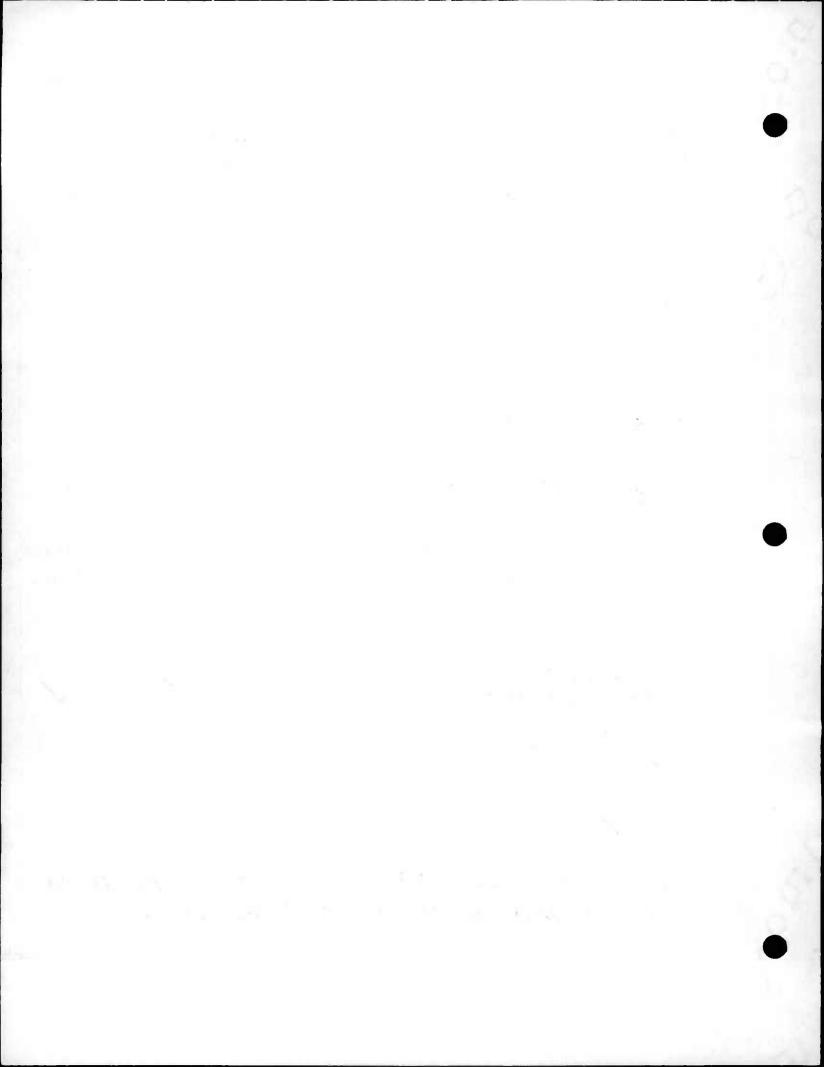
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or attending physician.	or use as the burial-transit permit Pages 1.2.3 should		
MATENDING PRESIDENCE THE LAW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	DIFFECTION Are the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	ours after death with the S	ANT. If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
J	PUNERA	within 72 h	CANT: II

	1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTM CERTIFIC	ENT OF HEALTH A	ND MENTA	AL HYGIENI REG. NO.		1 000			
	1. DECEDENT'S NAME (First, Middle, Last)	Tohn	Son		2. DAT MON	E OF DEATH TH DA	93	3. TIME OF DEATH 2:55 A M			
-	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)										
OR	9a. FACILITY NAME (If not institution, give to the second	street and number)	96.	CITY, TOWN OR LOCATION Baltinor			9c. COUNTY OF	F DEATH I filmore			
DIMECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y//:	10c. CITY, TO	OWN OR LOCATION			Zu /	10d. INSIDE CITY LIMITS?			
	100. STREET AND NUMBER	Hore	Bal	101. ZIP CODE	0.457		10g. CITIZEN O	1 YES 2 NO			
FUNEHAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DECENDENT OF H	HISPANIC ORIGI	IN? (Specify Yea	or No — 14. R/	ACE — American Indian, ack, Whita, atc.			
ED BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	16a. DECEDENT'S USU	1 - YES 2 NO	Specify:			Reck			
COMPLEI	(Specify only highest grade	completed) Cotlege (1-4 or 5+)	(Give kind of work life. Do NOT use ref	done during most of working	16	B. KIND OF BUS	INESS/INDUSTRY				
	17. FATHER'S NAME (First, Middle, Last)	Johnson				Middle, Maiden S	iumame)	: //			
0 00	19a. INFORMANT'S NAME (Type/Print)	nson	19b. MAILING ADD	PRESS (Street and Number or			State, Zip Code)	1/7/2/2			
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	200	D. PLACE AND DATE OF DI netgry crematory or other p		k 5/8	1E 19 Po	ATION - City or	Town, State			
ļ	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	Rug	22. NAME AND ADDRESS	OF FACILITY	West	nagi	STOWN, req			
	23. PART I. Enter tha diseases, pr	complications that cause	d the death. Do not e	entar the mode of dying	Wa, auch aa car	fush	atory arreat,	Approximata			
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	f any, leading to immediate susse. Enter UNDERLYING CAUSE (Disease or Injury hat initiated events DUE TO (OR AS A CONSEQUENCE OF):										
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100	PART II. Other algorificant condition Conses five	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Conges five Heart Failure 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									
, MC						1 🗆 YES 2)		DF DEATH?			
יובוטוי	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	28. PLACE OF DEAT	H (Check only o	ne)					
2	t VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY		Nursing Home 5 Reside							
	t Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? 1 YES 2 N		SCRIBE HOW IN	JOHY OCCORED				
	3 Suicide a Could not be detarmined 28a. PLACE OF INJURY — At homa, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At homa, farm, street, factory, office City or Town, State)										
		ICIAN: To the best of my know						e(a) and manner as stated.			
	295. SIGNATURE AND TITLE OF CERTIFIER				TS96		29d. DATE SIGNI	ED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WI	DMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	A	K 23	3/	- 5-	2-93			
	31. DATE FILED (MODITION OF THE PARTY OF THE	ROZ 9/1			_		·				
	MAY U 2:1993	Section And Sign	A STATE								



		1 - REGISTRAR		CERTIFIC	ATE OF	DEATH		EG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last) Elizabeth Jov	ies				2. DATE OF	DEATH 24	1993	3. TIME OF DEATH	
-		4. SOCIAL SECURITY NUMBER 213-20-2847	5. SEX X 6. A		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	NOTH	1 / / - 1	PLACE (State or Foreign	
, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give s Liberty Medic RESIDENCE OF DECEDENT	cal CT.		Balto	City,			DUNTY OF DE		
it. Pages 1,	DIRECTOR	10a. STATE 10b. COUNT MD .	f		own on Locat timor	e City				10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
	FUNERAL	100. STREET AND NUMBER 2305 N.Roseda			101.	2121	6		S.A.	HAT COUNTRY?	
O D D D D D D D D D D D D D D D D D D D	B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Never Married 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YER IN U.S. ARMED YES 2 NO OR DATES	It yes, spe	endent Of HISPANI city/Cuban, Mexicen 2 NO Specify:	C ORIGIN? (S , Puerto Ricer	pecify Yea or No-	14. RACE Black, Specifi Bla	— American Indian, , White, atc. y:	
21215-00 ital or attending a for use as the p	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re HOUSEW	done during mos tired.)	N at of working	16b. KIN	D OF BUSINESS/I			
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	COMPL	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAM	E (First, Middl	s, Maiden Surname)		
\$ \$ € € ₹	HE	Samuel Panke	У			Elizat	oeth	Evere	tt		
(D (E)	욘	Ms. Cornette Mu	rray			od Ave.					
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		26g. METHOD OF DISPOSITION 1 ← Buriel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval trom Stata	20b. PLACE AND DATE OF D cemeters, cremetary or other Baltimore	ISPOSITION (Na	ne of	5-4	20c. LOCATION -	— City or Tov		
0 = 0		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	ton	Jame 1701	s A.Mor Lauren	ton&S S ST	Sons F Balto	.H.	21217	
24 hours at filled in by ion, or remuthe medical		23. PATT I. Enter the diseases, or shock, or heert feiture. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Phen	used the death. Do not on each lide.	enter the mod	le of dylng, auch	as cerdiec	or reepiratory e	errest,	Approximate intervel Between Onset and Deeth 3 126/9	
P.O. BOX 68760, in the certificate be executed within the certificate be executed within the certificate prior to burial, cremain or other traumatic event,	MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE OF):						3/26/93	
RECORDS, F requires that the death been signed by the atte to of Health and Mental shows any Injury, or		MEDICAL	MEDICAL		s contributing to deed dellitus ufficienc		he underlying	ceuse given in P		. WAS AN AUTOPS: PERFORMED? YES 2 NO	
ITAL V: The lar icate has State Dep	ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATN (Chec	k only one)				
PHYSICIA This certif with the	BY PHYSICIAN:	1 VES 2 VAO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	1 ™ Inpatient 2 □ ER/s 26a. DATE OF INJU (Month, Day, Yes	/Outpatient 3 DOA 4 DOA JRY 28b, TIME OI	Nursing Home 28c, INJL WOF			BE HOW INJURY O	CCURED		
OIVISION OR ATTENDING F DIRECTOR: After fours after death	ETED 8	3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc. (JURY — At home, term, stree (Specify)	t, factory, office		28f. LOCATION City or Tox	N (Street and Numb wn, State)	er or Rural Ro	oute Number,	
로 국 전 🛎	COMPL			knowledge, death occurred at						and menner as stated,	
To the Hospi To the Funer be fied within IMPORTANT:	TO BE	296, SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WN	ich III	M.D.			65	▶ /	feril.	Month, Day, Year) 29, 1993	
2		George E. M	licks II	M.D. L	ibert	y Med	ical	Cente	Y		
		31. DATE FILED (MOTTH, 50%, Year) MAY 3 1993	32. REGISTRAR'S S	SIGNATURE STORY				. <u> </u>			



3. TIME OF DEATH

YEAR

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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50,	
INISION OF VITAL RECORDS, P.O. BOX 68760,	
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April 28 Bettv Jane Johnson 1993 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 X F DAYS HOURS YRS. 219_18_3266 Aug 26. Maryland page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 1723 Crimson Tree Way Apt. Edgewood Harford 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Edgewood 1 YES 2 10 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1723 Crimson Tree Way 21040 Apt A 24 nours after death, Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TNO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 1 Merried ВҰ 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highes 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Home notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BE Nelson E. Baker Anna Hackley 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Aubrev L. Johnson Crimson Tree Way Apt A Edgewood, Md. 21040 P 20s. METHOD OF DISPOSITION

Duriel 2 Peremetion 3 Removal from State

Donethon 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must certificate has been signed by the attending physician and completely filled in by the funeral director, in the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. Holly Hill em. Gard. May 1 Mem. Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE HOS examiner Bruzdzinski Funeral Home PA 1407 Eastern Avenue Essex. Marvland 21221 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fallure. List only one ceuse on each line. interval Batwean IMMEDIATE CAUSE (Fine) Onset end Death the disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): ngestive traumatic MEDICAL CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

ESophaseal Cancer 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY 1 - YES 2 NO shows a OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 TYES 2 NO ent 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 A Residence 8 ☐ Other (Specify) 5 27. MANNER OF DEATH 28b. TIME OF INJURY 28a. DATE OF INJURY (Month, Day, Year) this c marked, 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO В After t CDRECTOR: At hours after de item 28 is n 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29s. CERTIFIER (Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner as stated. TO THE HIMENALD
TO THE FILMENALD
De filed within 72 ho 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated. IGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, pay, Year)

29 / 29 / 93 BE 25773 193 9 31: DATE FILED (Month, Day, Year) 9

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

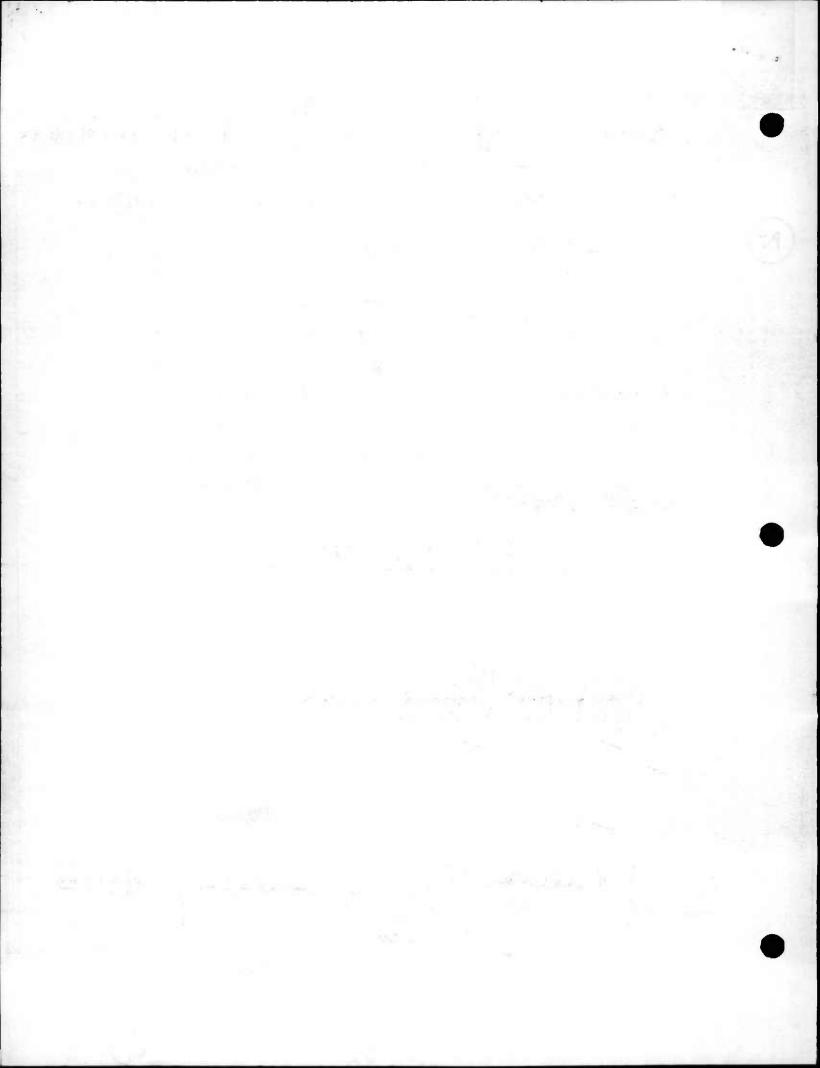
2. DATE OF DEATH MONTH

DAY

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DIVISION OF VITAL RECORDS, P.O. BOX 68/69, BALLIMORE, MARYLAND 21215-0020	J
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	1
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	it. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event. the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MEN	TAL HYGIEN REG. NO.	E 0 0	1.7	7700
	1. DECEDENT'S NAME (First, Middle, Last)	Gun					ATE OF DEATH	93	4	TIME OF DEATH
	Krinei	Oug	(Guy J.	Kriner)		Met	4 2	1 0	YEAR	9:16 Am
	164 20 2000		(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS		TE OF BIRTH lonth, Day, Year)	- 1	B. BIRTHPL/ Country)	ACE (State or Foreign
		XXM2口F	56 YRS.			10	-13-1936		PA	
· cc	9e. FACILITY NAME (If not institution, give street			96. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNT	Y OF DEAT	Н
DIRECTOR	Washington County Hospi	tal		Hagersto	wn, MD			Washi	ngton	Co.
1 2	10e. STATE 10b. COUNTY		10c. CI	Y, TOWN OR LOC	ATION				10	d. INSIDE CITY
₫	PA Frankl	in	St	Thomas					1	LIMITS?
M¥	10e. STREET AND NUMBER			J1	Of, ZIP CODE			10g. CITIZI	N OF WHA	T COUNTRY?
FUNERAL	896 Appleway Rd.				1725	2		USA		
5	11. MARITAL STATUS 1 Never Married 2 X Merried	2. WAS DECEDENT EVER I FORCES? 1 X YES	2 NO		CENDENT OF HIS pecify Cuben, Mex			or No- 1	4. RACE — Bleck, W	Americen Indian, hite, atc.
B	3 Wildowed 4 Divorced	Korean Confli			S 2 X NO Spe		, ,		Specify:	white
	15. DECEDENT'S EDUCAT	ION	16a, DECEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BUS	INESS/INDU	STRY	WILLE
COMPLETED	(Specify only highest grade co.	mpleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during r se retired.)	ost of working					
Z E	8		Truck Dr	iver			Trucking	Co.		
; <u>5</u>	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (Fir	st, Middle, Malden			
BE	Frank G. Kriner						McFadden			
2	19e. INFORMANT'S NAME (Type/Print)				end Number or Rui			, State, Zip C	ode)	
	Mary E. Kriner				., St Thor	mas, I				
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remova	If from State cen	netery, crematory or c	ther place!		1 -		CATION — CI		Slate
	4 □ Donalion 5 □ Other (Specify)		pring Grov		ND ADDRESS OF	4-24-9	93 Lema	sters,	PA.	
	x (1) 11	7 11			S. Second		Chamberst	ourg, P	A. 172	201
	(Soun / C)	and								
NO	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List only one ceuee on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	- Congests	contributing to deeth be	eut ifus	Faile	re		PERFORI	MED?	OF	RE AUTOPSY FINOMES NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
2	25. WAS CASE REPERRED TO MEDICAL EXAMINER?	IOSPITAL:	order of a second control	OTHER:	LACE OF DEATH					
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY	patient 3 DOA 28b. TIN		ne 5 🗆 Realdeno	-	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Market A. T. T.	entro.	
	1 Netural 5 Pending	(Month, Day, Year)	IN.	URY W	DRIK?	284.1	DESCRIBE HOW IN	DURY OCCU	AED	
ВУ	2 Accident Investigation The PLACE OF INJUST At home form street Pages of the Control of the Con							Montes		
9	4 Homicide 6 Could not be determined	building, etc. (Spec	ofyj			- 0	ity or Town, State)	of Marine	Tibel Hall	municiae.
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER:	N: To the best of my know On the basis of examination	ledge, death occurr n end/or investigatio	ed at the Ilme, dat	e and place, and d	lue to the	cause(a) and meniate end place, end	ner ee atated	ceuse(e) en	d menner ee stated.
	290. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE N					inth, Day, Year)
) BE	Cade	van M	0,		-	08		▶ 4	122	193
유	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)					1	1 1-
	31. DATE FILED WORLD 00 2 1993	32. REGISTRARIS GIGN	ATURE Andal	L						



		REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	
		1. DECEOFNT'S NAME (First, Middle, Last)		3660	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
		Clifford P. Kalthof, Jr.	NE de la contraction de la con		4 28	9> 9:30 PM
Pir		219162775 10M20F		F UNDER 1 YEAR IF UNDER 24 HRS. DHTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 26	8. BIRTHPLACE (State or Foreign Country)
2, 3 should	DIRECTOR	90. FACILITY NAME (If not institution, give street and number) Mery Medul Cer	fv	Bu (hme	1	ounty of DEATH
Jes 1,	EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCATION		10d. INSIDE CITY
mit. Pag		Maryland Baltimore	Balt	timore, Md.		1 X YES 2 NO
physician. burial-transit permit. Pages 1,	FUNERAL	400 N. Bouldin Street		101. ZIP CODE 21224		USA
24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-tran ion, or removal. he medical examiner must be notified at once.	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OF WWII	ES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexican 1 YES 2 NO Specify	n, Puerto Rican, etc.)	- 14. RACE — American Indian, Black, White, etc. Specify: White
r atten use as	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	BUAL OCCUPATION k done during most of working etired.)	16b. KIND OF BUSINESS/	
spital or hed for	COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	Truck Dr		Motor Fre	ight Express
the hospit detached once.	SON	17. FATHER'S NAME (First, Middle, Last)	TILOUR DI	18. MOTHER'S NAI	ME (First, Middle, Maiden Surname	
d by	BE (Clifford P. Kalthof, Sr.			ne ³ Rusen	,
5 should	2	19a. INFORMANT'S NAME (Type/Print)		DDRESS (Street and Number or Rural F		
ay be		Joan F. Kalthof	400 N.	Bouldin Street		d . 21224 — City or Town, State
leath. Page 6 may be funeral director, page xaminer must be			Metro-Crema			ore, Md.
. Page ral din		21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FAC	CILITY	
ter death the fune oval.		Jassaln Frency (Homo	Lassahn Funer: 7401 Belair R	1.46	21236
executed within 24 hours and completely filled in b to bunal, cremation, or rer matic event, the medi	NO	Samuelille les andies Ca Pulma	S A CONSEQUENCE OF):	itiel president	unpana	intarval Batween Onset and Daeth
th certificate be ending physician i Hygiene prior t or other traus	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	S A CONSEQUENCE OF):	ule 6	L.	
at the deal by the att and Menta y injury,		PART II. Other significant conditions contributing to death	but not resulting in	the undarlying cause given in	Part I. 24a. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
quires that signed b Health at OWS any	DICAL	Of Bled			1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?
w require been sign pt. of He.	M				_	1 TYES 2 NO
has be Dept.	AN	25. WAS CASE REFERRED TO MEDICAL			The second second	
SICIAN: The certificate h the State I, or Item	SICI	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Iperferit 2 ER/O		26. PLACE OF DEATH (Che THER: Nursing Home 5 Residence		
NG PHYSICIA fer this certif eath with the marked, or	PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 28a. OATE OF INJUR (Month, Day, Yea)	Y 286, TIME (OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY O	DCCURED
OR ATTENDING I DIRECTOR: After hours after death item 28 Is mai	red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	IRY — At home, farm, stre		261, LOCATION (Street and Num. City or Town, Stete)	ber or Rural Route Number,
RAL DIRECTOR A TZ hours	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn				
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requir TO THE FUNERAL DIRECTOR: After this certificate has been sibe filed within 72 hours after death with the State Dept. of HIMPORTANT: If Item 28 is marked, or Item 23 show	BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	R 101	29c. LICENSE NUM		MATE SIGNEO (Month, Day, Year)
V 1/	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, Pr	(nt)		104/95
671		31, OATE FILED WANT ("W MANT) 32, REGISTRAR'S SH	GNATURE	20		
ř		MAY 0 2 1993 Julie A	widow-Adaptal	L		

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

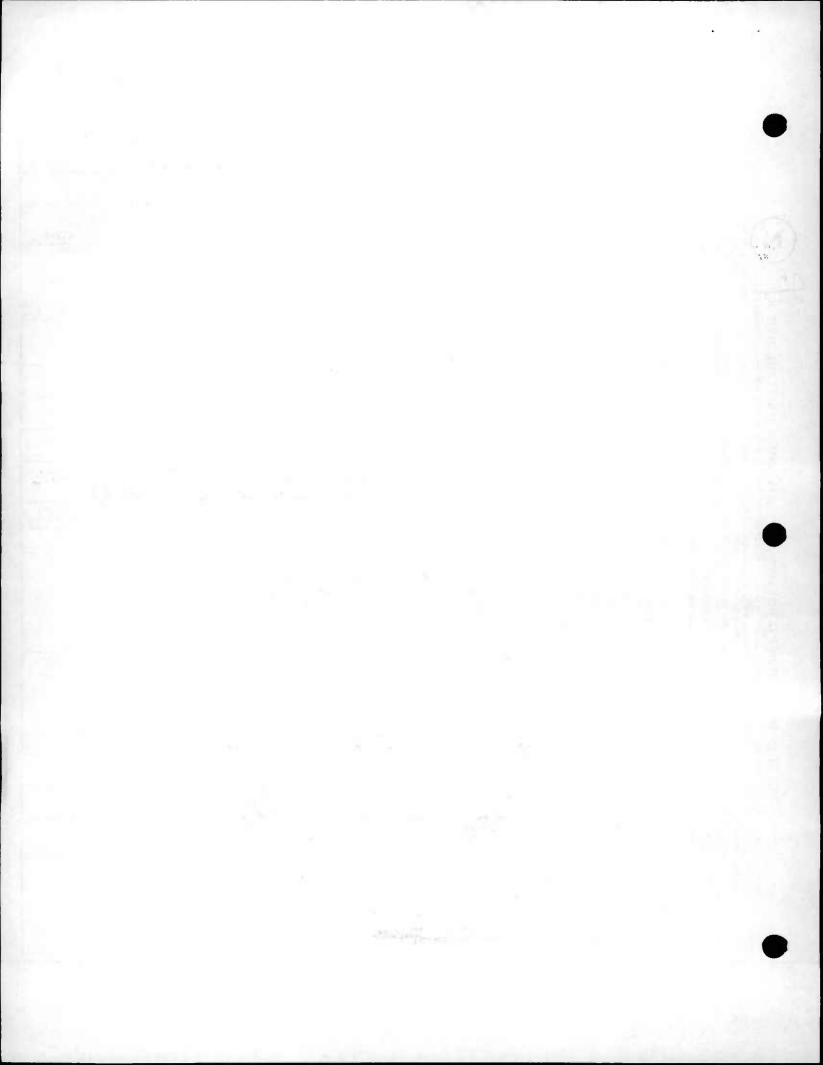
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#6,17,18,FilmG699 5/10/93 kam FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.		
	1. OECEOENT'S NAME (First, Middle, Lo	est)				2. DATE OF DEATH MONTH	DAY YE	3. TIME OF OEATH	
1	LESLIE S K					04 26		72	
	4. SOCIAL SECURITY NUMBER 141 32 8316	1 M 2 F	70 YRS. MO	EUNDER 1 YEAR SYNG SHTH	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTN (Month, Day, Year)	1022	IRTHPLACE (State or Foreign Jungary	
	9e. FACILITY NAME (If not institution, grand of the second	TIMORE MEDIO			TOWSON	EATN	9c. COUNTY	OF OEATH TIMORE	
	10e. STATE 10b. COL			OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
- CINETING	100. STREET AND NUMBER 803 W JOPPA		· · · · ·	101	2 0 4		10g. CITIZEN	OF WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR E	2 NO	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Specify Y in, Puerto Rican, atc.) y:	- N. D 3	RACE — American Indian, Black, White, atc. Specify: White	
	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12 Vears		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re General	done during mo- stired.)	st of working		ore Sung		
	17. FATHER'S NAME (First, Middle, Lest) Sandor Sandur Kurcz	o years	T_OCHELGI	111100	18. MOTHER'S NA	ME (First, Middle, Maide			
	190. INFORMANT'S NAME (Type/Print) Magdolna M. Kuj	rcz				Acute Number City or R			
	20a. METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremation 3 🗀 9 4 🗆 Donation 5 🗆 Other (Specify)	temoval from State 20	b. PLACE AND OATE OF D	DISPOSITION (Na place)	me of	OATE 20c. L	OCATION — City		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Parkwood Cemetery 5-1-1993 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY 140/ Seland Address of Facility									
	23 PART I. Enter the diseases, ehock, or heart fallu iMMEDIATE CAUSE (Final disease or condition resulting in death)	re. Liet only one ceuse on e	each ilne.	enter the mo	de or dying, suc	n as cardiac or res	piratory arrest,	Approximata Interval Between Onset and Death	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. BRONCHIOSPASM DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d.									
	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST								
INCOIONE	PART ii. Other algnificent condi	tione contributing to deeth i	but not resulting in t	the underlying	g cause given in	Part I. 24a, WAS / PERF	IN AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINOINGS AMULABLE PRIORI TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch				
	27. MANNER OF OEATN 10 Return 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		8 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCURE	D	
	2 Accident investigation 3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Nown, State)						ural Floute Number,		
COMPLE	one) 2 MEDICAL EVAN	IYSICIAN: To the best of my know						use(e) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERT				P 27	730	29d. DATE SIG	NEW (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON	COMEN, MD	ATN (ITEM 27) (Type, Pri	IN.	CHAS.	st. 1	400, 1	1021204	
	31. DATE FILEO (Month, Day, Year) MAY 0 2 1	32. REGISTRAR'S SIGN	don Andale						

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSP INC.—THOUNG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attenting physician. TO THE FUNED. OF THE THE CHICAGE As been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be found the page 10 to 10
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								9	3	1273	14
	1 - FOR STATE OF MARY REGISTRAR		RTMENT OF					E			
	1. DECEDENT'S NAME (First, Middle, Last)	OLITIII	IOATE	DEA		2. DATE OF			3	. TIME OF DEAT	TH
	Louise C.	K.F	PPEL			April	29		93	10:40	Рм
	• i i	E (In yrs. lest birthday				7. DATE OF (Month, D	BIRTH			ACE (State or Fo	oreign
	214-20-1486 1 M 2 1/2 F	.83 YRS.	MONTHS DAYS	HOURS	MIN.	July		1909	Mary)	and	
-	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATE	ON OF DE		-	9c. COUNT	TY OF DEA	TN	
DIRECTOR	Franklin Square Hospital		Rossy	ille				Ba	1time	ore	
5	10a. STATE 10b. COUNTY	10c. CI	TY, TOWN OR LOC	CATION					10	Od. INSIDE CITY	v -
	Maryland Baltimore	Ec	sex							LIMITS?	
FUNERAL	10e. STREET AND NUMBER			10f. ZIP COD	E			10g. CITIZ		AT COUNTRY?	
Ē	1039 Forwood Lane			21221				II. S	. A.		
5	11. MARITÁL STATUS 1 Never Married 2 Married FORCES? 1 YE	IN U.S. ARMED	13. WAS D	ECENDENT C	OF HISPAN	IC ORIGIN? (S	pecify Yea		4. RACE -	- American India	an,
₽	3 ₩ Widowed 4 Divorced IF YES, GIVE WAR OR	DATES		ES 2 NO			, 410.7	ľ	Specify:	·	
8	15. DECEDENT'S EDUCATION	16a. DECEDENT	S USUAL OCCUPA	TION		16h K#	ID OF BUS	INESS/INDU	CTDV	White	
🖫	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of life. Do NOT	work done during a use retired.)	most of working	ng	1000.100	. 0. 500		Jini		
M M	5	Housew	rife			Но	me				
COMPLET	17. FATNER'S NAME (First, Middle, Last)	E003 - 7-50		18. MOTI	HER'S NA	ME (First, Midd		Sumame)			
BE	Frederick Weis					Stei					
2	19a, INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Stree	t and Number	or Rural R	loute Number, (City or Town	, State, Zip C	Code)		
	Iorraine Morrissey		Foxwood		Ess	sex. M	-				
	1 Burlai 2 Cremation 3 Removal from State	b. PLACE AND DATE metery, crematory or	other place)			DATE		CATION — CI	•		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	reenmoun	mount Crematorium 5/3/9				93 Baltimore, Maryland				
	(See free / most	de				meral	Home	PA			
_	June 1		1407	Easte	ern A	venue	Ess	sex.	Maryl	and 21	221
	23. PART I. Enter the diseases, or complications that cause shock, or heart fallure. List only one cause on	ed the death. Do each line.	not enter the n	node of dyl	ing, such	aa cardiac	or reapi	ratory arres	st,	Approxima	
	IMMEDIATE CAUSE (Final disease or condition									Onset and	
	resulting in death) Second IVO	Cardial A CONSEQUENCE C	Intarct	10n						1	
-				ດກ							
0	Sequentially list conditions, If any, leading to immediate First Myocardial Infarction Due to (or as a consequence of):										
S	cause. Enter UNDERLYING CAUSE (Disease or Injury									!	
E	that initiated events DUE TO (OR AS resulting in death) LAST	A CONSEQUENCE O	PF):								
CERTIFICATION	d										
"	PART II. Other algolificant conditions contributing to death	but not reaulting	in the underlyi	ng cause g	given in F	Part I. 24	. WAS AN	AUTOPSY	24b. WI	ERE AUTOPSY FI	NDINGS
PHYSICIAN: MEDICAL	<u>Gastritis with bleed, Co</u>					PERFORMED?			MILABLE PRIOR OF C	TO	
빌						_ ''	J 1E3 2	¢) NO	- 0	DEATN?	40
ä		-				-			1 "	1E3 2 R	10
N S	25. WAS CASE REFERRED TO MEDICAL FX.AMINER?			PLACE OF D	EATH (Chec	ck only one)					
, Si	EXAMINER? V HOSPITAL: 1 YES 2 NO HOSPITAL: 1 Linpetient 2 ER/Ou	tpatient 3 DOA	OTHER: 4 - Nursing No	ma 5 🗆 Ra	aldence (B □ Other (Sp	есіїу)				
H	27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year)	28b. TII		JURY AT		28d. DEŞCRI	BE NOW IN	JURY OCCU	RED		
l Mar	2 Accident investigation M t YES 2 NO										
	3 Suicide 6 Could not be determined 28e. PLACE OF INJUR building, etc. (So	Y — At home, farm, actify)	atraet, factory, off	ica		261. LOCATIO City or To	N (Street ar wn, State)	nd Number or	Rural Rout	e Number,	
I											
M M	(Check only 1 CERTIFYING PNYSICIAN: To the best of my kno	wledge, death occur	red at the time, da	te and place,	and due t	to the cause(s	and men	ner as stated	l.		
COMPLETE	one) 2 MEDICAL EXAMINER: On the basis of examinati	on and/or investigati	on, in my opinion,	death occur	ed at the t	ime, data and	place, and	dua to the	cause(a) an	nd manner as st	ated.
H	296. SIGNATURE AND TITLE OF CERTIFIES	91		29c. LICE	NSE NUM	BER		29d. DATE S	SIGNED (MO	onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITTELL CO.	District	U	437	126		P 04	429	193	
		9000 Fra		quare	Driv	ve Ba	lto.	MD	2123	37	
	31. DATE FILED (Month, Day, Year) 32. RECONTRAR'S SIG										
	MAY 0 2 1993 granden										

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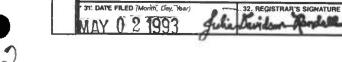
AND 212	
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IMORE	
BALT	
760,	
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Page 6 may be retained by the hospital or attending physician. death. within 24 hours after executed DIVISION OF VITAL RECORDS, P.O. BOX HOSPITAL OR LITTERING PROSICIAN: The law requires that the death certificate be a

TO THE MOSPITAL OR WITH CHANGE THE LIAM INVESTIGAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
40 0
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumetic event, the medical examinar must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR BOBBY EDWARD APRIL 27. a M 1993 8:53 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 240-90-7691 1 K M 2 F YRS. 3/29/93 NC 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. CDUNTY OF DEATH DIRECTOR MARYLAND GENARAL HOSPITAL BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 501 Gold St. 21217 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Mexican, I FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X 1 Never Married 2 Married Specify: B 3 Widowed 4 Divorced Black 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.)
Laborer entary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Willie Wiggins Jettie Lee Wiggins 띪 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jettie Wiggins 501 Gold St. Balto., Md. 21217 20a, METHOD OF DISPOSITION
1 | XBurtal | 2 | | Cremation | 3 | | | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State cometery, constory of Zion Cemetery ☐ Donation 5 ☐ Other (Specify) Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY William C. Brown Community 1206 W. North Ave 23. PART i. Enter the disease , or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finsi Onset and Death disease or condition resulting in death) LOBAR PNEUMONIA BILATERAL OUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE DF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — AI home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 🗌 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER



29b. SIGNATURE AND TITLE OF CERTIFIER

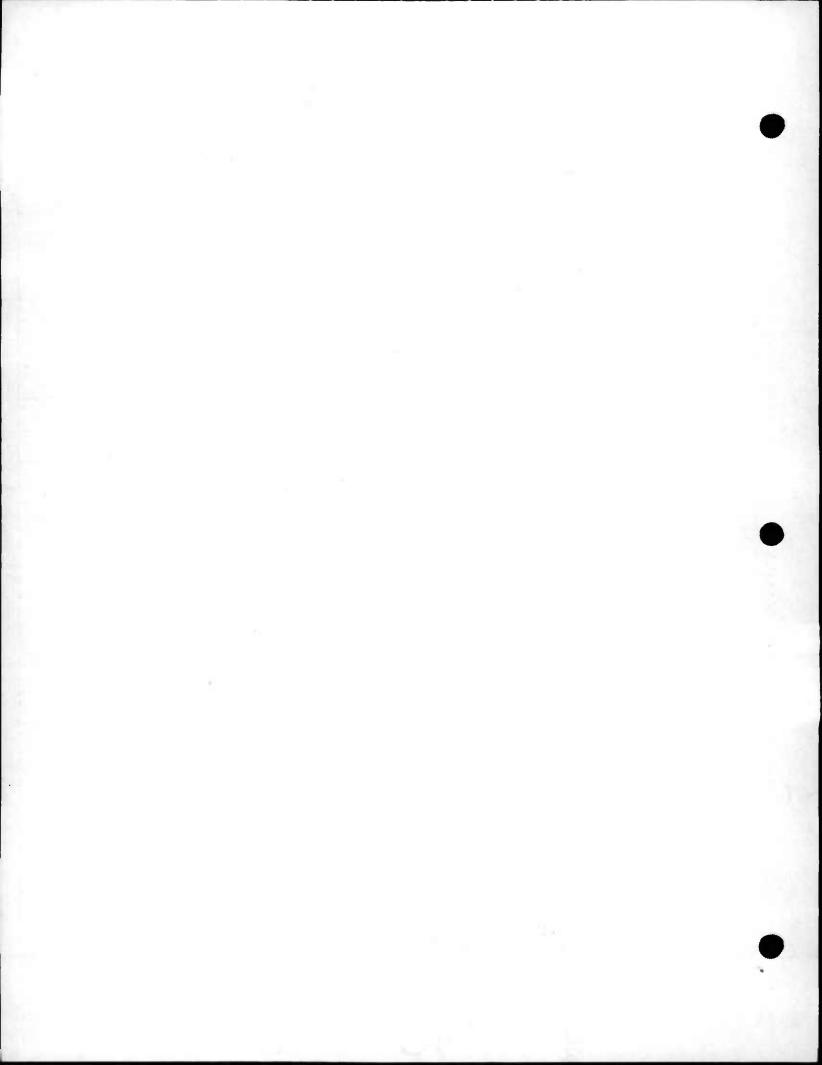
M. Pagulaupan . sy

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)
MARY ANN PAGULAYAN-SY, M.D. C/O MARYLAND GENERAL HOSPITAL

BE

2

29d. DATE SIGNEO (Month, Day, Year)



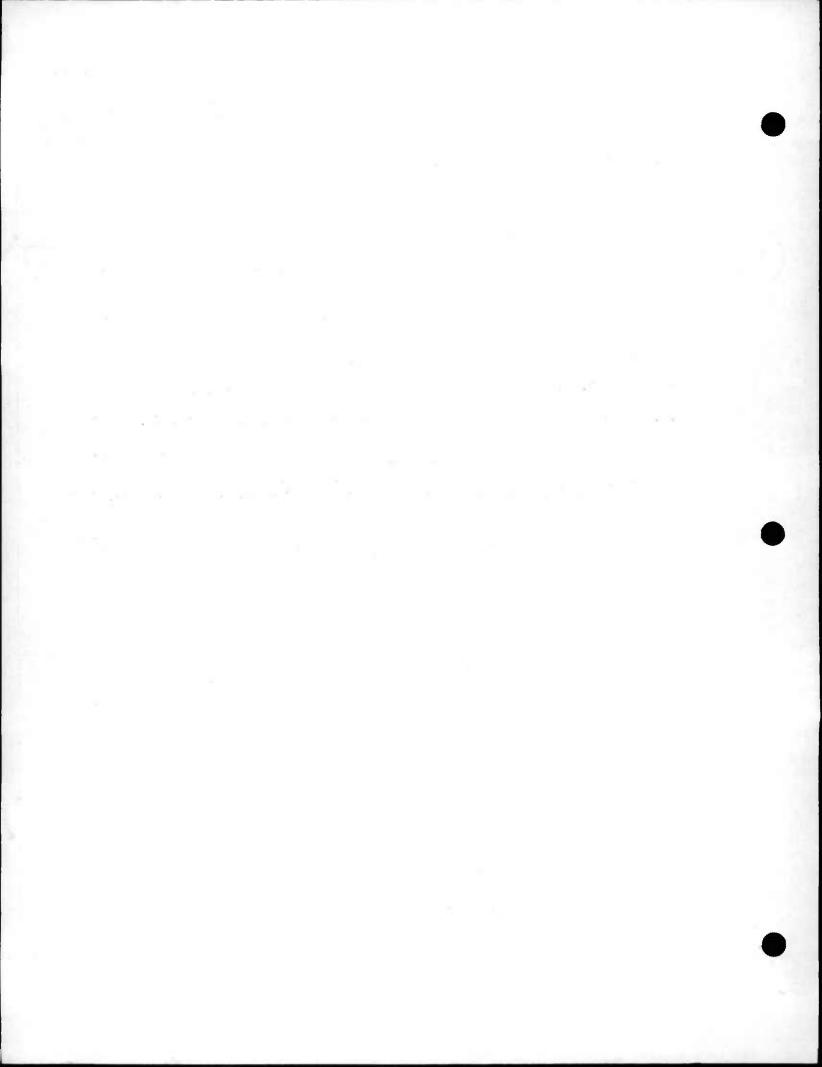
iges 1, 2, 3 should

31. DATE FILED (Month

1993

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

A:	SP							9	3 12733
	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTI	RTMENT 0	F HEALTH /	AND MEN	NTAL HYGIENI REG. NO.	E	0 12100
	1. DECEDENT'S NAME (First, Middle, Last)					2. [DATE OF DEATH		3. TIME OF DEATH
	LINDA	L.		SCUOL	Α	1 "	0.5 0.1	1993	
	01/ /0 0000		E (In yrs. last birthday)	/) IF UNDER 1 YE		24 HRS. 7. C	DATE OF BIRTH	6	B. BIRTHPLACE (State or Foreign Country)
		1 🗆 M 2 🙀 F	50 YRS.				(Month, Pay, Year) 19 14, 194	42 !	Md
TOR					IMORE	DRE 9c. COUNTY OF DEATH			
AL DIRECTOR	Md Bal	ltimore	10c. Ct	ETY, TOWN OR L	110				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	6 Shady Nook Avent	ıue			101. ZIP CODE 21	1228		10g. CITIZE	USA
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	FORCES? 1 YES 2 NO NO			F HISPANIC OF n, Mexican, Pur Specify:		4. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 1 2 th	ATION ompleted) College (1-4 or 5+)	(Give kind of life. Do NOT	's usual occur of work done during use retired.) Manag	UPATION 16b. KIND OF BUSINESS/INDUSTRY				
S S	17. FATHER'S NAME (First, Middle, Last)			. Istorius		ER'S NAME (F	First, Middle, Maiden S		
	Frederick F. Smyth	n					Eastman	Sunterino,	
) BE	190. INFORMANT'S NAME (Type/Print)		19b. MAILIN	O ADDRESS (S			Number, City or Town	e State Zip Co	ndal
	D.J. Smyth						altimore:		21228
	20e. METHOD OF DISPOSITION 1 General 2 Comments of Co				1	DATE 20c. LOCATION — City or Town, State Baltimore, Md.			
	21. SIGNATURE OF FUNERAL SELVICE LICENS	SEE		22. NAM	AE AND ADDRESS	S OF FACILITY	Y		
	Mita	J. O. D.	Mosli				Funeral		21222
	23. PART I. Enter the diseases, pr com	molications that caus			Editiona:	SON AV	Jenue Ba	alto,	Md. 21228
	anock, or nest isliure. Lia	at only one cause on	esch line.	UD! GIIIO. TIL	mode or dyn.	g, aucn au	cardisc or respin	etory arrest	interval Between
	iMMEDIATE CAUSE (Final disease or condition	1 somer	2011	ATT /	-0.05	21/16	To Chil	10 0	Onset and Death
	resulting in death)	AN ETTU OR AS	A CONSEQUENCE O		JAKV	10 V	ASCULA	XC V	DENDE
		00E 10 (0n A	A CONSECUENCE	JF):					
CERTIFICATION	Sequentisity list conditions, if any, leading to immedista cause. Enter UNDERLYING								
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	OF):					
E	resulting in death) LAST		11						İ
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROFINED? 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							COMPLETION OF CAUSE DF DEATH?	
Σ							'	1	1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one)								
S	EXAMINER?	HOSPITAL:	2 DOA	OTHER:					
ΪŽΙ	27. MANNER OF DEATH	1 Inpatient 2 ER/Out	Y 28b. Till		Home 5 Resi		Other (Specify) I. DESCRIBE HOW IN	THINK OCCUE	
	1 Natural 5 Pending	(Month, Day, Year)		NJURY	WORK?		. DESCRIBE HOW	JUHY OCCO.	REO
B	Accident Investigation 3 Suicide S Could not be	28e. PLACE DF INJUF	PY — At home, farm			_	OCATION (Street &	and Mounther OF	a I Carrier Miranhae
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	City of Town State)							
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the livest of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as steted.								
o o	2 MEDICAL EXAMINER: 0	/							ceuse(e) end menner ee stated.
	200 SIGNATURE AND TITLE OF CERTIFIEF	#			29c, LICEN	NSE NUMBER		29d. DATE SI	SIGNED (Month, Day, Year)
) BE	MM F FOU	17/10	$\int $		0.0	C.M.E	1		02-1993
유	30. NAME AND ADDRESS OF PERSON WHO CO	COMPLETED CAUSE OF D	EATH (ITEM 27) (TYP	ie, Print)					
1 1	MAKIO THIS OLUT	10, TILM	$\chi_{J_{1}_{1}_{1}_{1}_{1}_{1}_{1}_{1}_{1}_{1}$	enn s	treet,	, Baı	timore,	Mar	yland 21201



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. pe medicai ŏ the cremation, completely event, the attending physician and con Mental Hygiene prior to burial, traumatic or other in lary, Health and been signed by or. of Health and shows any in DR ATTENDING PHYSICIAN: The law requires that has be Dept. item certificate to the State marked, After this co TO THE HOSPITAL DR ATTENDIN
TO THE FUNERAL DIRECTOR: At
be filed within 72 hours after de
IMPORTANT: If Item 28 is i .09

93 12734 FOR STATE REGISTRAR LUCILLE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -LAMBRIGH CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 4 / 30 / 93 3. TIME OF DEATH 30 Lucille -Ambria 10:15A H 4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS (Month, Day, Year) 11/17/25 1 M 2 F DAYS HOURS MIN. YORK YRS NEW 25-16-6775 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR CHURCH HOSPITAL CORPORATION BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION CORONA 10d. INSIDE CITY LIMITS? NEW YORK QUEENS 1 - YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 97-20 57 th AVENUE 11368 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)
 T YES 2 D NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married rried 2 Merr
4 Divorced BY Specify BLACK 3 Widowed COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) HOME MAKER OWN HOME 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) notified at ALFRED BROWN SR. MAUDE GORDON 띪 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 THOMAS E. LAMBRIGHT SR. 97 - 2057th AVENUE CORONA NEW YORK 11368 METNOD ORDISPOSITION
suriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must METRO"CREMATURY 5/5/93 CATONSVILLE MD. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL, SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOME OF COLUMBIA usselle 5555 TWIN KNOLLS ROAD COLUMBIA MARYLAND 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or respiratory errest, Approximeta ahock, or heart fallura. List only one cause on each line. intarvai Between **IMMEDIATE CAUSE (Finei** Onset and Daath disease or condition_ CA BREAS 11278577 resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury thet initiated aventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the undarlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural M 1 YES 2 NO ВҰ 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide 29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 22 versem n 30

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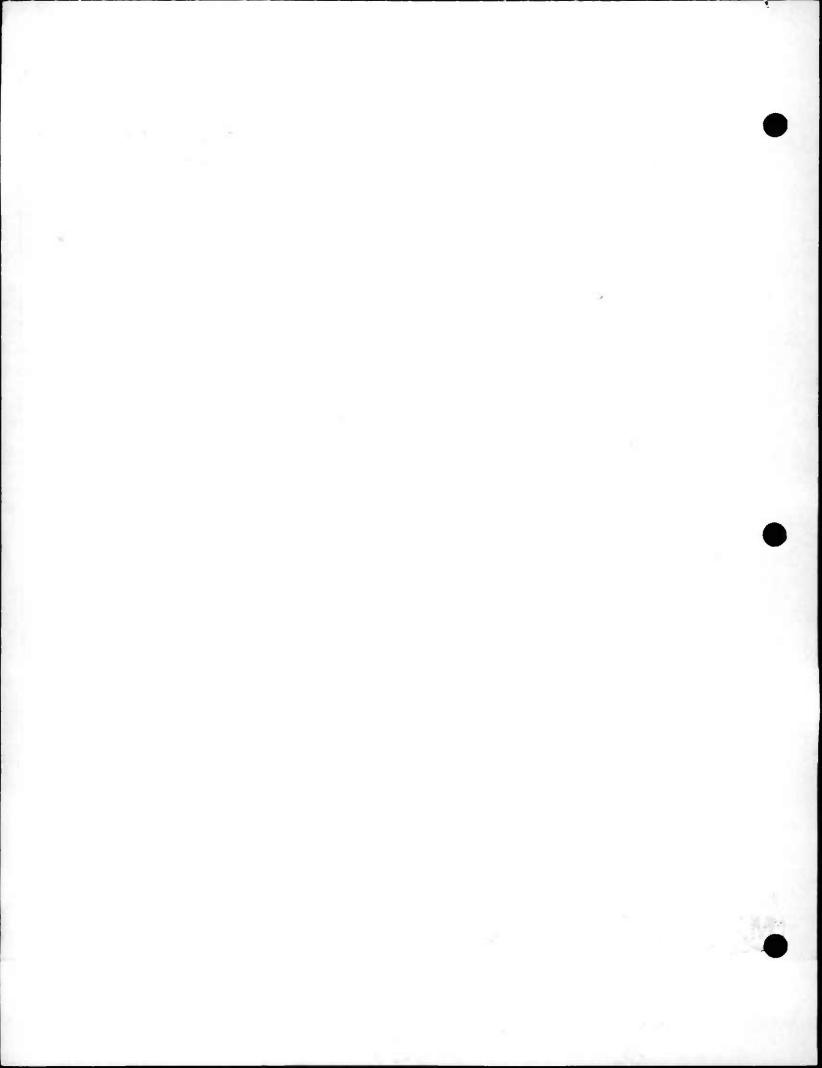
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BALTIMORE, MARYLAND

Dendon-Acros

100 N. BROADWAY

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this certificate has been signe	with the State Dept. of Health	ked, or item 23 shows an
er this certificate has been signe	ith with the State Dept. of Health	narked, or item 23 shows an
After this certificate has been signe	death with the State Dept. of Health	marked, or item 23 shows an
R: After this certificate has been signe	er death with the State Dept. of Health	is marked, or item 23 shows an
TOR: After this certificate has been signe	after death with the State Dept. of Health	28 is marked, or item 23 shows an
RECTOR: After this certificate has been signed	is after death with the State Dept. of Health	m 28 is marked, or item 23 shows an
DIRECTOR: After this certificate has been signe	nours after death with the State Dept. of Health	tem 28 is marked, or item 23 shows an
L DIRECTOR: After this certificate has been signed	2 hours after death with the State Dept. of Health	f item 28 is marked, or item 23 shows an
RAL DIRECTOR: After this certificate has been signed	72 hours after death with the State Dept. of Health	f. If item 28 is marked, or item 23 shows an
NERAL DIRECTOR: After this certificate has been signed	thin 72 hours after death with the State Dept. of Health	NT: If item 28 is marked, or item 23 shows an
FUNERAL DIRECTOR: After this certificate has been signed	within 72 hours after death with the State Dept. of Health and Mental Hygiere prior to burnal, cremation, or remova-	3TANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar of

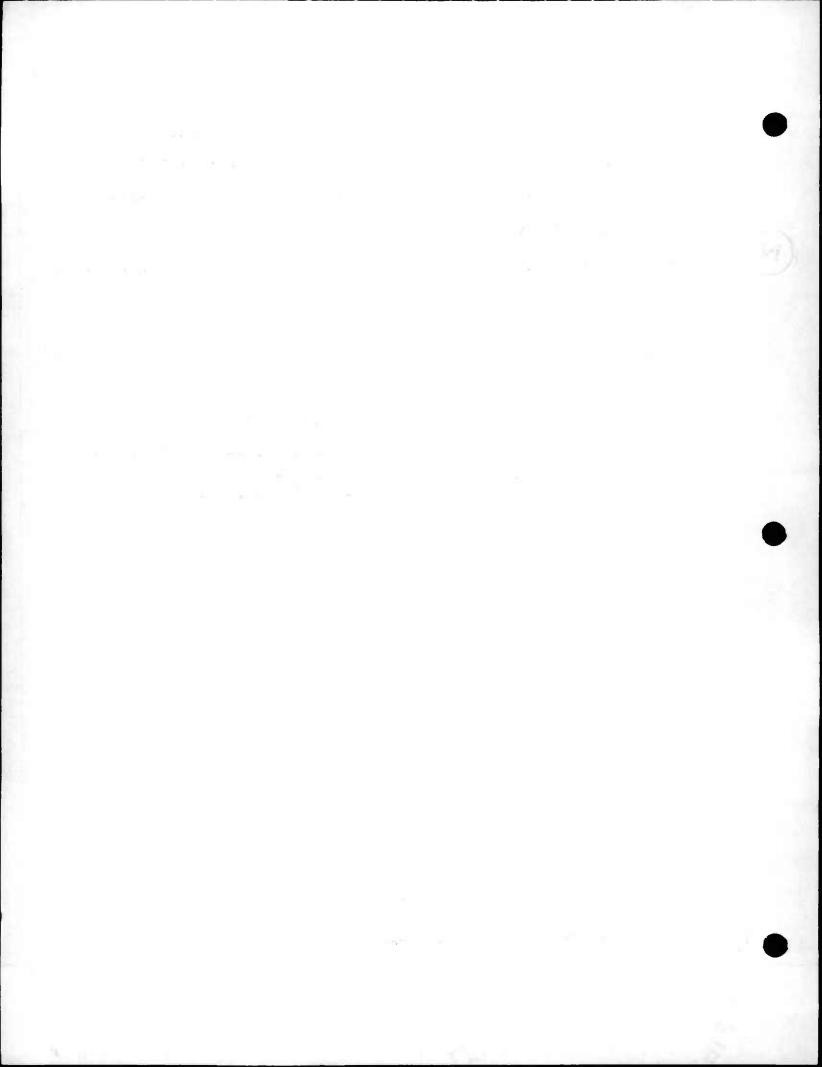
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REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN April 25,1993 815 JEROME LEV) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTNPLACE (State or Foreign Country)ew York Sept. 18, 1909 051 10 3185 1 🛛 M 2 🗌 F 83 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION ROCKVille 10b. COUNTY 10d. INSIDE CITY Maryland Montgomery X YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 199 Rollins Ave. 20852 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Merried BY 1 TYES 2 XNO Specify 3 Widowed 4 Divorced Cawcasian COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12th College (1-4 or 5+) Salesman Gibbs and Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Max Levy Amelia Scheyer BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cecilia Levy Same address as #10 20a. METHOD OF DISPOSITION

X ◯ Burlai 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Gdns. Judean Memorial Gdns. 4-28 4 Donetion 5 C Other (Specify) Olney, Maryland 21. SIGNATURE OF FUNDRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Homes Falls Church, Va. 22046 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximate interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition MEUMONIA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? CARDIOMYOPATHY ISCHEMIC 1 TYES 2 TO NO OF DEATN? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 Unpetiant 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF GEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide 29s. CERTIFIER
1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MECICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and mennar as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) alwer 4/26/93 D36552 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mp 2085 -TAL WAR ROCKVILLE 6121 MONTROSE FD 32. FEGISTRARIO SIGNATURE Film Vendon Randare

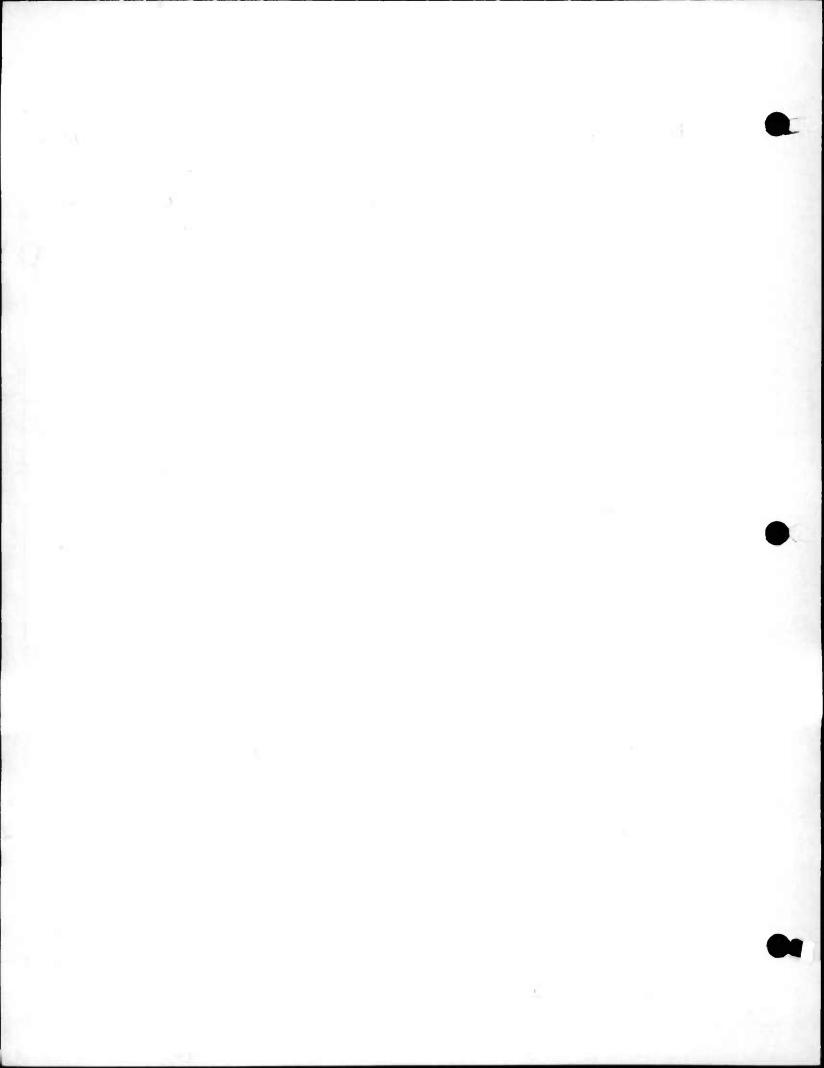


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AT DR ATTENDING PHYSICIAN: The law remires that the death certificate he executed within 24
VISION	ATTENDING
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or amending hower-ran
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

93 12736 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Helen Rebecca Mende -28793 HON 4 len 8:10 AM 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Tour) - 4235 1 - M 2 KF 66 YRS Maryland 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR lowsor MORE 10a STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Baltimore Co Towson 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Stella Maris Hospice USA 2 1 2 0 / 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 1 YES 2 NO Specify: 3 X Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
179km kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5+) Hairdresser 10 + 17, FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Gayhard Bernard Mende Elsie Metzgar BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Serena Delp South 126 40 Harford Rd, Fork, MD 21051 20a. METHOD OF DISPOSITION
1 □ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Wade, Dir 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Rønald StateAnatomy Board 4/28/93 655W.BaltimoreSt,Balto,MD 21201 23. PART I. Enfer the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition . Metastatic Adendarcinona 3 WKS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 ER/Outpatient 3 DOA e 5 🗆 Residence 4 Numino He Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY Investigation 3 Suicide 28e. PLACE OF INJURY — All home, term, street, factory, office building, atc. (Specify) 6 Could not be determined 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 🗌 Homicide 29a CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) A 9 70 14 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type 1993 de





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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

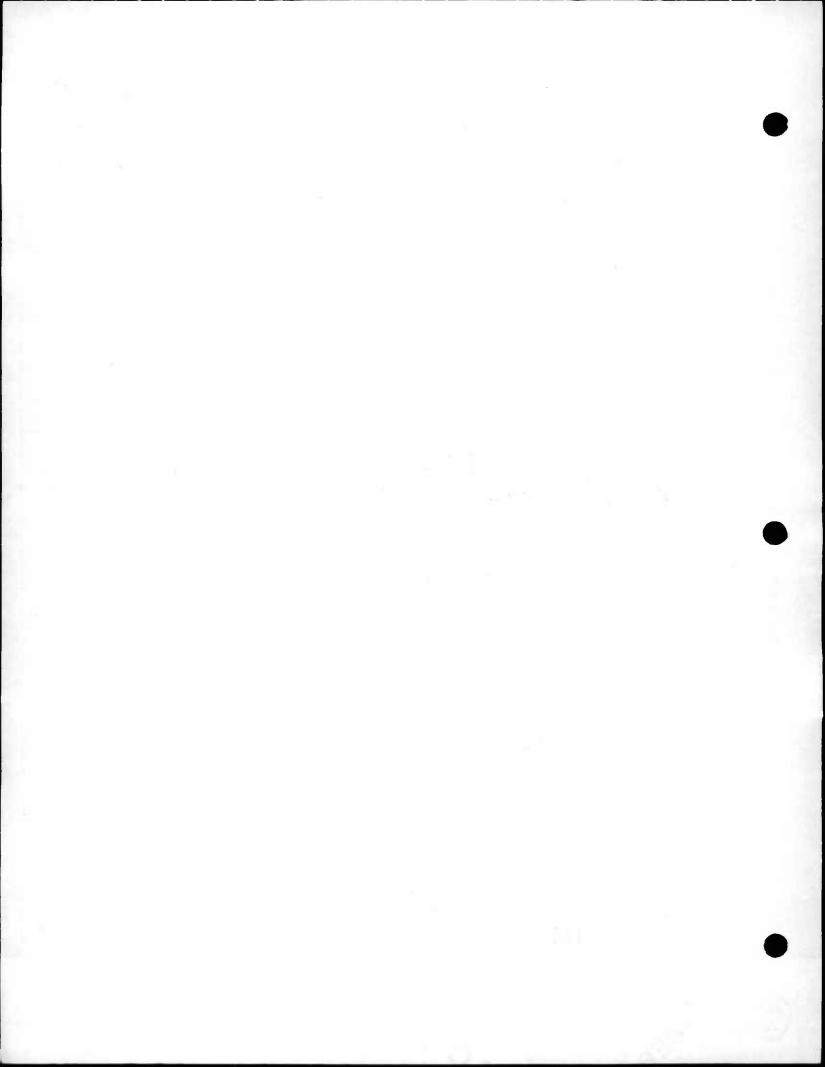
	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / Ce	DEPAR	TMENT ICATE	OF H	EALTH DEAT	AND ME	NTAL HYGIENI REG. NO.	Ε .	93	12737
	M.C. KAY DAN	Danie ا	L		Mc I	Кау		2.	DATE OF DEATH 4		-93 3 YEAR 93	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER						DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign		
	214 78 6975	1 🖵 M 2 🗆 F	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 9-15-64		Country)	rginia	
000	9a. FACILITY NAME (If not institution, give s			9b. CITY, 1	TOWN O	R LOCATIO	ON OF DEATH		9c. COU	NTY OF DEA	тн	
[University Ho			Bal	tir	nore				NA		
DIRECTOR	10a. STATE 10b. COUNTY	NA		10c. CIT	Y, TOWN OR	LOCAT		ltimo			1	Od. INSIDE CITY
	Maryland 100. STREET AND NUMBER				_) I E			YES 2 NO
FUNERAL	611 Park Aven	1116				10r.	ZIP CODE		4204	10g. CITI		AT COUNTRY?
N	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARA	MED	13. W	AS DECI	ENDENT O	F HISPANIC C	PRIGIN? (Specify Yee	or No-		S A - American Indien, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y		0	11	yes, spe	cify Cuban 2 NO	i, Mexican, Pi	verto Rican, atc.)		Black, \ Specify:	
	15, OECEDENT'S EQU	CATION	16a DEC	FRENTIS	USUAL OCC	PIDATIO	M		THE VIND OF SHE			Black
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MP												
	17. FATHER'S NAME (First, Middle, Last)								First, Middle, Meiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS ((Street ar			ucker Number, City or Town	Stata Zin	Codel	
2									The state of the s	, orane, Esp	3000)	
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rame	oval from State	20b. PLACE Al	netony or o		ION (Na	ne of		DATE 20c. LOC	ATION —	City or Town	, State
	4 □ Donation 5 □ Other (Specify) 1	n state f	emova	1 1								
1	mary 1/1	Ronald							ore St,	tate Bal	e Ana to,MI	tomy Bd 21201
	23 PART i. Enter the diseases, or control of the co	complications that ceu	sed the dee	th. Do r	ot enter ti	he mod	le of dyir	ng, such es	cerdlec or respir	etory err	est,	Approximete
	MMEDIATE CAUSE (Finsi disease or condition											Onset and Death
	resulting in death)	DUE TO (OR A	LLS S A CONSECU	LIENCE OF	3.							240
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ERTIFICATION	CAUSE (Disease or Injury	OUE TO (OR A	0.4.0000000	UENOE O								Zykans
F	that Initiated events resulting in death) LAST		IS A CONSECU	UENCE OI	·):							
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EDI									1 - YES 2	□ NO	Di	OMPLETION OF CAUSE F OEATH?
											1	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	ATH (Check o	only one)			
YSI	1 YES 2 NO	HOSPITAL:	-	DOA	OTHER:	ng Home	5 🗆 Res	ildence 6 🗆	Other (Specify)			
РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUI (Month, Day, Yes		26b, TIM INJ	E OF 2 URY	Bc. INJE	RK7		I. DEȘCRIBE HOW IN	JURY OCC	CURED	
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJU	JRY — Al hom	ne, farm, s			ES 2 🗌		. LOCATION (Street or	ori Number	or Burel Bour	to Alumbar
TED	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (S	Specify)						City or Town, State)			
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my kr	nowledge, deat	th occurre	d at the tim	e, data	and placa,	and dua to th	ne cause(a) end meni	or ee state	ed.	
COMPLET	one) 2 MECICAL EXAMINE											nd menner ea stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER					Т	29c. LICE	NSE NUMBER		29d. DATE	E SIGNED (M	onth, Day, Year)
10 B	1 Both U	sident Phy	picia	1						▶ ¥	Y 25 /	13
_	30 NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF	DEATH (ITEM	27) (Type,	Print)						1	

STREET

22-SOLUTH GREENE 321-JECUSTRANTS SIGNATURES

CHACLOTTE KA ATT-





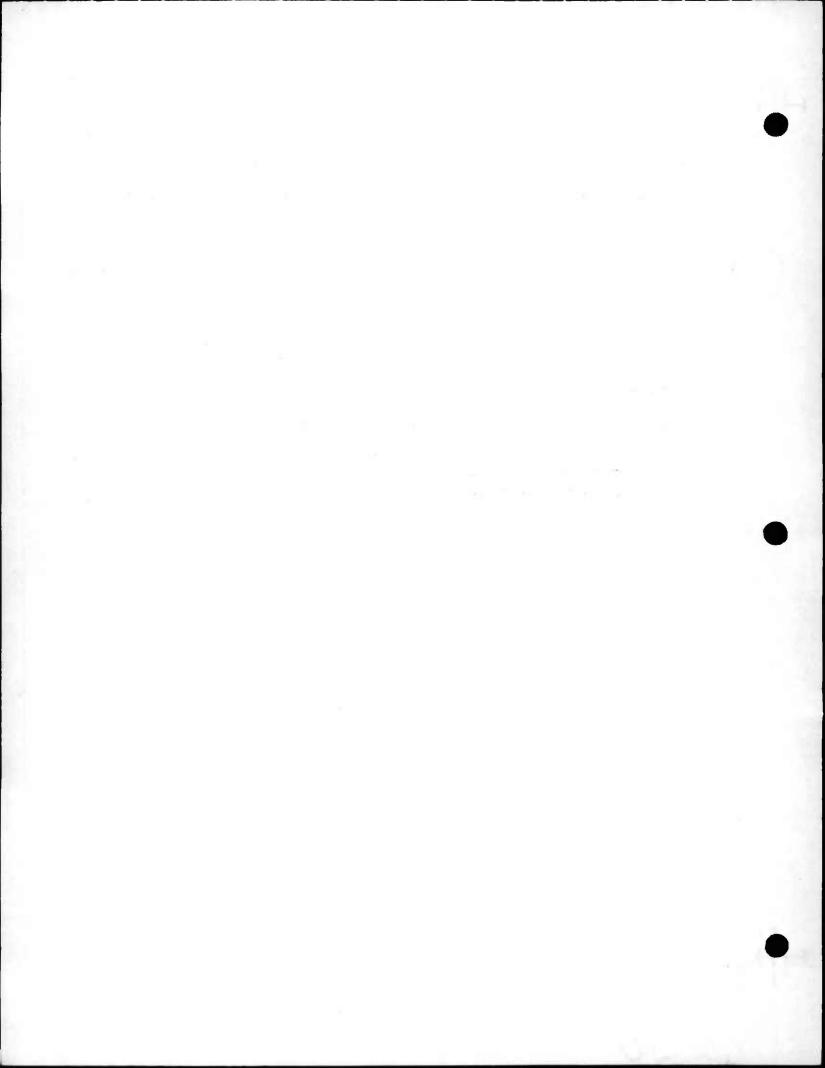
BALTIMORE, MARYLAND 21215-00

	4 DECEMENTS MADE OF							DEA			REG. NO.				
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		V7-51	5. SEX		(in yrs. last birth	MONTHS	R 1 YEAR	HOURS	MIN.	7. DATE (Mon	th, Day, Year)		6. BIRTHP	PLACE (State or Foreign	
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	90. FACILITY NAME (If not		,					OR LOCATI		ATH		9c. COUN	TY OF DE	ATH	
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E C	10e. STATE	10b. COUNT	Y		100	CITY, TOWN	OR LOCAT	TION						10d. INSIDE CITY	_
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TO B	19e. INFORMANT'S NAME	(Type/Print)			19b. MAI	ING ADDRES	S (Street e				ber, City or Town		Code)		
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	4 Donation 5 Other	er (Specify)		_ F	ort Li	ncoln	Ceme	etery	,	5/5/	/93 Bre	entwoo	od, N	Maryland	
	21. SIGNATURE OF FUNER	AL SERVICE LIC	ENSEE	-				ND ADDRE	SS OF FAC	YTIJK					
		Clar	ond	4							eral Ho			141 00700	
	23. PART I. Enter the	diseeses, pr	omplications that	t ceuse	d the death. I	D not ente	the mo	D L a U	ing such	urg	diac or resol	cetory arre	ood,	Md. 20722	_
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failura. List only one cause on each line.										rat,		n		
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ETED BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition and it amy, leading to immediate. Enter UNDERLY, CAUSE (Disease or injusted initiated events resulting in death) LA: PART II. Other signification of the condition of the con	itipns, ediate ying lury ST Cent condition To MEDICAL Pending Investigation Could not be determined	b. DUE TO c. DUE TO d. B COntributing to HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, D) 28a. PLACE O building.	(OR AS A (OR AS	A CONSEQUENCE A CONSEQUENCE Dut not result! 28b. 28b. 28b.	E OF): E DF): A OTHE A 4 Nu TIME OF INJURY M m, street, lec	26. PL R: raing Hom 28c. INJ tory, office	G Cause of Description of the Single Armore Arms arms are seen and place.	EATH (Checkel) NO	Part I. ck only or 5 Other 28d. DEs	24a. WAS AN PERFOR 1 YES 2 TO (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	NJURY OCCI	URED or Rural Root	Onset and Daat 3 4 4 5 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	th
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition and the sequence of the sequence	itions, ediate VING Jury ST Cent condition TO MEDICAL Pending Investigation Could not be determined RTIFYING PHYSIC DICAL EXAMINE LE OF CERTIFIEF	DUE TO C. DUE TO d. HOSPITAL: 1 □ Inpatient 2 □ 28a. DATE OF (Month, D building, CIAN: To the best of e	(OR AS A (OR AS A (OR AS A death b ER/Outp FINJURY ay, 'bea') FINJURY atc. (Spec	A CONSEQUENCE A	E OF): E DF): A OTHE A 4 Nu TIME OF INJURY M m, street, lecurred at the auton, in my	26. PL R: raing Hom 28c. INJ tory, office	Cause of Decrease	EATH (Checked of the least of t	Part i. ck only or Chy other 28d. DES 28l. LOC City to the case	24a. WAS AN PERFOR 1 YES 2 TO (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	NJURY Occi	URED OF Rural Rol d. Couse(e) (Onset and Daat 3 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	th
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition and if any, leading to immicause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA: PART II. Other signification and initiated events resulting in death) LA: PART II. Other signification and initiated events resulting in death) LA: PART II. Other signification and initiated events resulting in death) 25. WAS CASE REFERRED EXAMINER? 1	Pending Investigation Could not be determined Could no	DUE TO C. DUE TO d. BE CONTRIBUTING TO DESCRIPTION 1 Inputient 2 28s. DATE OF (Month, D) 28s. PLACE OF building, CIAN: To the best of e	(OR AS A (OR AS	A CONSEQUENCE A	E OF): E DF): A OTHE A 4 Nu TIME OF INJURY M m, street, lec	26. PLR: raing Hom 28c. NJ tory, office	G Cause (ACE OF D 5 The 19K? 19K? 19K? 29c. LICE	EATH (Checked of the Parket of	Part i. Ck only or Other 281. LOC City Io the certime, date BER	24s. WAS AN PERFOR 1 YES 2 If yes 2 Per (Specify) SCRIBE HOW IN Street s or Town, Street so or Town, Str	NJURY OCCI	URED Or Rural Roo d. SIGNED (1)	Onset and Daat 3 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	th .
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition and the sequence of the sequence	itions, ediate ying lury ST	DUE TO C. DUE TO d. HOSPITAL: 1 □ Inpatient 2 □ 28a. DATE OF (Month, D building, CIAN: To the best of e	(OR AS A (OR	Dut not result Detlent 3 Do 28b. At home, le	E OF): E DF): A OTHE A 4 Nu TIME OF INJURY M m, street, lec	26. PL R: raing Hom 28c. INJ tory, office	G Cause (ACE OF D 5 The 19K? 19K? 19K? 29c. LICE	EATH (Checked of the Parket of	Part i. Ck only or Other 281. LOC City Io the certime, date BER	24s. WAS AN PERFOR 1 YES 2 If yes 2 Per (Specify) SCRIBE HOW IN Street s or Town, Street so or Town, Str	NJURY OCCI	URED Or Rural Roo d. SIGNED (1)	Onset and Daat 3 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	th .

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



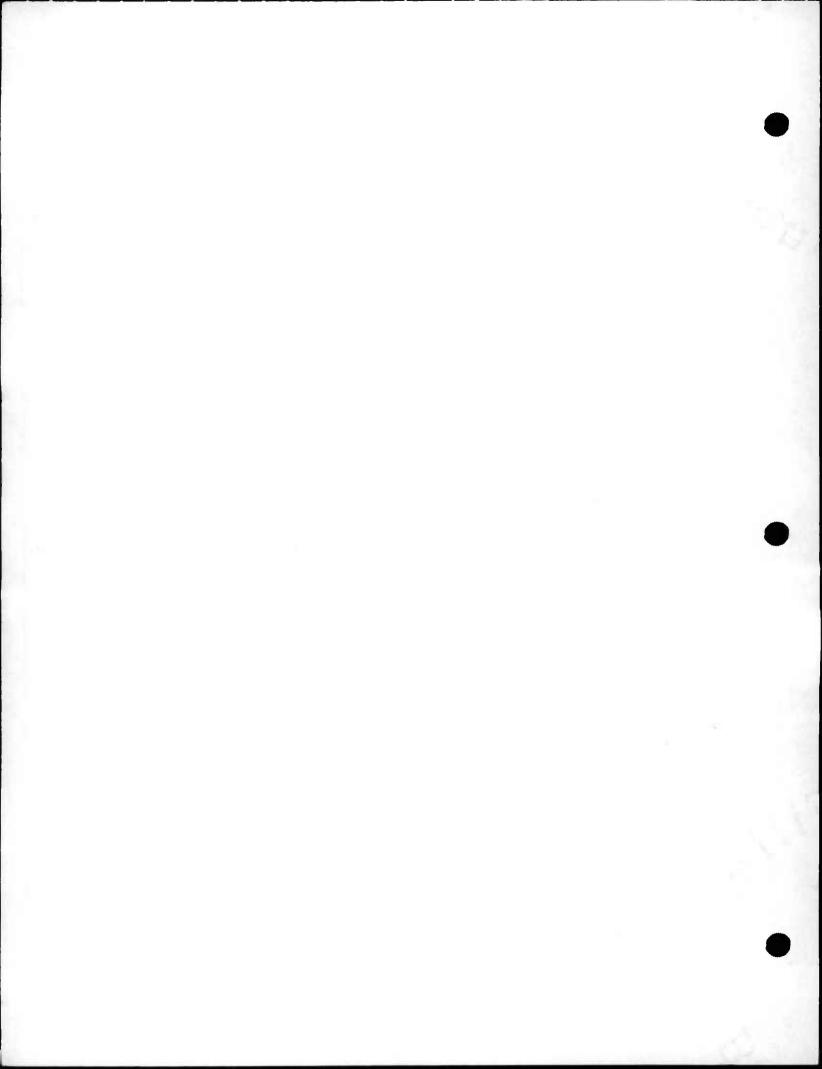
	ī	it permit. Profes 1, 4, 3 should)	
STATE OF THE RECORDS, F.O. BOX 63.00, BALLIMORE, MARTLAND ZIZIS-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Permit 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, (the medical examiner must be notified at once.	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10+1

BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIEN		\$ 1000 U
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
1	John L. Moon, Jr.	<u></u>				4 30	93	10:58p.m.M
	214-18-0387	5. SEX 6. AGE (71 vrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give str		/ al. the	95. CITY, TOWN 0	OR LOCATION OF D	11/16/21	9c. COUNTY	Maryland
e B	St. Agnes Hospita	9c. COOM	OF DEATH					
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							
DIRECTOR	Maryland Balti	more			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
	10e. STREET AND NUMBER			butus	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1023 Elm Road				21227		USZ	
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 TYPES	2 NO	13. WAS OED	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No — 14.	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		ZYXNO Specif			Specify: White
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of	ATION	18a. DECEDENT'S	USUAL OCCUPATION done during mo	ON .	16b. KIND OF BU	I SINESS/INDUST	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	ist or working			
MP	12 17. FATHER'S NAME (First, Middle, Last)		Postal	Clerk			ernmen	t
	John L. Moon, Sr.					AME (First, Middle, Maiden e. Goode	Sumerne)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street a		Route Number, City or Tow	n State Zin Coo	rin)
2	Mary Moon					us, Maryla		
	20a. METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3 Remove	val from State	PLACE AND DATE O	F DISPOSITION (Ne				or Town, Stata
	4 Donation 5 Other (Specify)	Ce	dar Hill	Cemeter		Broo	oklyn I	Park, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE)	0	22. NAME AN				
	tall	1	-37	1328	Sulphur	Spr. Rd. A	butus	, Md. 21227
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	omplications that caused list only one cause on ea	tha death. Do ne	ot enter the mo	da of dying, suc	h as cardiac or respi	ratory arreat,	Approximata
	IMMEDIATE CAUSE (Final disease or condition		6					Onset and Death
	resulting in death) a.	Thora	CONSEQUENCE OF	nevy	SM			unknown
z		552 15 (611 115).	DONOLOGINOL OF	<i>,</i> .				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				
2	CAUSE (Disease or Injury							
Ē	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):				
	d.							
MEDICAL	PART II. Other algnificant conditions	contributing to death be	ut not reaulting in	n the underlying	cauaa given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ğ	Psychiatr	12 01301	-125			1 🗆 YES 2	NO	COMPLETION OF CAUSE OF DEATH?
								1 🗆 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (Ch	eck only one)		
SIC		HOSPITAL:		OTHER:		8 Other (Specify)		
PH	27, MANNER OF OEATH	28a. OATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c. INJ		28d. DESCRIBE HOW II	JURY OCCURE	ED
BY	1 Natural 5 Pending 2 Accident Investigation	(moning day, roas)			ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, at	reet, factory, office)	281. LOCATION (Street & City or Town, State)	nd Number or R	Rural Route Number,
Ē,	One OFFICIEN							
COMPLETED	(Check only 1 CERTIFYING PHYSICI	AN: To the best of my knowle						
	29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of azamination	and/or investigation	i, in my opinion, d				use(a) and mannar as atated.
H	Pelen M	0		8	AV4 (3.5	WBER	29d. DATE SIG	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, I	Print)	7.7.0	Center	7 3/	./ /3
	Dan Chomsk	V , Balt	PAROLE	VA N	1 cdizat	Cente		
	31. DATE FILED (Voorty, Day, Year)	32. RESTRAR'S SIGNA		0				
	3 1333) dames source	man later	-				- 1



1	,	-	STATE REGISTR	AF
Γ	1,	D	ECEDENT'S	N/

STATE OF MADVIAND / DEPARTMENT OF MEANTH AND ASSUTAL INVOLVE

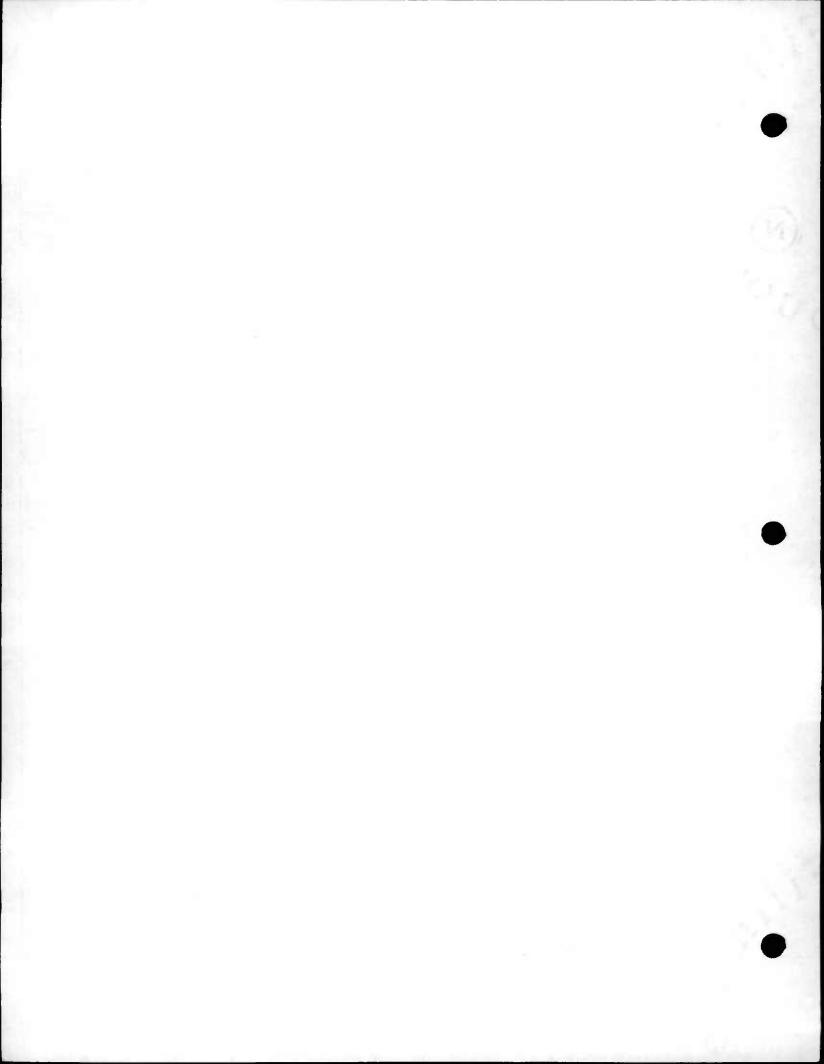
	1 - STATE STATE OF MAN		RTIF	ICATE C	F DEAT	LH	MENIAL HYGII REG. 1			
- 0	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	JAMES WILLIAM MALLOW	_					APRIL 2		3	13:50 PM
8	B., C	E (In yrs. last		MONTHS DAY		24 HRS. MIN,	7. DATE OF BIRTH (Month, Day, Year		8. BIRTHI Country	PLACE (State or Foreign
	205 30 5617 1 X M 2 F	63	YRS.	at OUTY TON			MAY 3, 1			VIRGINIA
DIRECTOR	SACRED HEART HOSPITAL			9b. CITY, TOW	BERLAN				LLEGA	
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				Т	10d. INSIDE CITY LIMITS?
	PA BEDFORD		MON	ROE TW	P., CI	LEARV	/ILLE, PA			1 TYES 2 X NO
FUNERAL	10o. STREET AND NUMBER				101. ZIP COD	E		10g. CITI	ZEN OF W	HAT COUNTRY?
Ä	RD#1 BOX 19				1553			U.S		
	11. MARITAL STATUS 12. WAS DECEDENT/EVEI FORCES? 1 TY	S 2 N	ED)	If yes	specify Cube	n, Mexicar	IC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No—	14. RACE Black	— American Indian, , White, atc.
À	3 Wildowed 4 Divorced IF YES, GIVE WAR OF KOREA 1951-	-53		10	YES 2 XNO	Specify.	:	Y 1	Specifi WHI	
COMPLETED	1s. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DEC	EDENT'S	USUAL OCCUP	ATION	•	16b. KIND OF	BUSINESS/IND		
9	Elementary/Secondary (0-12) College (1-4 or 5+)	life. I	Do NOT us	e retired.)	most or working	N/				
MP	12	FAR	MER					CULTUR	AL	
	17. FATHER'S NAME (First, Middle, Last) JASON MALLOW				16. MOT		ME (First, Middle, Maid			
H	19s. INFORMANT'S NAME (Type/Print)	195	MAIL INC	ADDRESS (Str	ot and Number		A S. PHA		0-4-1	
2	MRS. GLENN PRICE						LLE, PA 1		(0000)	
		20b. PLACE A	ND DATE	OF DISPOSITION	(Name of		DATE 20c.	LOCATION -	City or Tov	vn, State
	4 Donation 5 Other (Specify)	CLEAR	VILL				7 4/29 CL			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 1	1	DAL	LA VAI	SS OF FAC	UNERAL S	ERVICE	. TN	С.
	Norse Willell	SIL	/	P.0	. BOX	179	EVERETT,	PA 15	537	
	23. PART I. Enter the diseases, or complications that ceue shock, or heert failure. List only one ceuse on IMMEDIATE CAUSE (Final disease or condition resulting in desth) DUE 70 (OR A	each iine.	5(iARC			as cerdiec or re		est,	Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	S A CONSECU	NSEQUENCE OF):							
	PART II. Other significant conditions contributing to death	but not re	sulting	n the underl	vina ceuse o	lven in i	Part i. 24s. WAS	AN AUTOPSY	24h	WERE AUTOPSY FINDINGS
DICAL	OPERALONE PRONAL						PERI	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀								2 110	- 1	OF DEATH? 1 YES 2 NO
ż							_			
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL;			OTHER:	PLACE OF D	EATH (Che	ck only one)			
IXS	1 YES 2 NO 1 Inpatient 2 ER/O			4 🗆 Nursing I		sidence	8 Other (Specify)			
BY PH	1 Netural 5 Pending 2 Accident Investigation (Month, Day, Year	7)		M 1	INJURY AT WORK?] NO	28d. DESCRIBE HO			
ETED	3 Suicide 8 Could not be determined 28a. PLACE OF INJU building, etc. (S	IRY — At hom pecify)	e, Jarm, i	street, Inctory, o	ffice		281, LOCATION (Stre City or Town, St		or Rural Ri	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my kn one) 2 MEDICAL EXAMINER: On the basts of examinary one of the bast of examinary one of the bast of examinary one.									and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	-	_		29c. LICE	NSE NUM	BER	29d. DATI	E SIGNED	(Mprith, Day, Year)
10 B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAMPS OF	DEATH (ITEM	D7) (5-m-	Grint)	I	318	375	1	1 27	193
	DR. ROBERT WELLK, M.D., 902	SETOR			JMBERL.	AND,	MD 21502	2	1	
	31. DATE FILED (Month, Day, Year) MAY 0 2 1993 Julia David	GNATURE OF	dell							
			,							DHMH 18 Pay 1/90

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

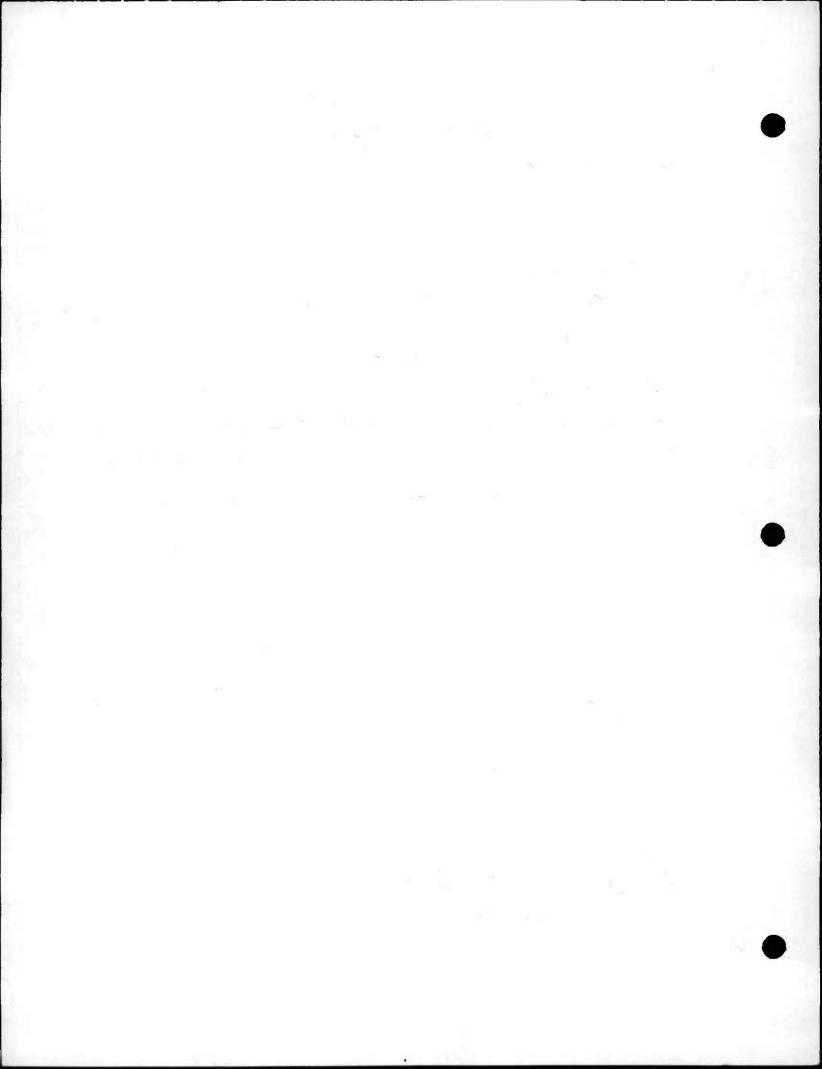
BALTIMORE, MARYLAND 21215-0020



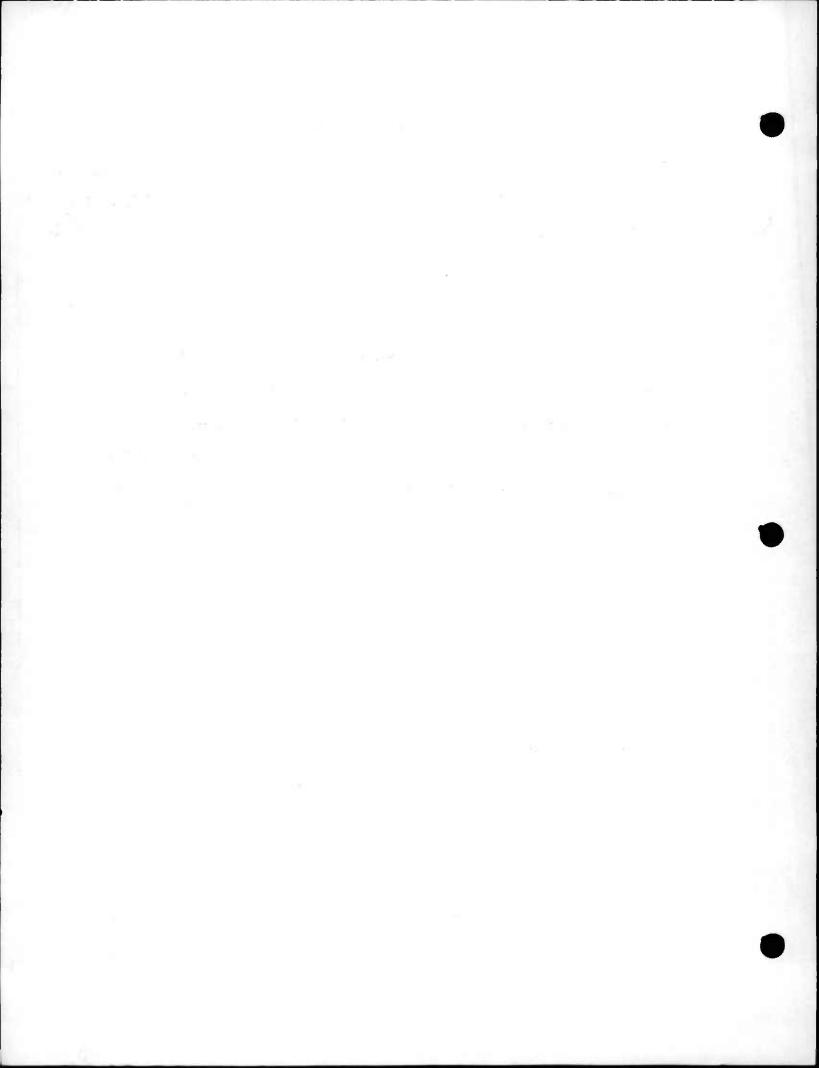
											03
EMS:	23	part	I	, 27,	28a,	Ь,	,d,e,f	per	MEO	G - 699	20

	ITEMS: 23 FOR STATE 5 / 7 / 93 relations	part I,27,2 STATE OF MARYLAN	ID / DEPAR		TH AND MENT		12/41
	1. DECEDENT'S NAME (First, Middle, Last) ISAIAH	Hubert	/	nevene	2. D/	TE OF DEATH	YBAR 12:50 P
Pir	4. SOCIAL SECURITY NUMBER 220-36-3946	12 M 2 OF 5/	rs. last birthday) YRS.		JRS MIN. (M	TE OF BIRTH onth, Day, Year)	6. BIRTHPLACE (State or Foreign Country)
Z, 3 should	9e. FACILITY NAME (If not institution, give street and not described and not describ			BALTIMOI		9c. COUN	TY OF DEATH
T. Pages T.		Y	10c. CIT	Y, TOWN OR LOCATION	7 ,		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		ndeen A	16,	10f. ZIP	CODE 2/206		EN OF WNAT COUNTRY?
à	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 NO	If yes, specify	ENT OF HISPANIC ORI Cuben, Mexican, Puer NO Specify:	GIN? (Specify Yee or No 1	4. RACE — American Indian, Black, White, etc. Specify:
once. COMPLETED	15. DECEDENT'S EDI (Specify only ponest grad Elementary Secondary (0-12)	CATION 16 completed) College (1-4 or 5+)			working	16b. KIND OF BUSINESS/INDU	STRY
5 76	17. FATHER'S NAME (First, Middle, Last)	Meyers	7,100		MOTHER'S NAME (FIR	t, Middle, Melden Surname)	
be notified TO BE	190. INFORMANT'S NAME (Type/Print)	reyers	19b. MAILING		/	umber, City or Town, State, Zip C	ind 21239
must	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	loval from State cemela	ACE AND DATE Of	OF DISPOSITION (Name of ther place)	-5	ATE 20c. LOCATION — CI	ty or Town, State
n — en	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE - LITERAL	Home-	22. NAME AND AD	ORESS OF FACILITY N. C.A.	reline .	**
cremation, or remo	23. PART I. Enter the diseases, or ehock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. A C U T E N A R DUE TO (OR AS A CO	COTIC	AND COCA			st, Approximate intervel Betwee Onset and Dec
traumatic	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (OR AS A CC					
y, or other CERTIFIC	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF	F):			
hows any Inju	PART II. Other algnificant condition	a contributing to deeth but	not resulting i	in the underlying ceu	ise given in Part i.	24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
in the State Dept.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE	DF DEATH (Check only		
ed, or I	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatie		4 Nursing Home 5 E OF 28c. INJURY WORK?		her (Specify) VACAN ESCRIBE HOW INJURY OCCU	T HOUSE
is mark	1 Netural 5 Pending 2 Accident Investigation 3 Suicide (X) Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	1 2 : 3 At home, farm, s	M 1 YES	28f. L	UNKNOWN CATION (Street and Number of	Rural Route Number,
Or THE TOTAL OF THE THE STATE OF THE STATE O	4 Homicide determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS		CANT	E.22nd St HOUSE	ВА		D .
Mithin 72 IANT: If COMI	MEDICAL EXAMINI	R: On the basis of examination en	nd/or Investigatio	n, in my opinion, death o	occured at the time, d	ite end piece, end due to the	ceuse(s) end menner as stated.
IMPORT TO BE	291 SIGNATURE AND TITLE OF CERTIFIE	- locked	(11)		C.M.E.		29-1993
	MANUEL AND ADDRESS OF PERSON WITH	O COMPLETED CAUSE OF DEATH			et, Balt	imore, Mar	yland 2120
3	31. DATE FILED (Month, Bay, Year)	32. REGISTRAR'S SIGNATU	RE	Chr.			





	_	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME			ENTAL HYG			
		1. DECEDENT'S NAME (First, Middle, Last)	ne Name	SIBYLE M	. McNAME	EE 2	DATE OF DEA	TH DAY	EAR 3.	TIME OF OEATH
2		4. SOCIAL SECURITY HUMBER 463-30-6864	10 M 2 XF	(In yrs. lest birthdey) IF UM YRS. MONTH			DATE OF BIRT (Month) Day, Ye	н	BIRTHPLA Country)	CE (State or Foreign
-	TOR	9a. FACILITY NAME (If not institution, give :	HOSPiti	9 L	TUWN OR LOC		н / //	9c. COUNT	OF DEATH	timon
	DIRECTOR	10a. STATE 10b. COUNT	dt mar	10c. CITY, TOWN	OR LOCATION	(1)		0.00		I. INSIDE CITY LIMITS? YES 2
n. ansit perm	FUNERAL	100. STREET AND NUMBER	Udick	DR	10f. ZIP C		3	10g. CITIZE		COUNTRY?
215-0020 attending physician. Ise as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	3. WAS DECENOEN If yes, specify C 1 YES 2	Luban, Mexican, I	Black, Wi Specify:	American Indian, hile, atc. White		
215 attend use as	8	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. OECEDENT'S USUAL (Give kind of work dor		rorkina	16b. KINO O	F BUSINESS/INDUS	TRY	
AND 2121 the hospital or att detached for use	once.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemake	1.)			Own Hon	10	
RYLAND ed by the hospituld be detached	O M	17. FATHER'S NAME (First, Middle, Last)				OTHER'S NAME	(First, Middle, M		ie	
2 2 2	, III	0. J. Tucker				Alliene				
MA retain 5 sho	2	19e. INFORMANT'S NAME (Type/Print) Darliene Ducky	to set la	19b. MAILING AOORE						
age in	2	20s. METHOD OF DISPOSITION	201	D. PLACE AND DATE OF DISP	OSITION (Name of	ive, L		lle, Mar		
MOF pe 6 rr irector.	must	1 Donation 5 Other (Specify)	oval from State ceq	netery gematory or other place Killeen Ceme	tery	5-4-9		illeen,		
ALTIMO death. Page 6 funeral directo	examiner	21. SIGNATURE OF FUNERAL SERVICE LI		0 2	2. NAME AND ADO					
- 9 -		· Wallace	S. Brook	4,21-				Home, In		1
24 hours af filled in by ion, or remo	event, the medical	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Respirator	d the death. Do not entered line.	er the mode of	dying, such a	s cardiac or	reapiratory arres	t,	Approximata interval Batwean Onset and Death
P.O. BOX 68 th certificate be execute ending physician and confirmation in Hygiene prior to burial	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO FOR AS	CONSEQUENCE OF:	D longer Aca	ciden	1			
RECORI v requires that to been signed by t. of Health and	S snows any injury. N: MEDICAL CI	PART II. Other significant condition	s contributing to death b	out not reaulting in the	inderlying caus	se given in Pa	PE	S AN AUTOPSY RFORMEO? ES 2 NO	AVAI COM OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO IMPLETION DF CAUSE DEATH? YES 2 NO
VITAL AN: The lav tificate has e State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН		F DEATH (Check	only one)			
F VIT,	5 ≥	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 - ER/Outp	patient 3 DOA 4 N	ursing Home 5 🗆					
N OF SPHYSIC BY This Celebration of the celebration	BY PHY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?	2 NO 28	Id. OEŞCRIBE H	OW INJURY OCCUP	ÆD	
ISIC TTEND TOR: A after d	TED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, le	ctory, office	28	II. LOCATION (S City or Town,	treel and Number or State)	Rural Route	Number,
	D BE COMPLE		CIAN: To the best of my know						euse(s) end	I manner sa stated.
THE HC THE FU filed wil	BEC	296, SIGNATURE AND TITLE OF CERTIFIED	10	MD	29c. L	LICENSE NUMBE	R	29d. DATE S	IGNEO (Mor	nth, Day, Yeer)
6 6 3	10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) / Free Dar-11	D:	3182	0	1-4-	ZT-	-93
4		Richard L. L. 31. DATE FILED (Month, Day, Year)	_in-thicur	mmD S	enet I	csep	5Has	PHO	Bel	4. Md.
		MAY 3 1993	32. REGISTRAR'S SIGN	on-Randell						



FOR

	1 - STATE REGISTRAR	SIAIE UF M				OF DEA		MENTA	REG. NO.	E		
ŝ	1. DECEDENT'S NAME (First, Middle, Last)				-			2. DATE	OF DEATH	W .	YEAR	3. TIME OF OEATH
- 4	Tall	-	MAN IV	1° m	EEN				April	28	93	5 P M
- 2	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 Y	EAR IF UNDE	ER 24 HRS.		OF BIRTH		8. BIRTH Count	IPLACE (State or Foreign
	411-60-2106	1 M 2 □ F	52	YRS.					31-194	0		nessee
~	9a. FACILITY NAME (If not institution, give a					WN OR LOCAT		EATH		9c. COU	INTY OF D	EATH
0	Washington Cou	inty Hospi	tal		Ha	gersto	wn			W	ashir	ngton
2	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR I	OCATION						10d, INSIDE CITY
DIRECTOR	Maryland	Washingto	n			Ked	dysv	ille				LIMITS?
	10e. STREET AND NUMBER					10f. ZIP COL			_	10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	5635	Mount Bri	ars Roa	d			21	756			U.S.	Α.
3	11. MARITAL STATUS	12. WAS DECEDENT				B DECENDENT				or No-	14. RACE	E — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 N	0		YES 2 XXVIII			Rican, etc.)			k, white, etc.
	15. DECEDENT'S EDU	I CATION	1 10 77									WITTE
	(Specify only highest grade	e completed)	(Gh	ve kind of Do NOT us	USUAL OCCU	IPATION ng most of work	dng	16b	. KIND OF BUS	HNESS/INC	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		Sale					Beaut	V S111	anlie	2C
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-	OHIGH	18 1400	THED'S NA	ME /Elect /	Middle, Maiden		PPIIC	-0
Ö		hn McMeen	Jr.			10. 20			lla Ir		Norma	an
BE	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (S	treet and Numbe						
유	Greg McMeen	L										and 21756
	20a. METHOD OF DISPOSITION 1.X Burlal 2 Cremation 3 Rem		20b.PLACE A	ND DATE	OF DISPOSITIO			OAT			_	
	4 Donation 5 Other (Specify)	over from State	West	Poir	ther place) It Rura	alCeme	terv	5/2	Colu	mbia	.Ten	nessee
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				ME ANO ADDR		CILITY N				l Service
1	> muchael P	marrie	De-		398	Carro	11+0					land21155
	23. PART I. Enter the diseases, or	7		ath. Do	not enter the	mode of d	vina. suc	h as care	liac or meni	ratory an	rest	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one ceus	e on each line.									Interval Between Onset end Death
	disease or condition		CAVAL	· 4.	1							De A Kon
	resulting in death)	DUE TO (OR AS A CONSEQ									De Kliens
z		b.	ATKO	VIS	clays	523						JVS
5	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSEO	UENCE O	F):							/
2	CAUSE (Disease or injury	c										
Ë	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO	UENCE O	F):							i 1
CERTIFICATION		d										
	PART II. Other significent condition	s contributing to	death but not re	suiting	in the under	riying ceuse	given in	Part i.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
DICAL								_	1 TES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE
ME									/			OF DEATH? 1 YES 2 NO
PHYSICIAN: ME								_				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				6. PLACE OF	DEATH (Ch	eck only on	e)			
YSI	YES 2 NO	1 Inpatient 2	ER/Outpatient 3	G DOA	OTHER: 4 Nursing	Home 5 🗆 R	lesidence	6 🗆 Other	r (Specify)			
H	27. MANNER OF DEATH	28e. DATE OF I (Month, Da		28b. TIM	E OF 28	. INJURY AT WORK?		28d. OES	CRIBE HOW II	JURY OC	CURED	
À	Netural 5 Pending Investigation		100.01			YES 2	□ NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF building, e	INJURY — At hon tc. (Specify)	ne, farm, :	street, factory,	office		281. LOC	ATION (Street a or Town, State)	nd Number	or Rural F	loute Number,
Ē.												
COMPLETED	29a. CERTIFIER (Check only one)											
ģ I	MEDICAL EXAMINE	R: On the basis of exa	mination end/or in	rvestigatio	n, in my opini	on, death occu	ared at the	time, date	end place, and	due to th	ne cause(s) and manner as stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LIC	ENSE NUI	/BER		29d. DAT	E SIGNED	(Month, Day, Year)
2	C/11/be	M					111	26	6	• /	Ar.	78,93
-	30. NAME AND ADDRESS OF PERSON WH					1	,	171	in 60	1		
	HN- Weel		d Norl	Kly	HU	H	A 90.	15/01	n. 4.	-		
	31. DATE FILEO (Month, Die), Year) MAY 3 1993	32. REGISTRAN	SIGNATURE	Indett	2		/					

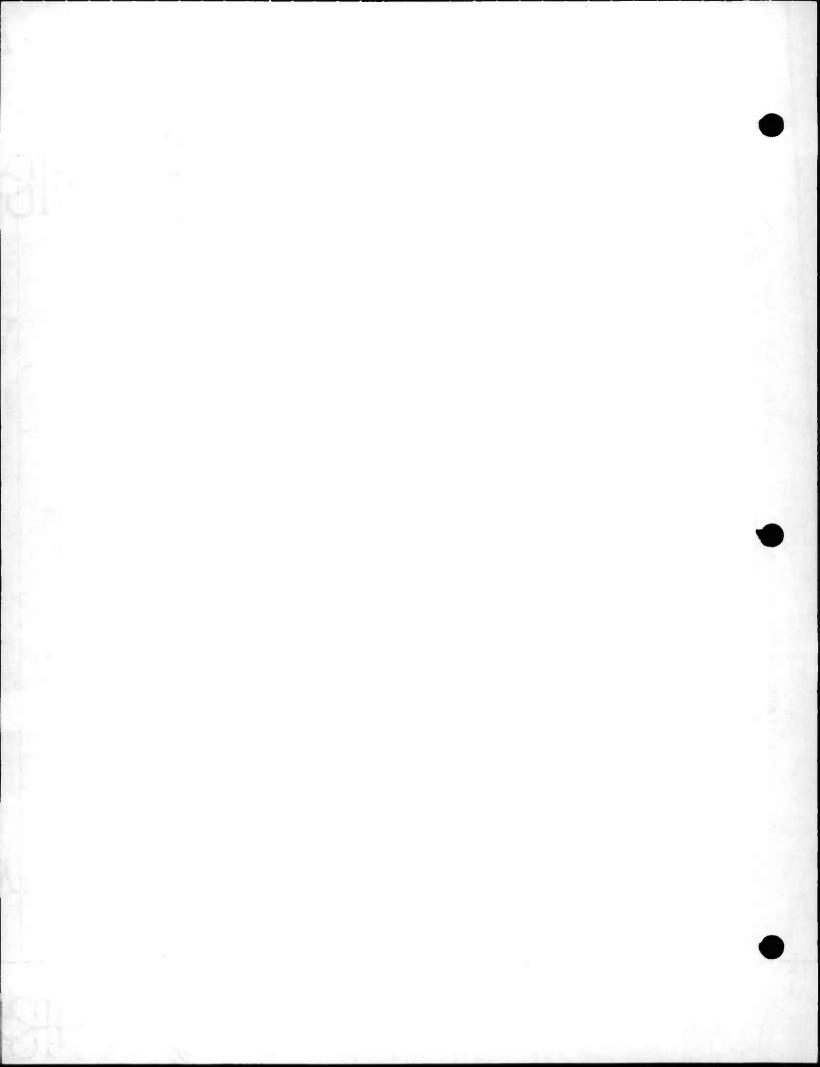
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x Lours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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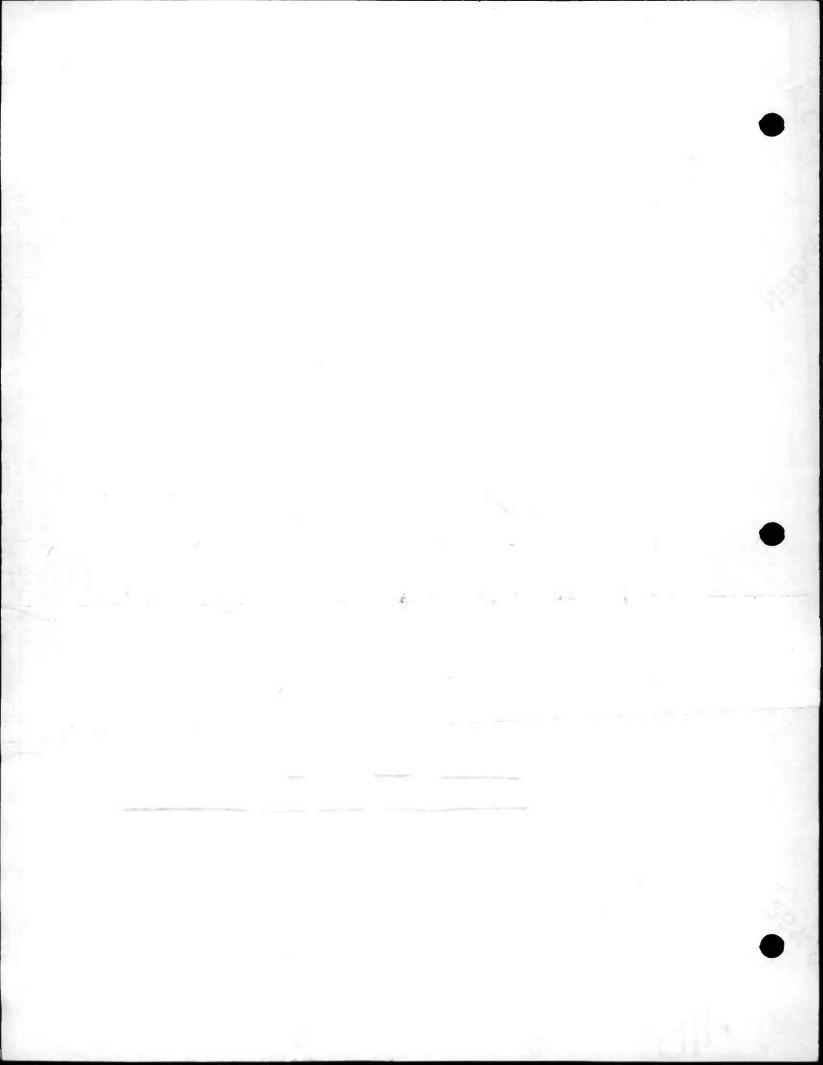
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and commission of the page of the page 6 may be retained by the hospital or attending physician and commission of the page 6 may be retained by the hospital or attending physician and commission of the page 6 may be retained by the hospital or attending physician and commission of the page 6 may be retained by the hospital or attending physician and commission of the page 6 may be retained by the hospital or attending physician and commission of the page 6 may be retained by the hospital or attending physician and commission of the page 6 may be retained by the hospital or attending physician and commission of the page 6 may be retained by the hospital or attending physician and commission of the page 6 may be retained by the hospital or attending physician and commission of the page 6 may be retained by the hospital or attending physician and commission of the page 6 may be retained by the hospital or attending physician and commission of the page 6 may be retained by the hospital or attending physician and commission of the page 6 may be retained by the hospital or attending physician and commission of the page 6 may be retained by the hospital or attending physician and the page 6 may be retained by the hospital or attending physician and the page 6 may be retained by the hospital or attending physician and the page 6 may be retained by the physician and the page 6 may be retained by the physician and the page 6 may be retained by the physician and the page 6 may be retained by the physician and the page 6 may be retained by the physician and the page 6 may be retained by the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician a

		FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEATE OF D		NTAL HYGIENI REG. NO.	Ε			
		1. DECEDENT'S NAME (First, Middle, Last MARY C. NOVAK	K				DATE OF DEATH MONTH DA	5 - 9"	3. TIME OF DEATH 2 3 M		
9		4. SOCIAL SECURITY NUMBER 215-07-1945	1 □ M 2 💢 F 8 2			ACLUME NO.	DATE OF BIRTH (Month, Day, Year) 2-2-1911		BIRTHPLACE (State or foreign Country) Labama		
, c, 3 should	TOR	96. FACILITY NAME (If not institution, give Good Samarita RESIDENCE OF DECEDENT			Baltimo	LOCATION OF DEATH		9c. COUNTY	OF DEATH		
י מלופי	DIRECTOR	10a. STATE 10b. COUNT	altimore		th Poir	nt-Dunda	ılk		10d. INSIDE CITY LIMITS? 1 ☐ YES Ž(TXNO		
	MENAL	7802 St. Fab			ľ	11P CODE 21222		10g. CITIZEN	OF WHAT COUNTRY?		
	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES			ORIGIN? (Specify Yes uerto Rican, etc.)	s or No— 14. RACE — American Indian, Black, White, etc. Specify: White			
od rof use as	COMPLETED	1s. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 1 2	DUCATION (de completed) College (1-4 or 5+)	Ille. Do NOT use re	k done during most o etired.)	of working	16b. KIND OF BUS	SINESS/INDUST			
at once.		17. FATHER'S NAME (First, Middle, Last) Theodore	e Kosmi	Homemal		18. MOTHER'S NAME (<u> Own Ho</u> First, Middle, Maiden S Clark				
be notified	TO BE	19m. INFORMANT'S NAME (Type/Print) Dennis Dietz		19b. MAILING AD		Number or Rural Route	Number, City or Town				
		20a. METHOD OF DISPOSITION 1 \(\text{XBurlial} \) 2 \(\text{Cremation} \) 3 \(\text{Removal from State} \) 4 \(\text{Donation} \) 5 \(\text{Other (Specify)} \) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Sacred Heart of Mary 5-3-93 Balto. Md.									
val.		21. SIGNATURE OF FUNERAL SERVICE L	Cerkin I	000083	3000 E	an-Ashto E. Balti	n Funer more St	al Ho	ome, Inc. to.Md.21224		
il, cremation, or removal, event, the medical e		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
matic e	ATION	Sequentially list conditiona, if any, leading to immediate	- Pneum	CONSEQUENCE OF):			<u> </u>				
£ 9	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A	A CONSEQUENCE OF):							
and in	MEDICAL	PART II. Other significant condition	one contributing to death b	ut not resulting in t	the underlying c	ause given in Part	24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
he State Dept. of Health or Item 23 shows ar	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	CE OF DEATH (Check o					
death with the	РНҮ	27. MANNER OF DEATH 1) Netural 5 Pending	1 Ninpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Y 28c. INJURY		d. DEŞCRIBE HOW IN	HURY OCCUR	ED		
after 28 I	ETED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY	- At home, farm, stree	_	281.	LOCATION (Street as City or Town, State)	nd Number or F	Burel Route Number,		
20 =	COMPLE		SICIAN: To the best of my knowl NER: On the basis of examination				he cause(s) and meni		ause(s) and manner as stated.		
be filed within 72	O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE Mehndi Real	Ha #153	Good Sam	Cullen Hoo	9c. LICENSE NUMBER	1	29d. DATE SI	GNED (Month, Day, Year)		
	-	Good Samony Len Ho	who completed cause of de	ATH (ITEM 27) (Typo, Pri	oven_	18 mg	altimor	re.	21239		
	4	AT 3 1993	52. REGISTRATE SION		~ * }			/:			

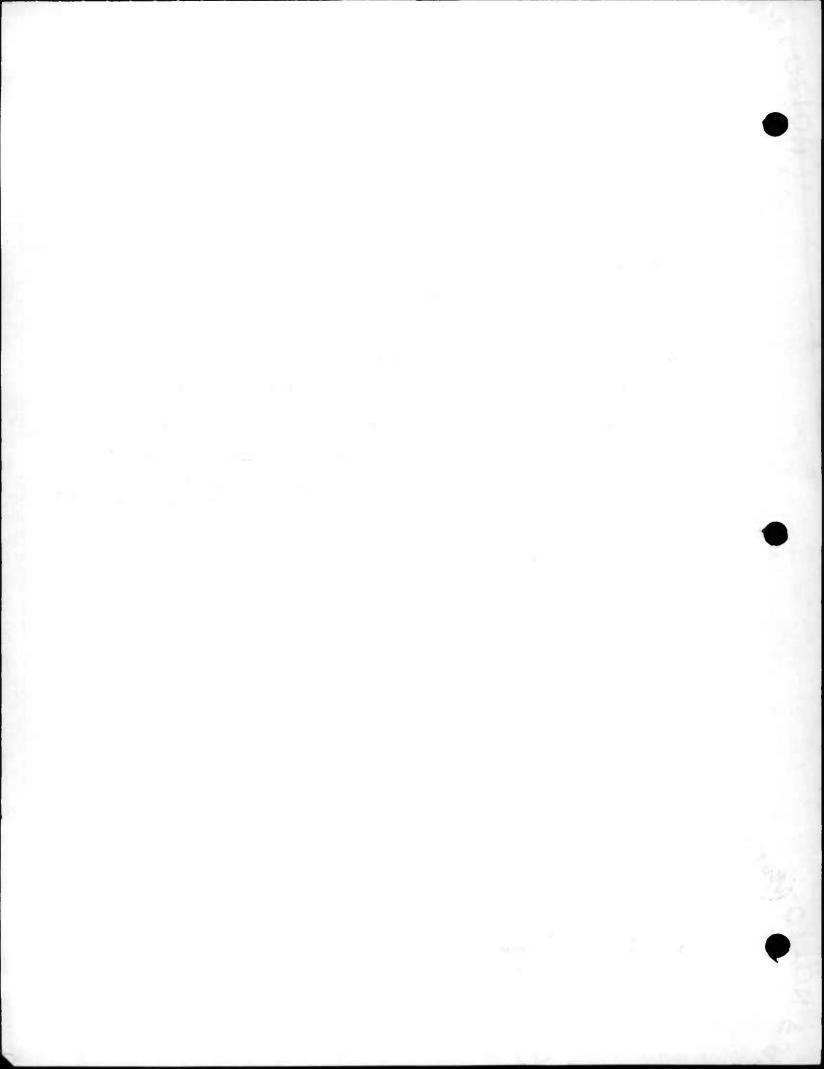


-0020	ng physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	5 should be detached for use as
BALTIMORE,	ours after death. Page 6 may be	lled in by the funeral director, page
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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THE PLAN OF A LLINOTING FITT STOCKING THE TAW THOUGH SHALL THE UP AND THE WAS THE PROPERTY OF THE PROPERTY OF THE TOST T	ID THE TWEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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alle	9	NOTH:	IIcai
200	U. P	00	Hec
4.7	y filler	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the
MILITAR	pletel	леша	ent,
2	COM	ial,	2
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) LEONORA E. NICO	LAI				2. DATE OF MONTH	DEATN	NY 1	/EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	APRII			993	CE (State or Foreign
	215-07-5136	1 - M 2 DEF 80) YRS.	NTHS DAYS	HOURS MIN.	MAY 2			Country)	IMORE, MD
œ	90. FACILITY NAME (If not institution, give str ST. AGNES HOSPITA		91		PR LOCATION OF DI				Y OF DEATH	
6	RESIDENCE OF DECEDENT			DAL	THORE					
DIRECTOR	MARYLAND 106. COUNTY	BALTIMORE		OWN OR LOCAT						I. INSIDE CITY LIMITS? YES 2X NO
FUNERAL	1705 FAIRBROOK CO	URT			21244			U.S.	N OF WHAT	COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2- NO	It yes, spe	ENDENT OF HISPAI acity Cuban, Mexica 2 NO Specifi	in, Puerto Rici	Specify Yee an, etc.)	or No.— 14	Black, Wh	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 11TH GRADE	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo tired.)	ON st of working	16b. KJ	NO OF BUS	INESS/INDUS	TRY	
Š	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mide	die, Maiden :	Surname)		
BE C	EMIL RADKE					RINE N				
5	190. INFORMANT'S NAME (Type/Print) CLAIRE C. MILLER	& JANE MACK			MILL RO					21244
	20e. METNOD OF DISPOSITION 1 String Burlel 2 Cremation 3 Remo	val trom State CBM	PLACE ANO DATE OF D	DISPOSITION (Na	ma of	DATE	20c. LO	CATION CIT		
	21. SIGNATURE OF FUNERAL SERVICE LICE		EADOWRIDGE		O ADDRESS OF FA		ELK	RIDGE		
	► () aur 291	sher			D FUNERA ILKENS A			-	MD.	21229
	PART I. Enter the diseases, or contended in the cont	list only one cause on ea	ich iine.		de of dying, suc	th sa cardisc	or reapli	ratory arres	t,	Approximata interval Between Onset and Death
	resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF):	ER						
NO	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):							
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	HYPERT	ENSION	1					į	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
	PART ii. Other algnificant conditions	Contributing to death b	It not resulting in t	he underlying	seuse shap la	Deat La			1	
DICAL				— — — —	Couse given in		PERFOR	MED?	AVAI	RE AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH?
PHYSICIAN: MEDI						_				YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)				
YSE	1 TYES 2 NO	HOSPITAL: 1 1 Inpatient 2 ER/Outp		THER: Nursing Nome	5 🗆 Residence	8 Other (S	pecify)			
	27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WOI	RK?	28d. OEŞCR	IBE NOW IN	JURY OCCUP	RED	
D B√	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree		ES 2 NO	28t. LOCATIO	ON (Street a	nd Number or	Rural Route	Number,
	4 Nomicide determined	bunding, arc. (opec	··y)			City or 1	own, State)			
COMPLETED		AN: To the best of my knowl On the basis of examination								menner es stated.
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	10 - 8	t5< (A === 1 ==		29c. LICENSE NUN	MBER		29d. DATE S	IGNED (Mon	th, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATN (ITEM 27) (Type, Prin	nt)		·				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE							
	MAY 0 2 1993 Su	his Seviden Ban	ALL.							

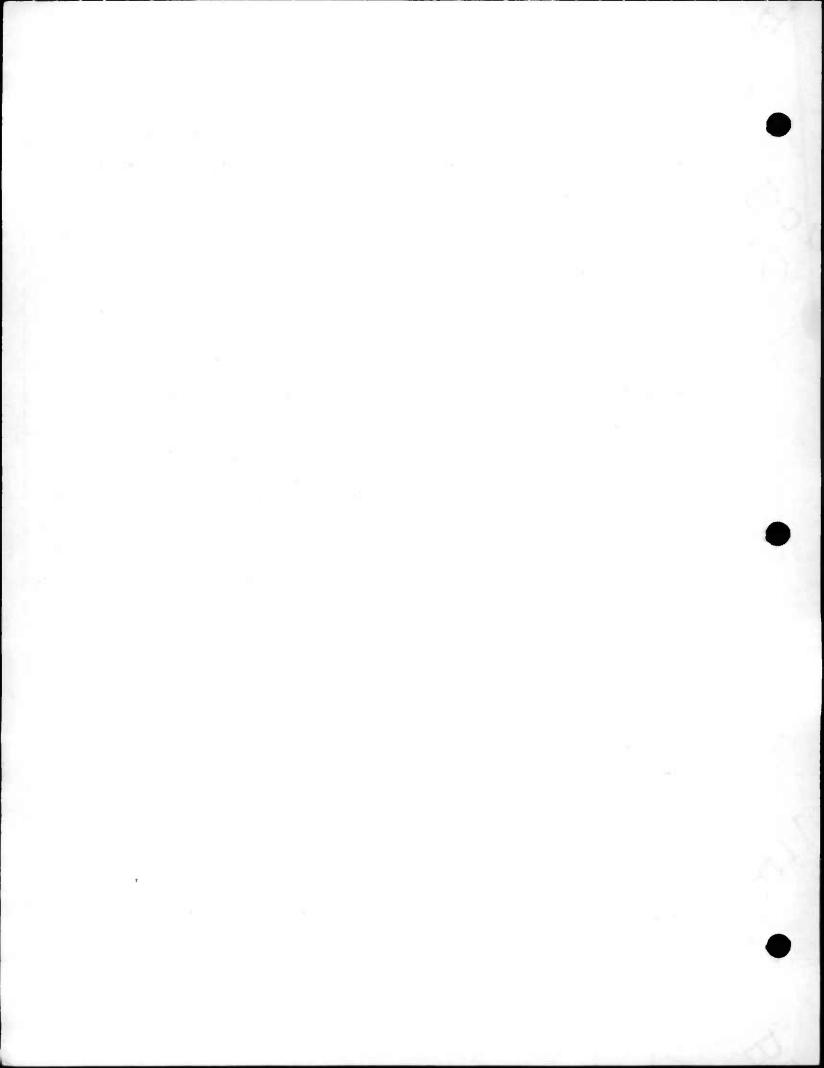


Pages 1, 2, 3 should

ion, or removal.	Ē
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be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus
, cren	event
bunial	atic
or to	5
Pric	T to
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Menta	njury.
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3

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
á	PATRICIA	M	ARY	NARDI						04	29	19	PASY C C	M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF I		19		IPLACE (State or Foreign
-	213-26-829	6	1 M 2 F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	ly, Year)	20	Count	(γ)
	9a. FACILITY NAME (If not in		Δ.	02		ah CITY	TOWN	OR LOCATI	ION OF DE		0 19		INTY OF O	land
Œ			,							AIII		100		
읝	511 Hillton	DETIVE	e			Lu	ther	vill	e			Ва	1time	ore
Ä	10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	TION	-					10d. INSIDE CITY
5	Maryland	Bal ⁻	timore		L	uthe:	rvil	le						LIMITS?
A	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	IZEN OF Y	VHAT COUNTRY?
BY FUNERAL DIRECTOR	511 Hillton	Drive	е					210	93			IJ.	S.A.	
5	11. MARITAL STATUS		12. WAS DECEDEN	RMED	13.	WAS DEC	ENDENT (OF HISPAN	IC ORIGIN? (S	pecify Yea			E — American Indian, k, Whita, atc.	
7	1 Never Married 2 X		IF YES, GIVE W	YES 2 X	If yes, specify Cuban, Mexican, 1 YES 2 NO Specify:									
		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Cottege (1-4 or 5 +) Control of the kind of work done during most of working life. Do NOT use retired.)							White					
삗	15. DEC (Specify only													
9	Elementary/Secondary (0													
₽	12 yrs			Ho	usewi	fe				Ow	n Hç	me		
COMPLETED	17, FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NAI	WE (First, Middl	e, Maiden	Sumame)		
BE	Leo J. McCo				_			Ann				Hubb		
2	19a. INFORMANT'S NAME (7			1	96. MAILING	ADDRESS	Street a	nd Numbe	r or Rural R	loute Number, (City or Town	, State, Zi	Code)	
	Alfred T. N				Same	as:	LOe.							
	20g. METHOD OF DISPOSIT 1 🕸 Burtal 2 🗆 Crematic	ION on 3 🗆 Rom	oval from State		AND DATE		ITION (Na	me of		OATE	20c. LO	CATION —	City or To	wn, Stata
	4 Donation 5 Other	(Specify)		Holy	Rede	emer				5-1	Bal	timo	re,	Maryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22.	NAME AN	TOTAL	SS OF FAC	aury Funera	1 1101	mo.	Tna	
	16	d	111						k Roa				rvlar	nd 21204
	23. PART i. Enter the di	iseeses, or o	complications the	t caused the c	leeth. Do r									Approximate
	shock, or he IMMEDIATE CAUSE (Fin	eart failUre.	List only one cau	se on each iir	le.							2001	575.7	interval Between
	disease or condition													Onset and Death
	resulting in death)		DUE TO (OR AS A CONSEQUENCE OF): SQUAMOUS CELC CARCINOM A PHARYNX DUE TO (OR AS A CONSEQUENCE OF):								SMIN			
z			-50	1 America	CRICI	And	NOV	u A	DH	AD. N	/ ~			5 months
은	Sequentially list conditi if any, leading to imme-	ions, diate	DUE TO	(OR AS A CONS	EQUENCE OF	7):		,	P [] !	1/29.0	~			7711111
8	cause. Enter UNDERLY! CAUSE (Disease or Inju		c											
CERTIFICATION	that initieted events		DUE TO	(OR AS A CONSI	EOUENCE O	ን:					-			
H	resulting in death) LAS	' (d											
	PART II. Other significe	nt condition	s contributing to	death but not	resulting	n the un	deriving	COURS	niven in i	Dant I Dan	. WAS AN		1	
MEDICAL	WEIGHT									244	PERFOR		240.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
		407 /	FILOTY	CATEMIC	MULL	777	mar ic	onca	$n_{I^{\sim}}$	10	YES 2	A-NO		OF DEATH?
										_				1 TES 2 NO
3														
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
Sic	EXAMINER?	O MEOICAL	HOSPITAL:			OTHER	T:							
1YSICIA	EXAMINER?	O MEOICAL	1 Inpatient 2			4 🗆 Nun	ing Hom		sidence (5 ☐ Other (Sp				
PHYSICIAN:	EXAMINER? 1 YES 2 P NO 27. MANNER OF DEATH	O MEOICAL Pending		INJURY	28b. TIM	4 🗆 Nun	28c. INJI WO	URY AT RK?		8 Other (Sp 28d. DESCRIE		JURY OC	CURED	
BY PHYSICIA	EXAMINER? 1 YES 2 B NO 27. MANNER OF DEATH 1 Netural S 2 Accident		1 Inpatient 2 Inpa	INJURY sy, Year)	28b. TIM INJ	4 Num	28c. INJI WO 1 Y	URY AT RK? 'ES 2		28d. DESCRIE	BE HOW IN			
β	EXAMINER? 1 YES 2 B NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6	Pending	1 Inpetient 2 Inpe	INJURY	28b. TIM INJ	4 Num	28c. INJI WO 1 Y	URY AT RK? 'ES 2			BE HOW IN			toute Number,
β	EXAMMER? 1 YES 2 PNO 27. MANNER OF DEATH 1 PNetural 5 2 Accident 3 Suicide 6 4 Homicide	Pending investigation Could not be detarmined	1 Inpetient 2 Inpe	INJURY sy, Year) F INJURY — At hatc. (Specify)	28b. TIM INJ ome, farm, s	4 Num	28c. INJI WO 1 Y	URY AT RK? 'ES 2] NO	28d. DESCRIE 28f. LOCATIO City or To	N (Street as wn, State)	nd Number	or Rural R	loute Number,
β	EXAMMER? 1 YES 2 PNO 27. MANNER OF DEATH 1 PNetural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined	1 Inpetient 2 Inpetient 2 Sea. OATE OF (Month, Deliver) 28e. PLACE Of building,	INJURY ny, Year) F INJURY — At h atc. (Specify) my knowledga, d	ome, farm, s	4 Num E OF URY M street, fact	28c. INJ WO 1 V	URY AT RK? (ES 2 [NO No	28d. DESCRIE 28f. LOCATIO City or To	N (Street as wn, State)	nd Number	or Rural R	
β	EXAMMER? 1 YES 2 PNO 27. MANNER OF DEATH 1 PNetural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined	1 Inpetient 2 Inpetient 2 Sea. OATE OF (Month, Deliver) 28e. PLACE Of building,	INJURY ny, Year) F INJURY — At h atc. (Specify) my knowledga, d	ome, farm, s	4 Num E OF URY M street, fact	28c. INJ WO 1 V	URY AT RK? (ES 2 [NO No	28d. DESCRIE 28f. LOCATIO City or To	N (Street as wn, State)	nd Number	or Rural R	oute Number,
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BE COMPLETED BY	EXAMMER? 1 YES 2 Y NO 27. MANNER OF DEATH 1 W Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MEOI	Pending Investigation Could not be determined IFYING PHYSIC CAL EXAMINE	1 Inpetient 2 26a. OATE OF (Month, Do.) 28a. PLACE OI building, CIAN: To the best of ax	INJURY ny, Year) FINJURY — At hatc. (Specify) my knowledge, d.	28b. TIM INJ ome, farm, s eath occurre investigatio	4 Nun E OF URY M street, tact	28c. INJ WO 1 V	URY AT RK? 'ES 2 and place, eath occur	NO NO and due to	28d. DESCRIE 28f. LOCATIO City or You to the cause(s)	N (Street as wn, State)	nd Number	or Rural R	and manner as stated.
E COMPLETED BY	EXAMMER? 1 YES 2 P NO 27. MANNER OF DEATH 1 P Netural 5 2 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only one) 2 MEON	Pending Investigation Could not be determined IFYING PHYSIC CAL EXAMINE	1 Inpetient 2 26a. OATE OF (Month, Do.) 28a. PLACE OI building, CIAN: To the best of ax	INJURY ny, Year) FINJURY — At hatc. (Specify) my knowledge, d.	28b. TIM INJ ome, farm, s eath occurre investigatio	4 Nun E OF URY M street, tact	28c. INJ WO 1 V	URY AT RK? 'ES 2 and place, eath occur	NO NO and due to	28d. DESCRIE 28f. LOCATIO City or You to the cause(s)	N (Street as wn, State)	nd Number	or Rural R	and manner as stated.
BE COMPLETED BY	EXAMMER? 1 YES 2 PNO 27. MANNER OF DEATH 1 PNEURING 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEOL 20 MEOL 20 NAME AND ADDRESS OF Dr. John R	Pending Investigation Could not be determined CAL EXAMINED CAL EXAMINED PERSON WHO CAL SAUT	28e. PLACE OF building. CIAN: To the best of ax COMPLETEO CAUSE	INJURY ny, Ybar) F INJURY — At h atc. (Specify) my knowledga, d amination and/or	26b. TIM INJ ome, farm, a seath occurre investigatio	4 Nun E OF URY M street, fact d at the ti n, in my o	ang Hom- 28c. INJ WO 1	URY AT RK? (ES 2 [and place, and place, and place, and place)	and due to the tend at the tends NUM	28d. DESCRIE 28f. LOCATIO City or To	N (Street and Warn, State)	nd Number	e cause(s)	and manner as stated. (Month, Day, Year)
BE COMPLETED BY	EXAMMER? 1 YES 2 YNO 27. MANNER OF DEATH 1 YN NEUTRI 5 1 2 Accident 3 Suicide 6 1 4 Homicide 29a. CERTIFIER (Check only one) 2 MEOI 2 MEOI 2 NAME AND AGORESS OF Dr. John R 31. DATE FILED (Month a Day.	Pending Investigation Could not be determined CAL EXAMINED CAL EXAMINED PERSON WHO CAL SAUT	26e. OATE OF (Month, Do 28e. PLACE Of building, CIAN: To the best of ax COMPLETEO CAUS	INJURY ny, Year) FINJURY — At hatc. (Specify) my knowledge, d.	28b. TIM INJ ome, farm, a eath occurre investigatio EM 27) (Type,	4 Num E OF URY M M Print) 1 e S	ang Hom- 28c. INJ WO 1	URY AT RK? (ES 2 [and place, and place, and place, and place)	and due to the tend at the tends NUM	28d. DESCRIE 28f. LOCATIO City or To	N (Street and Warn, State)	nd Number	e cause(s)	and manner as stated.

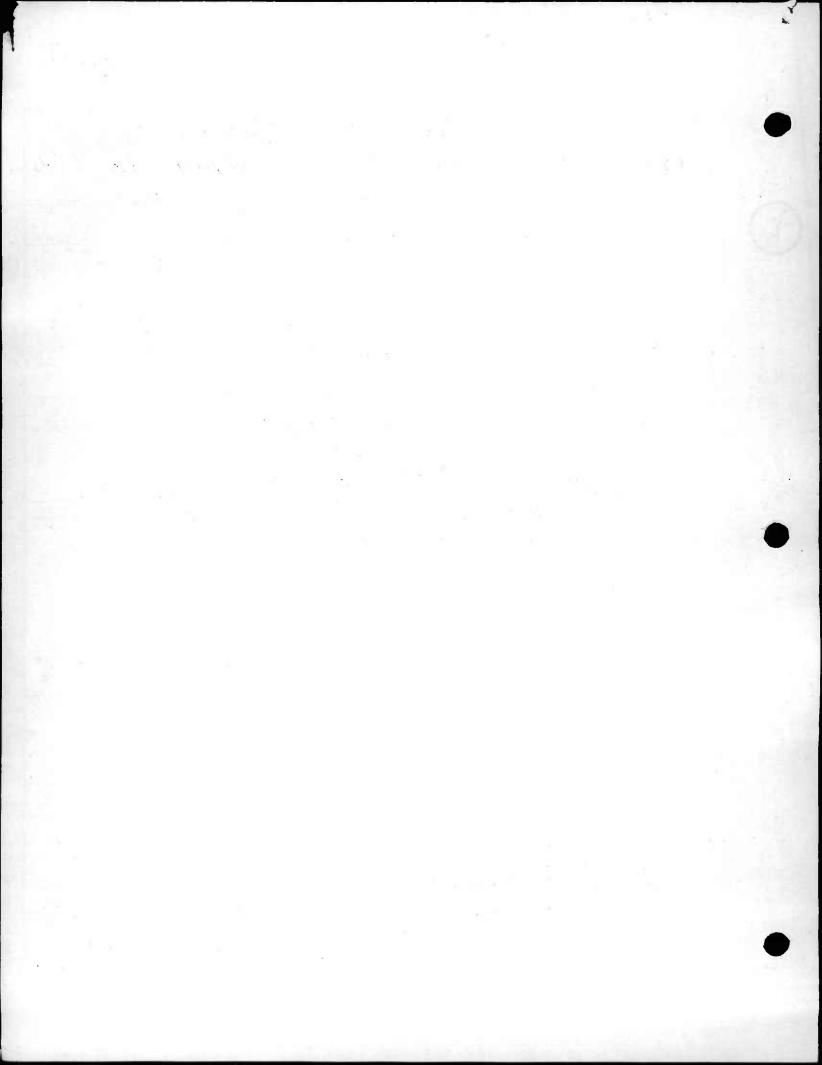


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trant be filled within 72 burs after death with the State Dept. of Health and Mental Hygien prior to budial, created or, returned to the state death of the state death

Day.

1993

1 - STATE REGISTRAR		STATE OF MAI				DEATH AND		HYGIENE REG. NO.		
1. DECEDENT'S NAME (FIN	4	olf,	Pau.	line	F. Nol	fi	170	DEATHY DAY,	1923	3. THAE OF DEATH
4. SOCIAL SECURITY NUM 034 -16 -		SEX 6.	AGE (In yrs. last t		UNDER 1 YEAR	IF UNDER 24 HR	All American Co.	//899	8. BIRT Coun	HPLACE (State or Foreign Irv)
9a. FACILITY NAME (If not STATE OF DE RESIDENCE OF DE	seph H	and number)		91	Balt	Mc Mc	DEATN	9c. C	Ba/1	DEATH IMOPE
Maryland	10b. COUNTY	more Cour	nty	10c. CITY, 1	OWN OR LOCA	TION	Towson			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1103 Har					10	1. ZIP COOE 21204				what country? States
3 Widowed 4 Oly	Married	WAS DECEDENT EV FORCES? 1 I	YES 2 X NO		If yes, a		xicen, Puerto Rici	Specify Yea or No- an, etc.)	- 14. RAC Blac Spe	E — American Indian, ok, White, atc. White
15. DE (Specify of Elementary/Secondary 12 17. FATHER'S NAME (First,	OEDENT'S EDUCATI Ny highest grade con 0-12)	ON apleted) college (1-4 or 5+)	18a. DECI (Give Ille. D	kind of world NOT uss n	ual occupation done during metired.)	ON ost of working	18b. KI	ND OF BUSINESS	/INDUSTRY	
	Aiddle, Lest)			· rome	marre.			die, Maiden Surnam		
19a. INFORMANT'S NAME	Type/Print)		19b.		Hart	and Number or Ru		City or Town, State		
Alex A. 20a. METHOD OF DISPOSI 1 Burlel 2 Cremet 4 Donation 5 Othe	TION on 3 X Remova	from State	other place	F DISPOSITI		metery, crematory		20c. LOCATION	- City or T	
21. SIGNATURE OF FUNER Ma		Mark	T. Zavo		22. NAME A	no adoress of nard J.	Ruck,			21214
23. PART I. Enter tha shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)	neart feilure. Lis	Foniy one cause	aused the deal on each line.)	enter the me	ode of dying, a	such aa cardia	c or reapiratory	arrest,	Approximate interval Betwee Onset and Dea
Sequentielly list cond if any, leading to imm cause. Enter UNDERL	ediate rING	DUE TO (OR	AS A CONSECU	ENCE OF):						
Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA		DUE TO (OR	AS A CONSEQU	ENCE OF):						
PART ii. Other eignific	ant conditions o	ontributing to dea	ith but not re	euiting in	the underlying	g ceuse given		Is. WAS AN AUTOP PERFORMED?		b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED EXAMINED 2 IN NO. 27. MANNER OF DEATH	H	OSPITAL:			THER:	LACE OF DEATN				
1 1 (Cappercurs) 5 1	Pending	28a. DATE OF INJ (Month, Day,)	URY	28b. TIME C	OF 28c. IN	JURY AT DRK? YES 2 NO	1113 - 11-11	RIBE NOW INJURY	OCCURED	
2 Accident 3 Suicide a Homicide	Could not be determined	28a. PLACE OF IN building, atc.	JURY — At hom (Specify)	e, farm, stre			28t, LOCATI	ON (Street and Nur Town, State)	mber or Rural	Route Number,
one)		N: To the best of my								(e) end manner as stated.
296. SKINATURE AND TITE		OI WARIN		Januarion,	my opinion,	Same occurred at	ure unite, data an	w preve, and due	the cause	e, enu manner da stated.

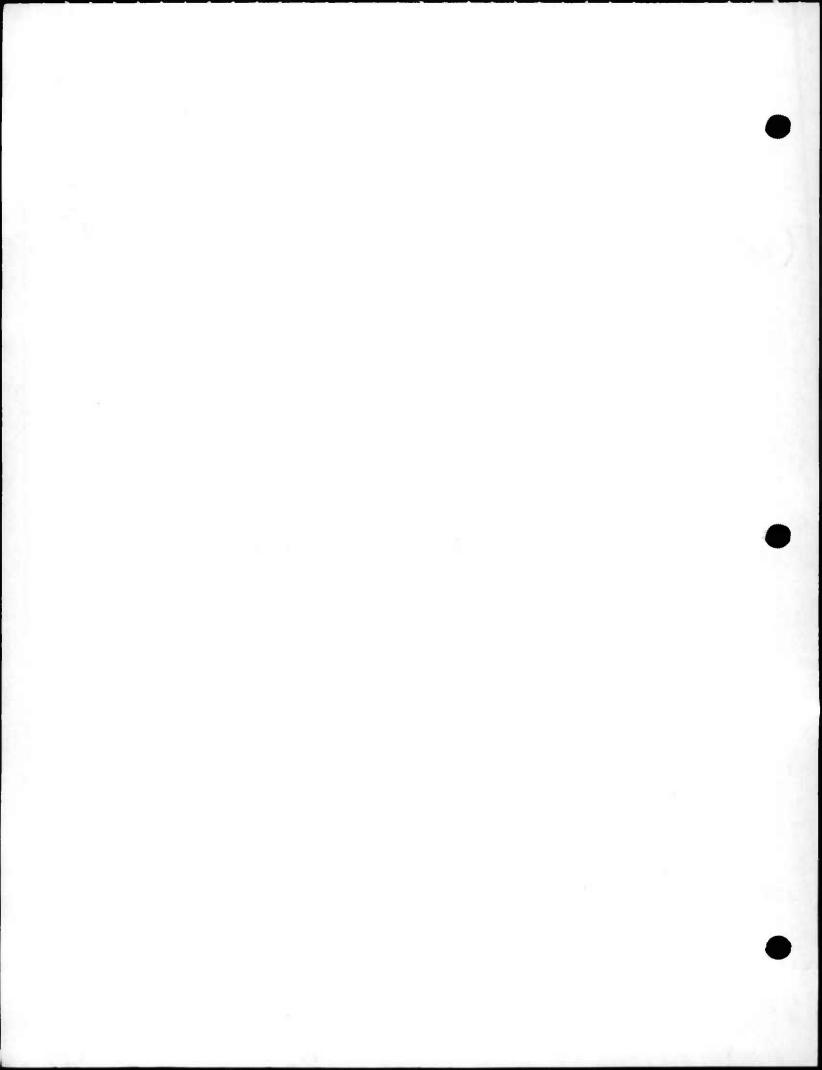


BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	RTMENT OF H			GIENE 9	3	2748
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE			3. TIME OF DEATH
PAUL	В.		NEW	ELL	04	26	9 3	10:00
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR		8. BIRTI	PLACE (State or Fore
273-58-8309	1 🔀 M 2 🗌 F	36 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day,)	fear) 1056	Count	Oh:

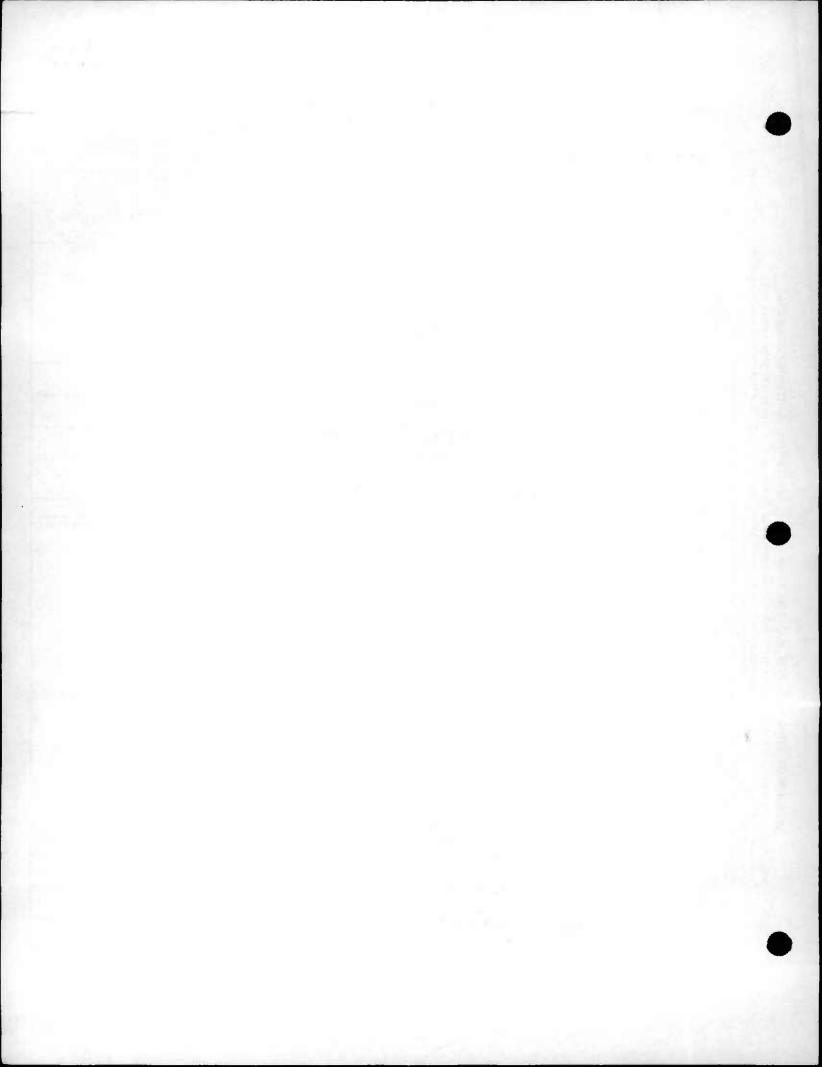
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
PAUL B.						NEWELL						93 10:00 P	
070 50 0000				yrs. last birtho		UNDER 1 Y	YEAR DAYS	IF UNDER 24 HRS.	7. DAT	7. DATE OF BIRTH S. BIRTHPI (Month, Day, Year) Country)			HPLACE (State or Foreign
273-58-830		1 🖟 M 2 🗌 F	30	6 ч	is.	NITHS L	MYS	HOURS MIN.	("Ohio
90. FACILITY NAME (If not in	stitution, give si	reet end number)			96	. CITY, TO	OWN (OR LOCATION OF O	EATH		9c. COL	INTY OF C	EATH
8726 LOCH		DRIVE			Т	OWS	ON				BAI	TIM	ORE COUNT
0hio	10b. COUNTY	Summit		10c. CITY, TOWN OR LOCATION Tallmadge						10d, INSIOE CITY LIMITS? 1 ☐ YES 2 🛣 NO			
10e. STREET AND NUMBER										10g. CIT	TIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS	36 East	wood Roa									5.A.		
1 Never Married 2	Merried	12. WAS DECEDEN FORCES? 1	YES	2 XNO	NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Blace					E — American Indian, k, White, etc.			
3 Widowed 4 1 Divo		IF YES, GIVE W	AR OR DATI	ES	A CO MED SERVICE OF THE						Speci	"y: White	
15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	1	6a. OECEDEN (Give kind	d of work	done duri	JPATIO	ON ast of working	16	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5+))	Insu			dji	uster		Ins	urand	ce		
17. FATHER'S NAME (First, Middle, Last)								18. MOTHER'S NA					
40		aul Ray N	leweT]	_						a Sigm			
196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City 86Eastwood Road Tallmadge, Of													
20s. METHOD OF OISPOSITI	n 3 🗆 Remo	oval from State	20b. Pl	LACE ANO OF	or other	F OISPOSITION (Name of OATE 20c. LOCATION — City or Town, Sta					wn, State		
4 Donation 5 Other 21. SIGNATURE OF FUNERA		ENGEE	Ho	oly Cr	oss	oss Cemetery 5/1 Akron, Ohio							
			11			22. NA	ME AN	ID ADORESS OF FA	CILITY	Marzul	10 Ft	ınera	al Service
		marzule				398	1C	arrollto	n Ro	ad Upp	erco,	Mary	land 21155
IMMEDIATE CAUSE (Fin	ial (ianure, i	lat only one cau	se on aac	n IIna.						rdiac or reap	iratory ar	rest,	Approximata interval Between Onset and Daath
disease or condition reaulting in death)	+	. Cont	act (OR AS A Q	NSEQUENC	sho	tw	OU	ind che	et				
Sequentially list conditi if any, leading to immed		DUE TO	OR AS A C	DNSEQUENC	E OF):								
cause. Enter UNDERLYI CAUSE (Disease or Inju	NG	<u> </u>											
that initiated events resulting in death) LAS		DUE TO	OR AS A C	ONSEQUENC	E OF):								
PART II. Other significa	nt conditions	contributing to	death but	not resulti	ng in th	na unde	rlying	g cause given in	Part I.	24a. WAS AN PERFOI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										1 X YES	0 0		COMPLETION OF CAUSE OF DEATH?
												-	1 X YES 2 - NO
25. WAS CASE REFERRED TO EXAMINER? 1 XYES 2 NO	MEDICAL	HOSPITAL:				HER:		ACE OF DEATH (Ch					
27. MANNER OF DEATH		1 Inpatient 2 I			TIME OF		_	5 XResidence					
1 Natural 5	Pending nvestigation	(Month, De		260.	INJURY		WO	RK?	280. OE	SCRIBE HOW	NJURY OC	CURED	
	Could not be determined	28e, PLACE Of building, o	INJURY — etc. (Specify)	At home, ler	rm, streel	l, factory,	office	•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				loute Number,
29e. CERTIFIER 1 CERT	IFYING PHYSIC	IAN: To the best of	my knowled	ne death occ	curred at	the lime	data	and place, and due	to the ac				
) end manner es atated.
29b. SIGNATURE AND TITLE	OF GERTIFIER							29c. LICENSE NUI					(Month, Day, Year)
30. NAME AND ADDRESS OF	A C	Unight	me)				O.C.M	I.E.		▶4 -	27-	1993
DONALD G. W	RIGHT,	100		1 (ITEM 27) (I			ree	et, Bal	tim	ore,	Mary	lan	d 21201
31. DATE FILED (Month, Day,	1993	32. REGISTRA	Serids	- Rand	ese.								
		1 //											



1, 2, 3 should

Pages		
burial-transit permit.		
or use as the		
be detached for		at once.
age 5 should		be notified
eral director, p		niner must
In by the fun	or removal.	nedicai exar
ompletely filled	il, cremation, o	event, the n
hysician and c	prior to buria	r traumatic
he attending p	Wental Hygiene	Jury, or othe
an signed by the	of Health and	hows any in
tificate has be	e State Gept.	IC Hell 23 S
After this cent	death with	s marked, o
AL DIRECTOR:	72 hours after	If Item 28 i
TO THE FUNER	be filed within	IMPORTANT
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the Campagest of Health and Mental Hyglene prior to burial, cremation, or removal.

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEAL		MENTAL	HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest) TEANOTE	JEANETE	E FLETCH	ER OERT	EL	2. DATE O	F DEATH 4-1	27-93 93 93	3. TIME OF DEATH 4:30 A M				
	218-12-5222 1	□ M 2 💢 F		UNDER 1 YEAR IF U	INDER 24 HRS.	7. DATE OF (Month, 6 —	F BIRTH Day, Year) 10 - 16	Country	PLACE (State or Foreign) W . VA				
E I	9a. FACILITY NAME (If not institution, give street		9b	Forest		ATH		Cince	George Co				
DIRECTOR	7420 Marlboro RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			OWN OR LOCATION				I	10d. INSIDE CITY LIMITS?				
		ce George	co Fo	restvil					1 YES 2 NO				
FUNERAL	7420 Marlboro	Pike Reg	ency Nur	H m	2074	47	10g.	USA	HAT COUNTRY?				
BY FUN	11. MARITAL STATUS	FORCES? 1 YES	2 NO ATES	13. WAS DECENDE If yes, specify 1 YES 2	Cuban, Mexican	n, Puerto Ric	(Specify Yes or No- can, etc.)	14. RACE Black Specifi	- American Indian, White, etc. y: White				
	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)		Ille. Do NOT use re	done during most of vitred.)			CINO OF BUSINESS	/INDUSTRY					
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Secretar				ddle, Meiden Surnam	70)					
TO BE	190. INFORMANT'S NAME (Type/Print) Nur Hm		196. MAILING AD	DRESS (Street and Nu	imber or Rural R	Route Numbe	r, City or Town, State	, Zip Code)					
	20a. METHOD OF DISPOSITION 1 Burlel 2 Commation 3 Removal 4 Densition 5 Other (Specify)	I from State	other place)	ON (Name of corretory,	cremetory or		20c. LOCATION	- City or To	wn, Stata				
	PLANDATURE OF PONERAL SERVICE LICENS	Ronald W	Nade, Dir .4/27/93			5	State A	naato	my Board				
	23. PART I. Enter the diseases, or com shock, or heart failure. Lia MEDIATE CAUSE (Final disease or condition resulting in death)	metartic	ech Ilna.					arrent,	Approximate Interval Between Onset and Death				
		DUE TO (OR AS /	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
-ICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A											
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A											
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF):	the underlying cat	use given in (24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
7	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	-			PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
7	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of th	DUE TO (OR AS A	a consequence of):	26. PLACE THER:	OF DEATH (Che	eck only one,	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of th	DUE TO (OR AS A	a consequence of):	28. PLACE THER: Nursing Home 5 F 28c. INJURY WORK?	OF DEATH (Che	eck only one,	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of th	DUE TO (OR AS A DUE TO (OR AS A Contributing to death be CONTRIBUTING TO THE CONTRIBUTION OF THE CONTRI	patient 3 DOA 26b. TIME 0	28. PLACE THER: Nursing Home 5 F 28c. INJURY WORK? M 1 PES	OF DEATH (Che	eck only one, 6 Other 28d. OESC	PERFORMED? 1 YES 2 NO (Specify)	OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of th	DUE TO (OR AS A DUE TO (OR AS A Contributing to death b CONTRIBUTION TO THE CONTRIB	patient 3 DOA 4 26b. Time 0 INJUR 7 — At home, farm, streetly	26. PLACE THER: Nursing Home 5 F 28c. INJURY WORK? 1 YES et, factory, office	OF DEATH (Chs	eck only one 6 Other 28d, OESC 281, LOCA City on	PERFORMED? 1 YES 2 NO (Specify) RIBE HOW INJURY TION (Street and Nut. Town, State)	OCCURED mber or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of th	DUE TO (OR AS A DUE TO (OR AS A Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b	patient 3 DOA 4 26b. Time 0 INJUR 7 — At home, farm, streetly	26. PLACE THER: Nursing Home 5 IF 28c. INJURY WORK? I YES et, fectory, office at the time, data and in my opinion, death	OF DEATH (Che Residence AT 2 NO place, and due occured at the	eck only one, 6 Other 28d. OE\$C 28f. LOCA City of	PERFORMED? 1 YES 2 NO (Specify) RIBE HOW INJURY TION (Street and Noir Town, State)	OCCURED TOCCURED The object of the cause(s	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
COMPLETED BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to death be CONTributing to death be CONTRIBUTED 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year)	petient 3 DOA 4 26b. TiME 0 INJURY (— At home, farm, streetly)	26. PLACE THER: Nursing Home 5 F 28c. INJURY WORK? 1 YES et, fectory, office at the time, data and in my opinion, death	OF DEATH (Che Residence AT 2 NO place, and due occured at the	281. LOCA City of to the caus time, date a	PERFORMED? 1 YES 2 NO (Specify) RIBE HOW INJURY TION (Street and Nuclear Town, State) e(a) and manner as and place, and dua 29d.	OCCURED mber or Rural F stated, to the cause(s	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and manner as stated. (Month, Pay, Year)				



3. TIME OF DEATH

2. DATE OF DEATH

(PAY

MONTH

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Page 6 m	director	
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rtificate	ng physic nene price	
death ce	attendir ental Hyg	
that the	d by the	
equires	en signe of Healtl	
The law re	rtificate has be ne State Dept.	
YSICIAN: The law	ith the Sta	
NG PHY	fter this	
ATTEND.) THE FUNERAL DIRECTOR: After this certificate has been s is filed within 72 hours after death with the State Dept, of H	
THE HOSPITAL DR ATT	RAL DIRE 72 hours	
E HOSPI	E FUNER	
픈	工業	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign Country) Kentucky IF UNDER 1 YEAR | IF UNDER 24 HRS. 400-09-3995 1 X M 2 - F HOURS YRS. Se. FACILITY NAME (If not institution, give atreet end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BY FUNERAL DIRECTOR 1009 Francis Ave. Baltimore Baltimore RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY BALTIMORE MD 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1009 Francis Ave. 21227 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TYES 2 NO Specify: Specify: 3 🙀 Widowed 4 🗌 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) 9 Bethlehem Steel Pipe Fitter examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) William Patton Oney Nannie Gullet 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Johnny B. Oney 1009 Francis Ave. Baltimore, Md. 21227 20s. METHOD OF DISPOSITION

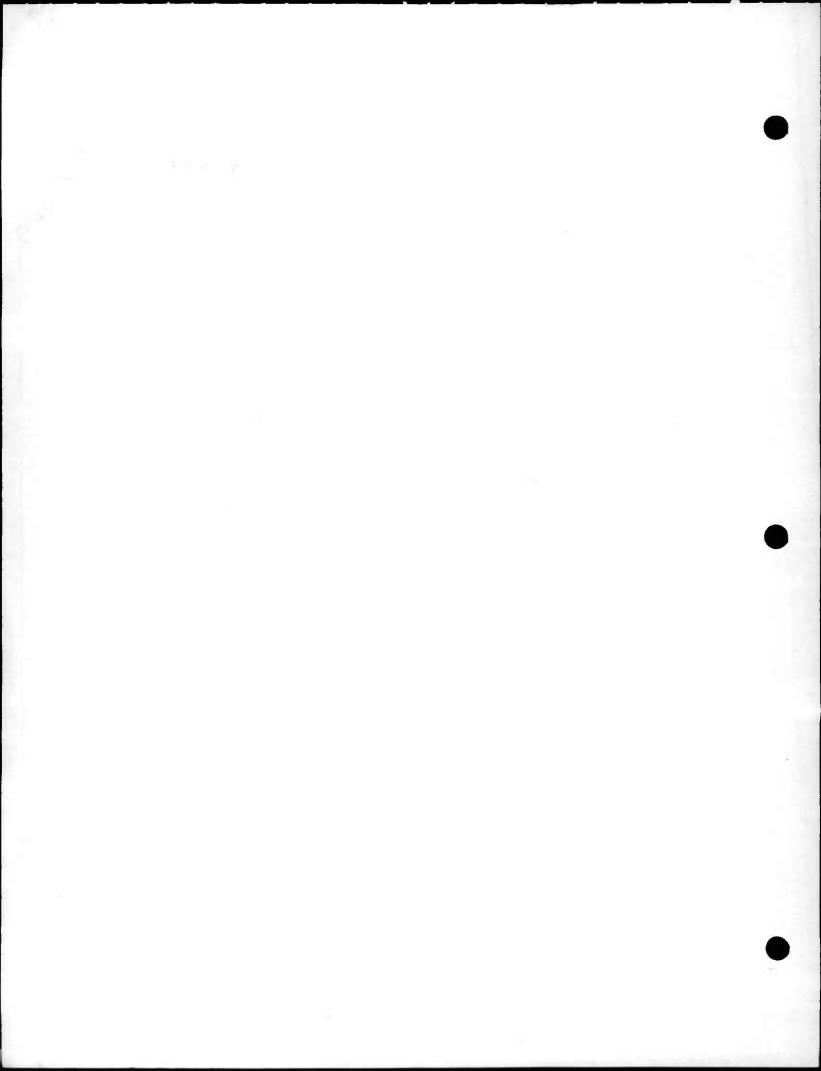
1 Disposition | Burial | Cremation | 3 | Removal from State | Donation | 5 | Other (Specify) oate 5/93 Salyersville, Ky. 20b. PLACE AND DATE OF DISPOSITION (Name of OWEN Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENS Stallings Funeral Home P.A. 3111 Mountain Rd. Pasadena, Md. 21122 medical 23. PART I. Enter the disesses, or complications shock, or heart fellure. Liet only one het course, the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory errest, course on such line. eses, or complications Approximete interval Between IMMEDIATE CAUSE (Fine) Onset end Death the disease or condition CVA with right hemiparesis and apprasia year_ resulting in death) 28 is marked, or item 23 shows any injury, or other traumatic event, QUE TO (OR AS A CONSEQUENCE OF) Diabetes mellitus CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Congestive Heart Failure CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events My pertension resulting in death) LAST PART II. Other significent conditione contributing to deeth but not resulting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Sulcide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide IMPORTANT: If Item 29e. CERTIFIER

(Chark only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as attend. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER D36965 MR 29d. DATE SIGNED (Mpnth, Day, Year) 出 Compten 193 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

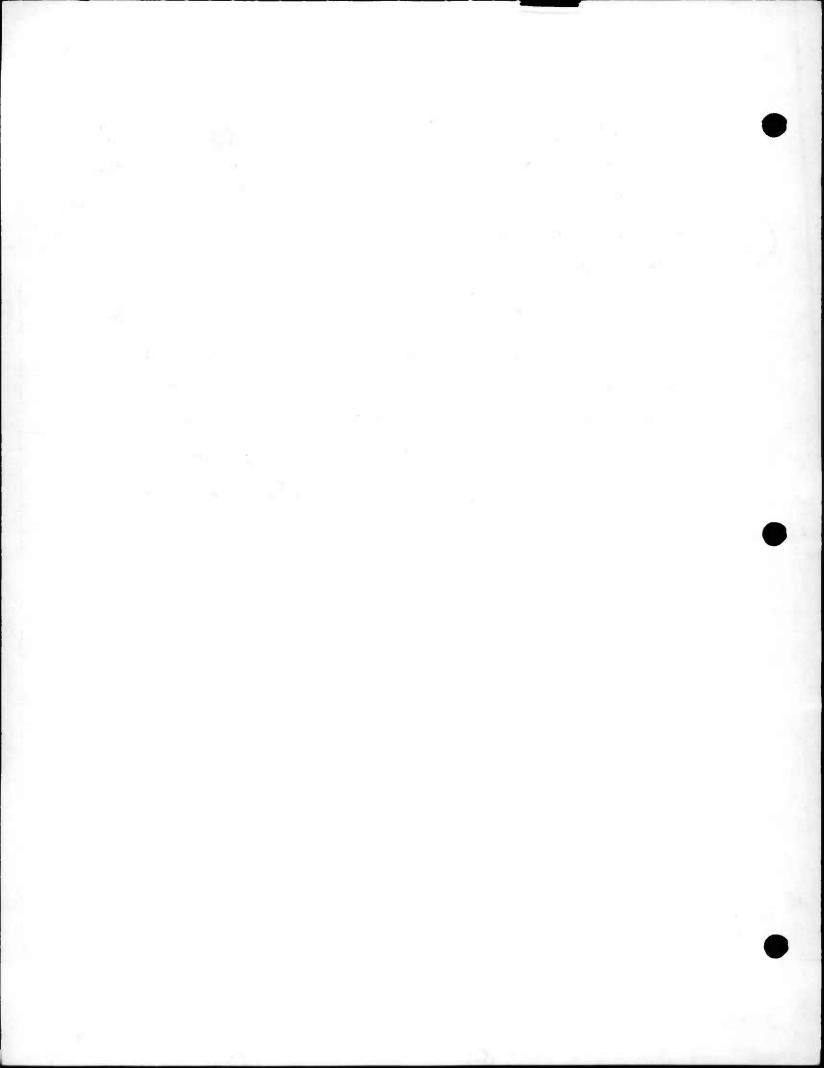
Nancy M. Compton MD 9501 Old Aunapolis Road Suite
City Ellicott 200 2104

DHMH-16 Ray 1/89



(I E)
BALTIMORE, MARYLAND 21215-0020	safter death. Page 6 may be retained by the hospital or attending physician by the funeral director, page 5 should be detached for use as the bunial-transminoval.	ilical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit in the filler within 72 hours after death with the State Deor, or Health and Mental Hydiene pior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN			
	1. OECEDENT'S NAME (First, Middle, Last)	0	nald Orem			49 - 93	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-03-2494 9a. FACILITY NAME (If not institution, give si	1 X M 2 □ F 7	6 YRS. MON		7. DATE OF BIFTTH (Month, Day, Year)	7 Count	<u>A.P.</u>	
TOR	ST. Joseph RESIDENCE OF DECEMENT	HaspHAL	9b.	TOWSON,	M D	BALTI	MORE	
DIRECTOR	Maryland Bal	timore		wn or location imore			10d. INSIDE CITY LIMITS? 1 PES 2 A NO	
FUNERAL	10a. STREET AND NUMBER 4205 Darleigh R	kđ.		101. ZIP CODE 21236		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
ĕ .	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D WW II	2 NO	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Maxic 1 YES 2 NO Spec	pa or No 14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) 3 YYS	18a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most of working red.)		siness/industry ore Sun		
BE CO	17. FATNER'S NAME (First, Middle, Last) William H. Orem			Anne	AME (First, Middle, Meiden Marie VonHa	agel		
190. INFORMANT'S NAME (Type/Print) Helyn J. Orem 190. Malling ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4205 Darleigh Rd. Baltimore, Md. 21236								
	20a.METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematogy or other place) Gate of Heaven Cemetery 5-3 Silver Spring, Mo							
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Ruck Towson 1050 York Rd	ACUTY Funeral Hor	me, Inc.		
CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Sutto ma DUE TO (OR AS A DUE TO (OR AS A C. C. C. C. C. C. C. C. C. C. C. C. C. C	ach lina.		ch aa cardlac or reapl	ratory arreat,	Approximate Interval Batween Onaet and Daeth 2 days	
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO						WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		28. PLACE OF DEATN (C				
ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW II	NJURY OCCURED		
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street,	factory, office	281, LOCATION (Street a City or Town, State)	ind Number or Rural F	Route Number,	
COMPLETED				the time, data and pleca, and du- my opinion, death occured at the			i) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER The strength of the str	de Len	M - L. ATN (ITEM 27) (Type, Print)		-08	29d. DATE SIGNED ► 4/2 SPITHL	(Month, Day, Year)	
	NATIVIDAD 31. DATE FILED (MONTH. Day, Year)	D. DE LE	ON , MD.	Towson,	MD- 21	204		
	MAY 3 1993	O STATE OF THE PARTY OF	or-Mariore				_ 1	



BALTIMORE, MARYLAND 21215-00

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

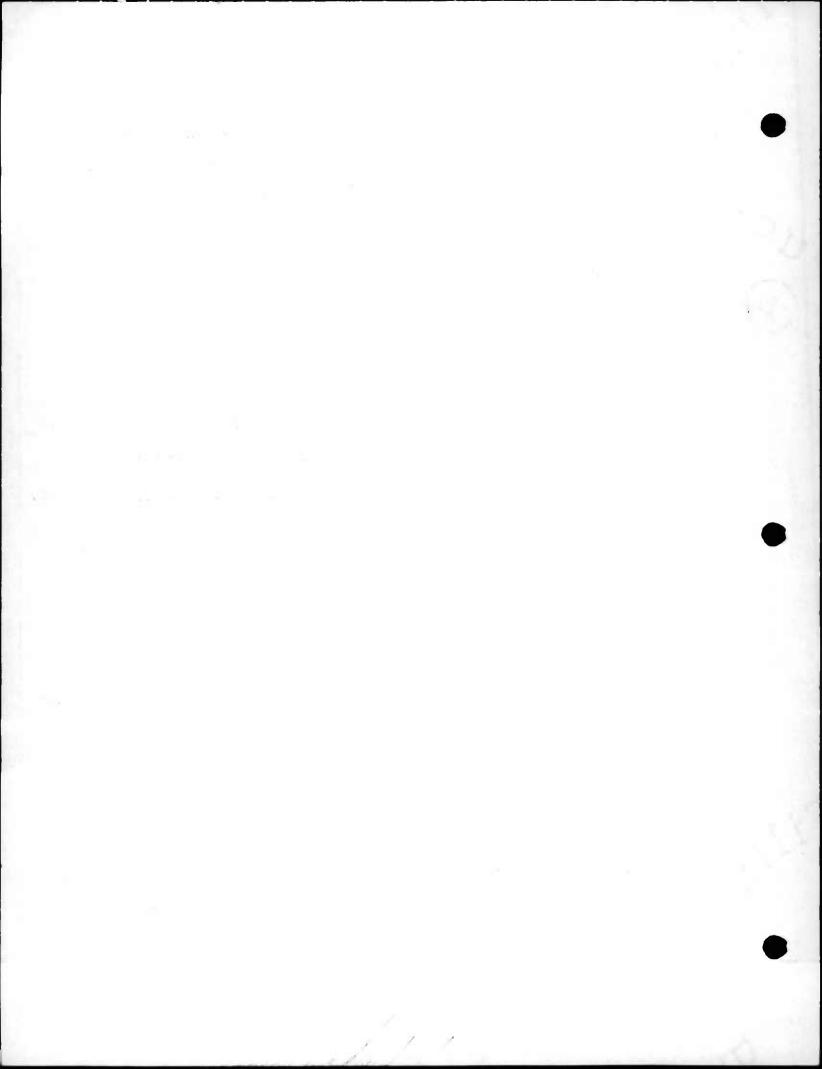
int. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CE	RIFE	CALE	OF DEATH		REG. NO.			
i	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DAY YEAR			3. TIME OF OEATH		
ŀ	DEVONA V	PATTON							1993	YEAR	10:00 pM
ì	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last	birthday)	IF UNDER 1 Y	EAR IF UNDER 24 H	RS. 7. DATE	OF BIRTN		8. BIRTH	PLACE (State or Foreign
ì	217-22-3666-A	1 □ M 2 🛖 F	66	YRS.	HONTHS C	AYS HOURS M		th, Day, Year)	- 1	Countr	γ)
1	9a. FACILITY NAME (If not institution, give si	treet end number)			9b. CITY. TO	OWN OR LOCATION (yland
	Bon Secour Hospi									EATH	
ı	RESIDENCE OF DECEDENT	Lai			Baltimore City						
Ì	10s. STATE 10b. COUNTY	,		10c. CITY,	TOWN OR	OCATION					10d. INSIDE CITY
ř	Maryland			Ra	altimore City				LIMITS?		
	10e. STREET AND NUMBER			Du	<u> </u>	101. ZIP CODE			10a CITIZ	EN OF W	/HAT COUNTRY?
	529 South Smalls	good Stroot				10/11/05/50	000				
ı	11. MARITAL STATUS	12. WAS DECEDENT EV		F0.	21223 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American						
I	1 Never Married 2 K Married	FORCES? 1 1	ES 2 NO		If y	s, specify Cuban, M	axican, Puarto	Rican, atc.)	or No-	Black	— American Indian, , Whita, atc.
ı	3 Widowed 4 Divorced	IF YES, GIVE WAR C	A DATES		1 [YES 21 NO S	pecify:			Specif	White
۱	15, OECEDENT'S EDUC	CATION	18a, DEC	EDENT'S U	SUAL OCCU	IPATION	1 161	. KIND OF BUS	INESC (IND)	CTOW	
1	(Specify only highest grade Elementary/Secondary (0-12)		(Give	kind of wo	rk done duri retired.)	ng most of working	100	. KIND OF BUS	INESS/INDU	SIMY	
	12	College (1-4 or 5+)	1	mema				Own	Uomo		
	17. FATHER'S NAME (First, Middle, Last)	- 110	CIIICU		40 *******	0.00005 :=:					
	Albert Victor Cameron							Middle, Maiden S			
	19a. INFORMANT'S NAME (Type/Print)			Ina	Viol		ttnum				
				treet and Number or F							
	Arthur T. Patton	9 S.	Sma1	1wood St	., Bal	timore,	Md.	212	223		
II.	20a. METHOD OF DISPOSITION 1 Burlel 2 TyCremation 3 Remo	20b. PLACE AN	D DATE OF	DISPOSITIO			OATE 20c. LOCATION — City or Town, State				
						t Crematory 5-1+93 Baltimore, Maryla					faryl and
Ï	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME AND ADDRESS OF FACILITY Bradley - Ashton Funeral Home, Inc.						
ı	► X.46.00 VA	tal m	055					ton Funeral Home, Inc. pring Rd., Dundalk, Md. 21222			
ł	1 may X/0				213	4 Willow	Sprin	g Rd.,	Dunda	alk,	Md. 21222
	23. PART I. Enter the diseases, or c shock, or heart fellure.	omplications that cau list only one cause o	sed the deel reach line.	th. Do no	t enter the	mode of dying,	such ea cen	diec or reepir	atory arre	et,	Approximete Interval Between
ı				,							Onset and Death
	disease or condition resulting in death)	Cardial	arr	est -	H.	Terroses	patie	Pari	die		lond
I	,	OUE TO (OR	S A CONSEOU	ENCE OF):		10	1	. 1			1 to de
		uase	clas	Olise	die	Sterioselantie Cardie - long (found rustes possecue at standy Home					
	Sequentially liet conditione, if any, leading to immediate	DUE TO (OR	S A CONSEOU	ENCE OF):		Her	ne				
ı	CAUSE (Disease or injury	Dialie	Tes -	1	70,9	T hours	mhare	in A	1.0	2	t.t.
	that initiated events	OUE TO (OR A	S A CONSEQU	ONSEQUENCE OF):					icus esta 1416		
	resulting in death) LAST	l									
ı	DAME II ON THE ME										
1	PART II. Other eignificent conditions	contributing to deet	but not rea	ulting in	the under	lying ceuse give	ı in Part i.	24a. WAS AN A PERFORA		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
I								1 _ YES 2			COMPLETION OF CAUSE OF DEATH?
											1 YES 2 NO
l	25. WAS CASE REFERRED TO MEDICAL					6. PLACE OF OEATH	(Check only or	ne)		_	
	EXAMINER?,	HOSPITAL: 1 Inpatient 2 ER/0	utpetlant 3		THER:			-,			
				28b. TIME (Home 5 Resider	7	CRIBE HOW IN	ILIEN OCCU	850	
	27. MANNER OF DEATH	28a, DATE OF INJU				WORK?	200. DE	SCHIBE HOW IN	JUNY OCCU	HED	
	1 Netural 5 Pending	(Month, Day, Yes		INJUR							
	1 Netural 5 Pending Investigation	(Month, Day, Yes	7)	112-1711	M 1	YES 2 NO					
	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be		RY — At home	112-1711	M 1	YES 2 NO	28f, LOC	ATION (Street an	nd Number of	Rural A	oute Number,
	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Yei	RY — At home	112-1711	M 1	YES 2 NO	28f, LOC		nd Number of	Rural Ro	oute Number,
	1 Netural 5 Pending Investigation 3 Suicide 6 Official of the determined	(Month, Day, Yei	IRY — At home	e, ferm, stre	M 1	YES 2 NO	281, LOC City	or Town, State)			oute Number,
	1 Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	(Month, Day, Yei 28e. PLACE OF INJ building, etc. (:	PRY — At home	e, ferm, stre	M 1 net, factory, at the (ima,	YES 2 NO	281, LOC City	or Town, State)	or as stated		
	1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINES	(Month, Day, Yei 28e. PLACE OF INJ building, etc. (:	PRY — At home	e, ferm, stre	M 1 net, factory, at the (ima,	YES 2 NO	281, LOC City due to the car the time, date	or Town, State) use(e) and mann and place, and	ner an staled	l. ceuse(e)	end manner se stated,
	1 Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	(Month, Day, Yei 28e. PLACE OF INJ building, etc. (: CIANK To the best of my k	PRY — At home	e, ferm, stre	M 1 net, factory, at the (ima,	YES 2 NO office deta and place, end on, death occurred at	281, LOC City due to the car the time, date	or Town, State) use(e) and mann end place, and	ner an staled	l. ceuse(e)	
	1 Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER M. A.	28e. PLACE OF INJ building, etc. (:	r) IRY — At home pecify) owledge, death tion end/or inv	e, ferm, stre	M 1 net, factory, at the time, in my opini	YES 2 NO office deta and placa, end on, death occured at	due to the certification of the firms, date NUMBER	or Town, State) 130(e) and menn end place, and	due to the	signed	end manner se stated. (Month, Day, Year) 30/93
	1 Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER M. A.	28e. PLACE OF INJ building, etc. (:	r) IRY — At home pecify) owledge, death tion end/or inv	e, ferm, stre	M 1 net, factory, at the time, in my opini	YES 2 NO office deta and placa, end on, death occured at	due to the certification of the firms, date NUMBER	or Town, State) 130(e) and menn end place, and	due to the	signed	end manner se stated. (Month, Day, Year) 30/93
	1 Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER M. A.	28e. PLACE OF INJI building, etc. (3) CIANY To the best of my kind on the basis of axamin of the basis of axamin of the basis of axamin of the basis of axamin of the basis of axamin of the basis of th	inty — At home pecify) owledge, death the end/or inv	h occurred restigation, (Type, Pr. 3 4/4	M 1 net, factory, at the time, in my opini	YES 2 NO office deta and placa, end on, death occured at	due to the certification of the firms, date NUMBER	or Town, State) 130(e) and menn end place, and	due to the	signed	end manner se stated. (Month, Day, Year) 30/93

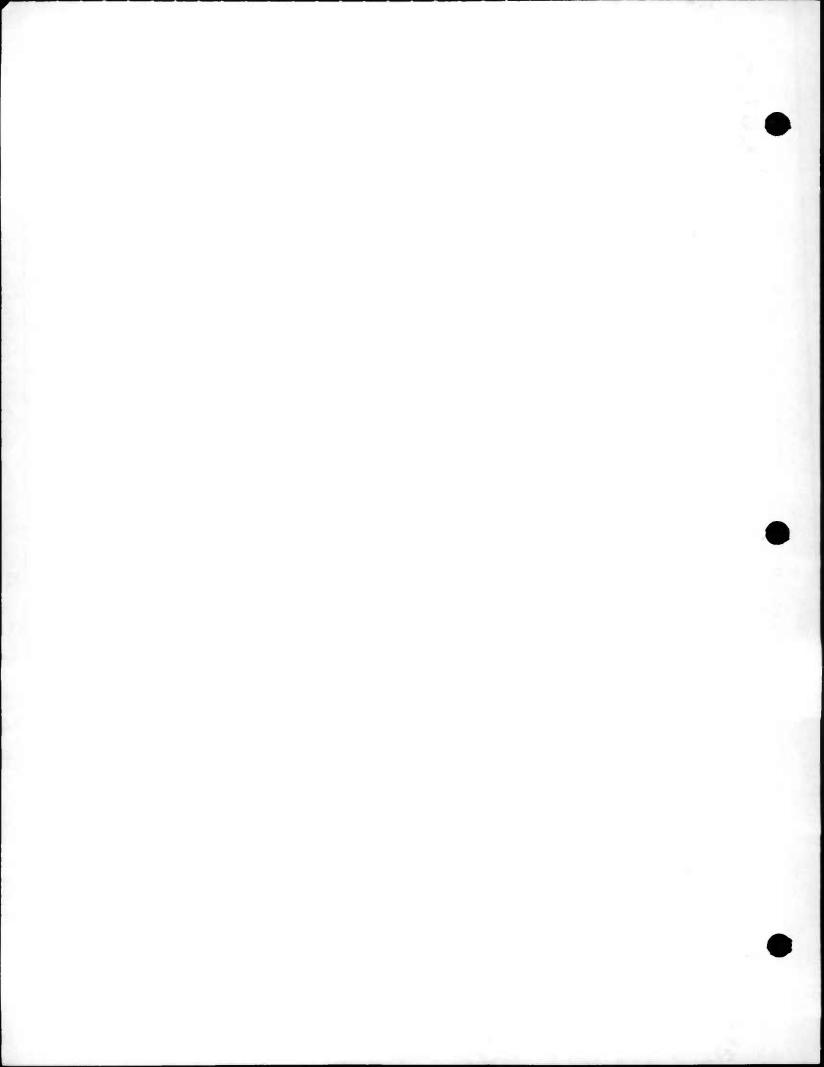
15.0020	A STATE OF THE STA	a at me consilitransit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or a	filled in by the funeral director, page 5 should be detached for usin, or removal.	le medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remained by the housealt or a remained by the housealt or a remained by the housealt or a remained by the housealt or a remained by the housealt or a remained by the housealt or a remained by the housealt or a remained by the housealt or a remained by the housealt or a remained by the housealt or a remained by the housealt or a remained by the housealt or a remained by the housealt or a remained by the housealt or a remained by the housealt or a remained by the housealth or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use at mendinal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

_	REGISTRAR		CERTIF	CATE O	F DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Timothy	Parsons	_			2. DATE OF DEATH	Y SE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			- 1000		-/ 000		771
	074-56-9459	1 🗆 XM 2 🗆 F	30 vrs. (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Dey, Year) 12-27-6	2	Country) N . Y .
E G	9a. FACILITY NAME (If not institution, give street and number) Union Memorial Hospital 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City						9c. COUNTY	OF DEATH
5	RESIDENCE OF DECEDENT						<u> </u>	
2	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
۵	MD		Ba	ltimo	re			1 X YES 2 NO
4	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL DIRECTOR	1775 Montpeli				21218		USA	
5	1 Weer Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 7 YI IF YES, GIVE WAR OF	ES 2 NO	If yes,	DECENDENT OF HISPAN specify Cuban, Mexican Specify NO Specify			RACE — American Indian, Black, White, atc.
D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUC	CATION						Black
31	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of w life. Do NOT use	ork done durina	MOST of working	16b. KIND OF BUS	SINESS/INDUST	RY
COMPLETED	12th	College (1-4 or 5+)	Unemp	,				
Ö	17. FATHER'S NAME (First, Middle, Last)					AE (First, Middle, Maiden	Surname)	
BE.	Joseph Parson 19a. INFORMANT'S NAME (Type/Print)	S				ones		
2	Ann. Parsons					oute Number, City or Town		MD 21218
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo		206. PLACE AND DATE O			DATE 20c. LO		
	4 Donation 5 Other (Specify)		ings Me	moria	1 Park	Rai		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME	AND ADDRESS OF FAC	HILITY		
ĵ	- When it	and						NORTH AVE.
	23. PART I. Enter the diseeses, or of ahock, or heart fellure.	complicatione that cause or	sed the death. Do not each ilne.	ot enter the	mode of dying, such	as cardiac or reaple	ratory arreat,	Approximata
Ì	IMMEDIATE CAUSE (Final disease or condition	SET						Intervel Between Onset and Deeth
	resulting in death)		S A CONSEQUENCE OF	1.				HOURS
z			TERIAL		DO CAR.	DITII		DAYS
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE OF):				
임	CAUSE (Disease or injury that initieted events	DUE TO (OR A	S A CONSEQUENCE OF):				
	resulting in death) LAST	d,						
	PART II. Other eignificant condition	s contributing to death	but not resulting in	the underly	ing cause given in i	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL	UREMIA		•			PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	PERICARI	21775				_ 10123 *	340	DF OEATH?
Ϊ	AIDS							
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Che	ck only one)		
¥ ∥	1 TYES 2 THO 27. MANNER OF DEATH	28a. OATE OF INJUR			ome 5 Residence (
	1 Natural 5 Pending	(Month, Day, Yea		JRY	NJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURE	0
₽ B	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJU building, atc. (S	RY — At home, farm, st	reet, factory, of	fica	281. LOCATION (Street a	nd Number or Ru	urel Route Number,
	4 Homicide determined		poonly/			City or Town, State)		
COMPLETED		CIAN: To the best of my kn						
8			tion and/or investigation	, in my opinion	, death occured at the t	lme, data and place, and	dua to the cau	use(a) and manner as stated.
H	29b. SHORATURE, AND TITLE OF CERTIFIER	RESIDI	ENT-PA	Y II	29c. LICENSE NUM	BER	29d. DATE SIG	NED (Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHO		DEATH (ITEM 27) (Type	Print)		RAZ PINIA	2/8	45-45
	JOSEPH PUT	HUMANI	9 UNIL	W 191	19. Hey?	19404	LAND	-21218
) [31. DATE FILED (Month, Day, Year)	32. REGISTBAR'S SI	GNATURE					



	FOR STATE REGISTRAR	STATE OF N				OF HEALTH		ENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		3. TIME OF DEATH	
	Naomi	G	REI					MONTH BA	9	3 12:45 1	PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1	YEAR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreig Country)	-
	216-68-1908 9e. FACILITY NAME (If not institution, give s		86	THS.	AL OUTY T	OWN OR LOCATI		11-25-06		ashington, I	D.C.
E E	903 Potomac Aver					agersto		"	9c. COUNTY	hington	
5	RESIDENCE OF DECEDENT								- Wabi	in the cont	
E				10c. CITY	r, town or					10d. INSIDE CITY	
ار	Maryland Was	shington			nage	rstown	F		10a CITIZEN	1 X YES 2 NO	0
ER/	903 Potomac Aver	nue				217			log. Cirizen	TOT WHAT COOKING	
BY FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	ED	13. WA	S DECENDENT C	F HISPANIC	ORIGIN? (Specify Yes	or No— 14.	. RACE — American Indian, Black, White, etc.	
84	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			YES 2 X NO		Puerto Ricen, etc.)		Specify:	
	15. DECEDENT'S EDU	CATION	16e. DEC	EDENT'S	USUAL OCC	UPATION		16b. KIND OF BUSI	INESS/INDI IS	White	
COMPLETED	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5 +	(G/ve	kind of w Oo NOT us	rork done dur e retired.)	ing most of working	ng	Total rand or book			
MPL	12			ouse	wife			Homema	ker		
	17. FATHER'S NAME (First, Middle, Last)					1000 0		E (First, Middle, Maiden S	Gurname)		
BE	Arthur T. Seabri	ght	T mi					Hayes			
5	Jerry T. Seabrig	.h.						the Number, City or Town,			
1	20s. METHOD OF DISPOSITION		20b. PLACE AN				Ra,	Rohrersvi		or Town, State	-
1	1 Surial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		cemetery, crem	atory or ot	her place)	mterv		1		, Maryland	ł
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NA	ME AND ADDRES	SS OF FACIL				
	Kaish /	Luterra	M0907							, Md 20722	
	23. PART I. Enter the diseases, proshock, pr heart fellure.	Complications the	t causad the dae	th. Do n	ot enter th	e mode of dyl	ng, euch a	ae cerdiec or reepir	atory errest	, Approximata	
	IMMEDIATE CAUSE (Fine)	,	. /	0	/	1				Interval Betw Onset and D	
	disease pr condition resulting in death)	a	spiration	PA	emon.	tis					
,	DUÉ TO USA AS A CONSEQUENCE OF):										
2	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE Florence or lower End Stage alchement type demention								5		
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	с.	Endstage			ners Ty	pe d	emention		1	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQU	ENCE OF):						
		d									
S .	PART II. Other significant condition	s contributing to	deeth but not res	uiting i	n the unde	rlying cause g	given in Pa	art I. 24a. WAS AN A PERFORM		24b. WERE AUTOPSY FINDI AVAILABLE PRIOR TO	
Ē								1 YES 2	□ №	COMPLETION OF CAUS DF DEATH?	ISE
Σ								-		1 TYES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF D	EATH (Check	conly one)			\dashv
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL: 1 Inpatient 2	ER/Oulpetient 3	DOA	OTHER: 4 Nursing	Home 5 TRe	sidence 6	☐ Other (Specify)			\Box
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, Da	INJURY ay, Year)	28b. TIME INJU	JRY	c. INJURY AT WORK?		6d. DEŞCRIBE HOW IN	JURY OCCUR	ED	\neg
B	2 Accident Investigation	28a PLACE O	F INJURY — At home	a form of		1 YES 2					
	3 Suicide 6 Could not be determined	building,	etc. (Specify)	o, rarm, se	reel, factory	, ornice	2	8f. LOCATION (Street an City or Town, State)	d Number or F	Route Number,	- 1
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, deat	n occume	d at the time	data and place	and due to	the cause(a) end mann			
NO N										ause(e) end manner as state	ed.
BEC	296. SIGNATURE AND TITLE OF CERTIFIE						NSE NUMBE			GNED (Month, Day, Year)	-
TO B	KI	MyL	mo			1) 7	26579	►4/30	0/53	ŀ
- 1	R.L. KUGLER,	D COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)					·	
	31. DAYE PILED (Month, Dayi-Year)	32. REGISTRA	R'S SIGNATURE		1. 1	M	70 4	44			\dashv
-	Koodysville, MD 2	756 MA	17 3 19	93	dina	Davidson	-Hands				
			111								





DIRECTOR

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CERTIFICATION

PHYSICIAN: MEDICAL

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d completely filled unal, cremation, o

the attending physician and con I Mental Hygiene prior to bunal,

been signed by th

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Sa Daylo

5-233-59-45

WILLIAS

Tower 600 N Wolfe Baltimore MD 21205

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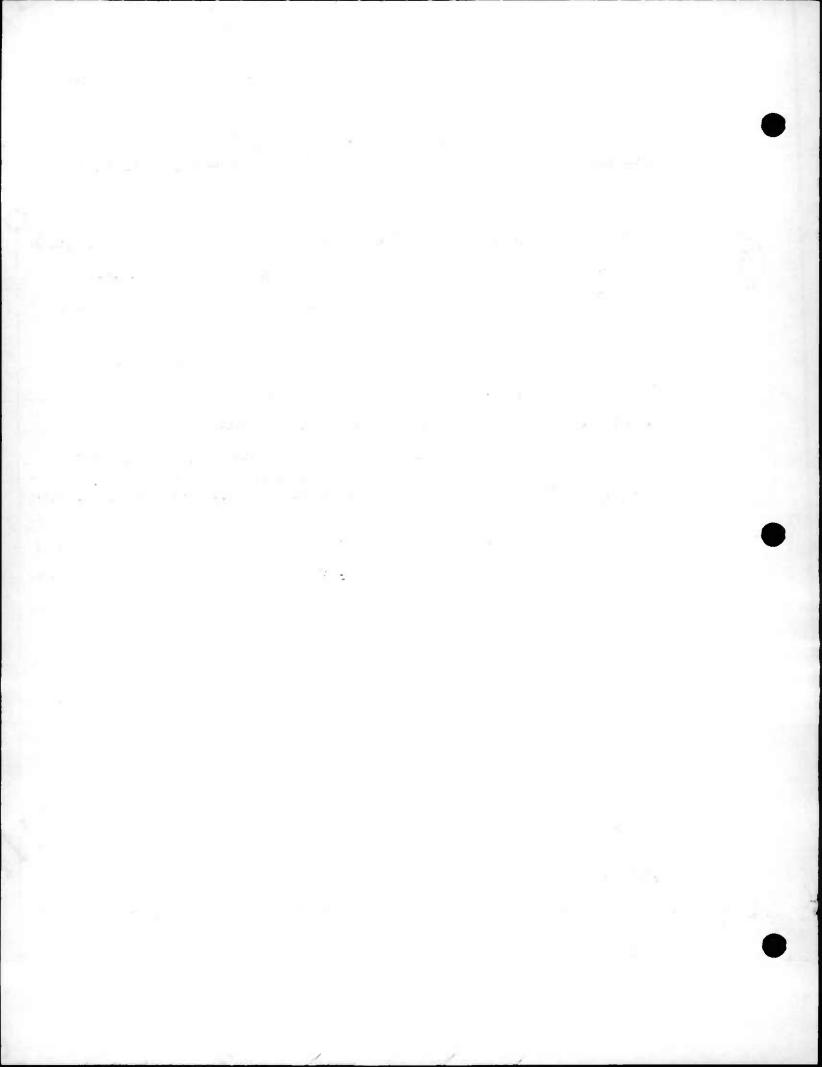
requires that the death certificate be executed within 24 hours after death. Page 6 may be DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNEPAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 is

BALTIMORE, MARYLAND 21215-0020

retained by the hospital or attending prins

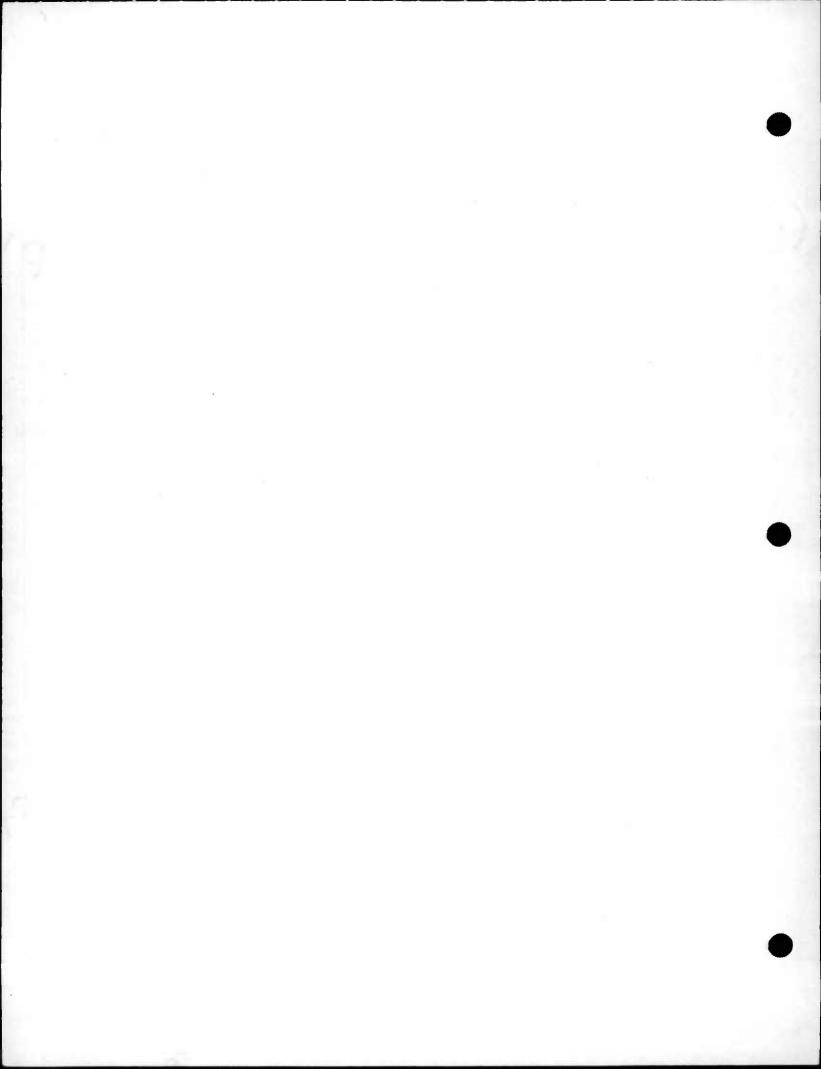
funeral director, page 5 should be detached for use as the

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit goe filled within 72 hours after death with the State Deapt. of Health and Mental Hyghere prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH			
	Phyllis	Pauline Redman	n		MONTH DAY	93 3:45 A. M			
		5. SEX 6. AGE (In yrs.	lest birthday) IF UN	DER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign			
	219-94-1109	I □ M 2 🖾 F 80	YRS. MONTE	IS DAYS HOURS MIN.	(Month, Day, Year)	Barbados, W.I.			
	96. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH 99. COUNTY OF DEATH 99. COUNTY OF DEATH								
OR	Bon Secour Extende	d Care Facili	tv I	Ellicott City		Howard			
DIRECTOR	Bon Secour Extender RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	a date ractifi				Howard			
E			10c. CITY, TOW	N OR LOCATION -		10d. INSIDE CITY LIMITS?			
	Maryland Montq	omery	Clar	ksburg		1 ☐ YES 2 ☑ NO			
A.	10e. STREET AND NUMBER			10f. ZIP CODE	.10	0g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	2232 Regina Drive			2073		Canada			
5	11. MARITAL STATUS 1:	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED XINO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico	NIC ORIGIN? (Specify Yes or	No— 14. RACE — American indian, Black, White, etc.			
BY	\$€\$Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 YES 2 NO Specif		Specify:			
	15. DECEDENT'S EDUCAT	TION 16-	DECEOENT'S USUAI	000110171011		White			
COMPLETED	(Specify only highest grade con	mpleted)	(Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF BUSINE	ESS/INOUSTRY			
P	in the state of th	College (1-4 or 5+)							
MC	17. FATHER'S NAME (First, Middle, Last)		Home Mak		Own Hom				
				100	AME (First, Middle, Maiden Sun	name)			
BE	Charles Eck:		101 1141 110 4555		llis				
2				ESS (Street end Number or Rural	Ploute Number, City or Town, S.	tate, Zip Code)			
	Mrs. Kavren Govern	A			Phoenix , Md				
	14 Burial 2 Cremation 3 Remove	from State / cematery,	CE AND DATE OF DISP crematory or other pla	ce)		TION — City or Town, State			
1	4 Donation 5 Other (Specify)	Dular		y Mem. Grdns		onium , Md.			
	· VIAV	124	1:	22. NAME AND ADDRESS OF FA	1050 York	Rd. 21204			
	- Cont/18	21	I	Ruck Towson Fu					
	23. PART I. Enter the diseases, or com	npileatione that ceused the	death Do not en	ter the mode of dying, euc	h as cerdiec or respirato	ory errest, Approximete			
1 6	snock, or neart ranure. List	t only one cause on each if	ine.		60.0000	Interval Between			
	IMMEDIATE CAUSE (Fine) disease or condition PNEUMONIA								
	resulting in death) e DUE TO (OR AS A CONSEQUENCE OF):								
_	ORGANIC BRAIN SYNDROME								
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS		OME					
8	cause. Enter UNDERLYING					İ			
Ĕ	CAUSE (Diseese or injury that initiated events	OUE TO (OR AS A CONS	SEOUENCE OF):						
CERTIFICATION	resulting in death) LAST								
	DART II Other significant and distance								
PHYSICIAN: MEDICAL	PART ii. Other significent conditions c	ontributing to deeth but no	t recuiting in the	underlying ceuse given in	Part i. 24s. WAS AN AUT PERFORMED				
ă					1 YES 2 50	COMPLETION DE CAUSE			
¥.						1 TES 2 NO			
ż									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONTAL		26. PLACE OF OEATH (Ch	eck only one)				
Š		OSPITAL: Inpatient 2 ER/Outpatient	3 DOA OTH	ER: lursing Home 5 - Residence	6 Other (Specify)				
H	27. MANNER OF OEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OESCRIBE HOW INJU	RY OCCUREO			
ВУ	Netural 5 Pending 2 Accident Investigation	(Month, Day, 10m)	M	1 YES 2 NO					
5	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, t	actory, office	281. LOCATION (Street and I	Number or Rural Route Number,			
=	4 Homicide determined	bunding, etc. (Specify)			City or Town, State)				
COMPLETED	298. CERTIFIER TO CERTIFYING PHYSICIAL	N: To the best of my knowledge,	death accurred at the	a desar detar and allow lives at					
M						se stated. us to the cause(s) and menner as stated.			
	296. SIGNATURE AND TITLE OF CENTIFIER								
BE	////// DE CENTIFIER	2		29c. LICENSE NUI		d. DATE SIGNEO (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO CO	1m3		D2070	0	4/30/93			
	William Flowers M		ittle Pa	tuxent Pkwy.	Columbia, M	d. 21044			
	31. DATE FILED (MOOTH Day, Year) 1993	32. REGISTRAR'S SIGNATURE	Rando 80						
- 1	7 1333	1	-(

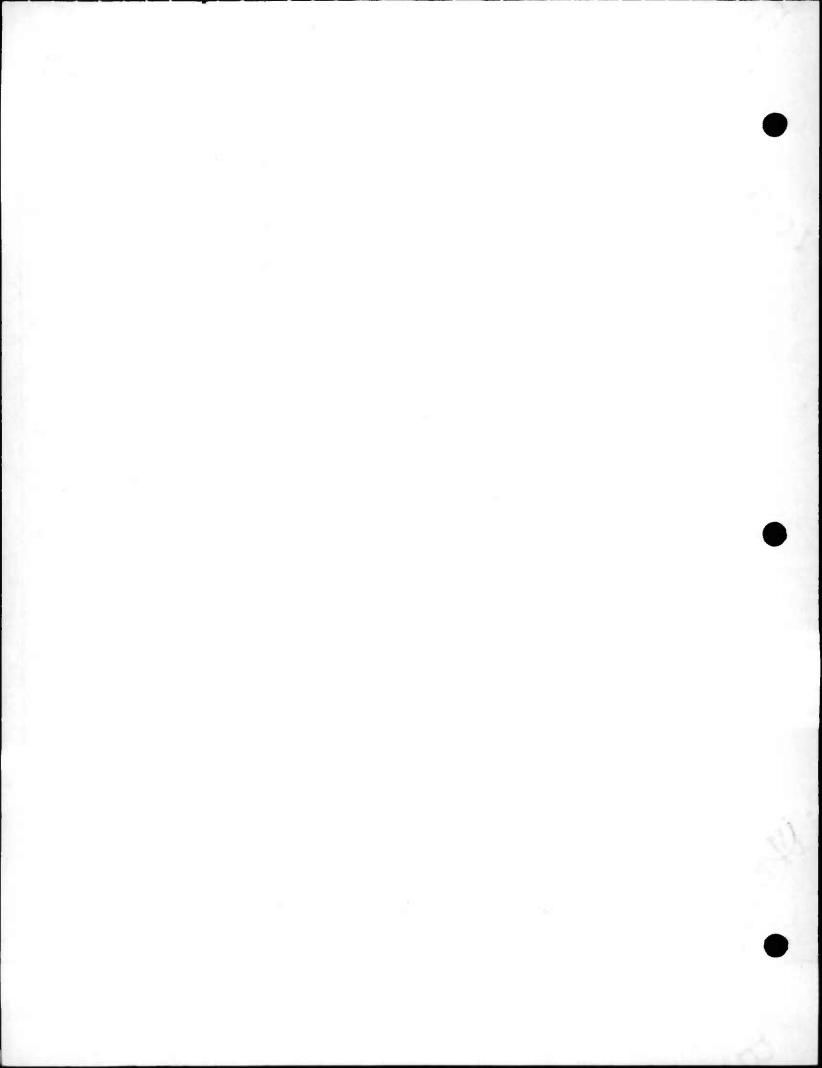


FOR STATE REGISTRAR

BALLIMORE, MARTLAND 21215-0020	ined by the hospital or attending physician.	hould be detached for use as the burial-tran
I IMORE, M	h. Page 6 may be reta	eral director, page 5 si
BAL	24 hours after deat	filled in by the fun
US, F.O. BOA 66/60,	the death certificate be executed within	the attending physician and completely
SIGN OF VITAL RECORDS, P.O. BOA 88/80,	SHIM LOP WITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FINEMAL CHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran
1	TO THE HESPITATION	TO THE FUNERAL DIFE.

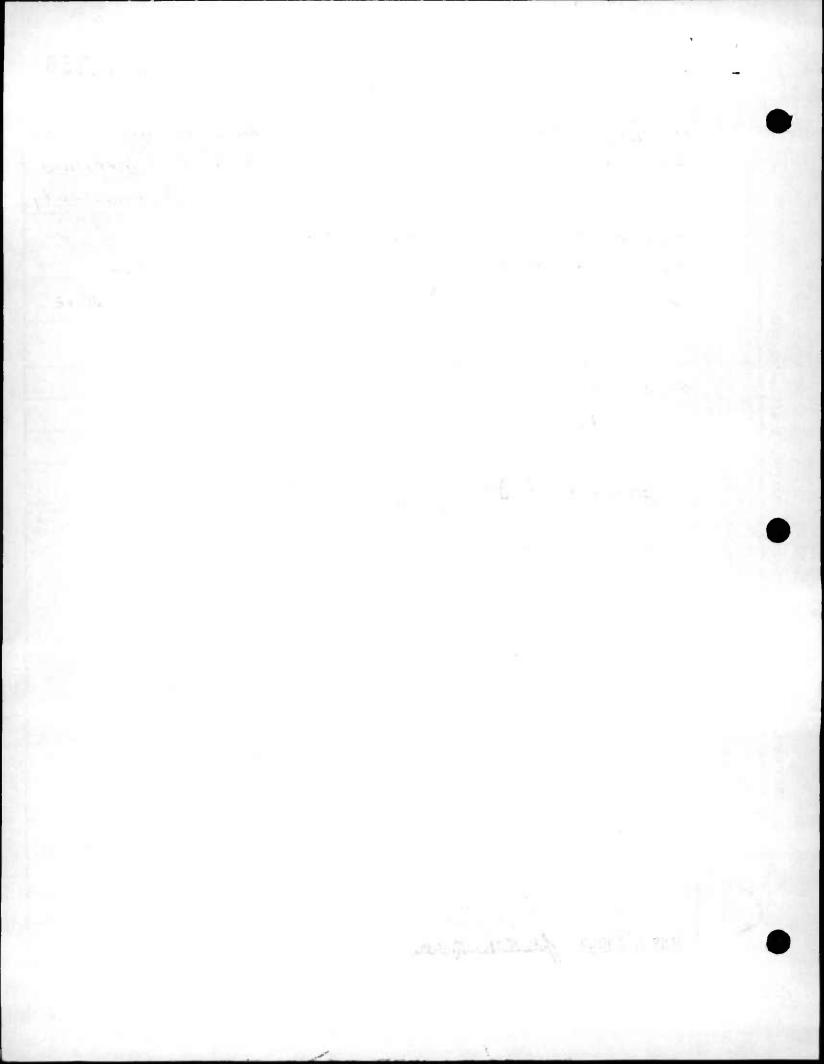
	10	1. DECEDENT'S NAME (First, Middle, Last)	Boy				Smit	h		2. DATE OF	DEATH DA	, 1993	EAR 3	TIME OF DEATH 9:20pm
		4. SOCIAL SECURITY NUMBER 11/a	5. SEX 1 X 2 D F	6. AGE (In yrs. la:	st birthday) YRS.	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, D		8.		ACE (State or Foreign
C, 5 360010	DIRECTOR	9a. FACILITY NAME (If not institution, give s Maryland Ge	treet and number) neral Hos	spital		9b. CIT	y, town Ba]	OR LOCATIO	on of or De C	ATH		9c. COUNTY	OF OEA	гн
t. rayes i.		RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD	Y		10c. CIT	y, town B	on Loca alti	more	Ciy	t				Dd. INSIDE CITY LIMITS? YES 2 NO
E 100	IERAL	1911 Brunt Stre	et				10	H. ZIP CODE	2121	7		10g. CITIZEN US		AT COUNTRY?
on and one	BY FUN	11. MARITAL STATUS t A Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 4			If yee, s		n, Mexicar	IC ORIGIN? (S n, Puerto Rice		or No 14.	Black, Y	American Indian, thita, atc. Black
	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 d	(G	ECEDENT'S Bive kind of v Do NOT us	work done	during m	ON ost of workin	9	16b. KII	ND OF BUS	INESS/INDUST	TRY	
at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Alandious		Feld	lman			18. МОТН	en's nai	ME (First, Midd	lle, Maiden S	Sumame) Sm	ith	
e notified	TO B	190. INFORMANT'S NAME (Type/Print) Medical Records	Md Gener	ral Hosp	b. MAILING	ADDRES 27 L	s (Street inde	and Number	or Rural R	oute Number, Baltin	City or Town	, State, Zip Coo City	de)	
r must be		20e. METHOD OF DISPOSITION t		20b, PLACE cemetery, cre	ematory or o	ther place)				DATE	20c. LOC	CATION — City	or Town	State
al. I examiner		21. SIGNATURE OF FUNDALL SERVICE LIC	Rona	ald Wad	de, 28/9	Di r ^{22.}	6 5 5	W.Ba	lti:	mores				y Board 21201
Health and Mental Hygiene prior to burial, cremation, or removal. Dws any Injury, or other traumatic event, the medical e		shock, or heert failure. List only one cause on each line.										Approximats interval Between Onset and Death		
to burial,	resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) I AST. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
giene prior	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST												
Mental Hy Ijury, or			d							All Topology Englished				
5 5	MEDICAL	24a. WAS AN AUTOPSY PREFORMED? The performance of the first of the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? The performance of the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPRIED? ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? The performance of the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPRIED? ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? The performance of the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPRIED OF THE UNDERLOOP												
ate Dept em 23	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER												
hours after death with the State Dept. Item 28 is marked, or Item 23 s	PHYSICIAN:	1 ☐ YES 2 📆 NO 27. MANNER OF DEATH	1X Inpatient 2 28a. DATE OF (Month, Di	INJURY	28b. TIM		28c. IN.	JURY AT	sidenca (8 Other (S)		JURY OCCUR	ED	
death wi	₽	1 Accident S Pending Investigation 3 Suicide 8 Could get by		F INJURY — At ho		М	1 🗍	YES 2	NO NO	281 LOCATIO	M (Street e	nd Number or F	David Basel	
ins after	ETED	4 Homicide determined	bullding,	atc. (Specify)						City or To	own, State)	nu number or r	turar Hout	e Number,
2 =	COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE											use(a) ar	nd manner sa stated.
be filed within IMPORTANT:	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER							D321				26/9	onth, Day, Year)
		30. NAME AND ADDRESS OF PERSON WH Kumar Daz, M	. D.	SE OF DEATH (ITE	C/O	Print) Mary	1ano	l Gene	eral	Hospi	tal			
		31. DATE FILED (Month, Day, Year) MAY 03 1998	47	R'S SIGNATURE	Kokola	#								
			M											DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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	REGISTRAR	TATE OF MARYL	AND / DEPAR CERTIF	ICATE O	F DEATH	MENT	AL HYGIEN REG. NO.	E	
		evens				A P			23 430 A
			fn yrs. lest birthdey) 8 YRS.	IF UNDER I YEAR		(Mo	TE OF BIRTH inth, Day, Year) -18-05		BIRTHPLACE (State or Forek Country)
O.B.	MERIDIAN NURSING			4	n or location of	DEATH		9c. COUNT	Y OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
	MARY/AND BAIZ/		Ka	Ndal	S FO WAL			10g. CITIZE	1 ☐ YES 2 ☑ NO
FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN	I U.S. ARMED	13. WAS (2/133 DECENDENT OF HIS	PANIC ORIG	IN? (Specify Yes		S A . RACE — American Indian,
B		FORCES? 1 TYES IF YES, GIVE WAR OR DA		If yes,	specify Cuben, Me: 'ES 2 NO Sp	Ican, Puert	o Rican, etc.)		Specify: White, etc.
COMPLETED		leted)	life. Do NOT us	work done during to retired.)	ATION most of working	10	66. KIND OF BUS	INESS/INDUS	TRY
COME	17. FATHER'S NAME (First, Middle, Last)	ears	Homemak	cer	18. MOTHER'S	NAME (First	, Middle, Maiden :	Sumame)	
BE	GEORGE FRANKE 190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	Bess		perco	Charles The Co	
٥	Mr. George F. Edgew		8347	Libert	y Road				244
	20a. METHOD OF DISPOSITION 1 Burlet 2 To Cremation 3 Removal (4 Donation 5 Other (Specify)	Cemestate Cemes	PLACE AND DATE OF STREET, Cremetory or of Carroll C	of Disposition ther place) rematio	_{(Neme of} on Servi	e 5/1			or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	0)	-	22. NAME	and address of ng Byers	FACILITY			
	23. PART I. Enter the disease, or compehock, or heart fellure. List	licetions thet caused	the death. Do n	8728	Liberty	Road	Randa	allsto	wn, MD 2113
CERTIFICATION	Sequentially list conditione, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	i): i):	SIL				Onset end Do
CAL CERT	PART II. Other eignificent conditions con	ntributing to deeth bu	ıt not resulting i	n the underly	ing cause given	n Part I.	24a. WAS AN A		24b. WERE AUTOPSY FINDIN
MED							PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PHYSICIAN:		SPITAL:		OTHER:	PLACE OF DEATH				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	Inpatient 2 ER/Outpe 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c.	NJURY AT WORK? YES 2 NO		er (Specify) ESCRIBE HOW IN	JURY OCCUR	ED
	2 Sulate	28e. PLACE OF INJURY - building, etc. (Specif	— At home, lerm, s	treet, factory, of	fice	281. LO	CATION (Street er	nd Number or I	Rural Route Number,
ETE	4 Homicide 8 Could not be determined								
OMPLETED	4 Homicide determined 29e. CERTIFIER (Check only	To the best of my knowle	dge, death occurre	d at ≀he time, di	ite end place, end d	ue to the co	euse(s) end menr	due to the co	euse(e) end manner es state
D BE COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only Check on Check only Check only Check on	To the best of my knowle	edge, death occurre	d at the time, di	te end piece, end did death occured at 1	ne time, dat	e end place, end	due to the co	GNED/(Month, Day, Year)
ш	29e. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On	To the best of my knowle the best of examination	end/or investigation	n, in my opinion	, death occured at I	ne time, dat	buse(s) end menre e end place, end	due to the co	
BE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On 29h. SIGNATURE AND TITLE OF CENTURIER 30, NAME AND ADDRESS OF PERSON WHO COA	To the best of my knowle the best of examination	TH (ITEM 27) (Type,	n, in my opinion	, death occured at I	ne time, dat	e end place, end	due to the co	



- C	TO BE COMDIFIED BY BUYCLOIAN, MCDIOAL OFFICIALION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hosp
DALLINORE, MARTLAND	STATE OF STA

	FOR 1 . STATE	STATE OF M	IARYLAND /	DEPART	MENT OF	HEALTH AND	MENTAL HYGIEI	NE 90	12133
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CI	ERTIFIC	CATE O	F DEATH	REG. NO	D .	1
			MILTON	I L.S	PATH		2. DATE OF DEATH	DAY O'	YEAR S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR		7. DATE OF BIRTH	1	7000
1	214-03-4187	1 € M 2 □ F	82	YRS.	ONTHS DAYS	HOURS MIN.	SEPT. 8,	1910	B. BIRTHPLACE (State or Foreign Country) MD •
00	9e. FACILITY NAME (If not institution, give si					OR LOCATION OF D		9c. COUNT	TY OF DEATH
Ē	CHURCH HOSPIT	LAL			BALTI	MORE CI	ΓY		
DIRECTOR	10e. STATE 10b. COUNTY				ALTIM	ORE, CIT	Υ		10d. INSIDE CITY LIMITS? 1X YES 2 \(\text{NO} \) NO
FUNERAL	100. STREET AND NUMBER 22 SOUTH CURI	EY STRE	EET			IOF. ZIP CODE	1224	10g. CITIZE	EN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. AR YES 2 X P	MED	If yes,	ECENDENT OF HISPA specify Cuben, Mexico ES 20 NO Specific	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	pe or No— 1	4. RACE — American Indian, Black, White, etc. Specify: WHITE
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DE	CEDENT'S US	SUAL OCCUPATE done during in	TION	16b. KIND OF BU	JSINESS/INDU	STRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	Do NOT use	DRIVE		CITY	OF BA	LTIMORE
BE COI	17. FATHER'S NAME (First, Middle, Last) G. SPATH					18. MOTHER'S NA	ME (First, Middle, Maidel BERG	n Surname)	
10 B	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or To		
-	MARY ELLEN SPA	TH	2	22 S.	CURLE	Y ST. B	ALTIMORE	,MD.	21224
	20b. PLACE AND DATE OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Computation of C								
	21. SIGNATURE OF FUNERAL SERVICE LIC	EDISC	N M.PE D0008		S MOR	AN-ASHT	ON FUNER	AL HO	ME INC. LTO,MD.2122
	23. PART I. Enter the diseases, or c	omplicatione thet	ceused the de	ath. Do not	enter the m	ode of dying, suc	ch es cerdiac or resp	oiratory erres	it, Approximate
	ehock, or heert failure. Liet only one ceuse on eech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
	resulting in death)	DUE TO (OR AS A CONSEC	UENCE OF:					2
Z	Sequentially list conditions,	Acut	e M.	I					you Kour
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	A CU	OR AS A CONSEC	DUENCE OF):					irears
윤	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEC	UENCE OF):					/
툳	resulting in death) LAST								j
5	PART II Other eignificent condition	a a a a de la companyone de la companyon	de adh heid is a	tal a la					
8	PART II. Other eignificant conditions	nguico	e Hee	esulting in	the underlyi	ng ceuse given in		NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	20	0-	- 61				1 TES	2 🗌 NO	OF DEATH?
							—		1 TYES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (Ch	eck only one)		
Sign	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3		THER:	me 5 🗆 Rasidence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF I (Month, Day		28b. TIME (JURY AT	26d. DESCRIBE HOW	INJURY OCCU	RED
À	Natural 5 Pending 2 Accident Investigation				M 1 🗆	YES 2 NO			
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At hor rtc. (Specify)	no, ferm, stre	et, factory, off	lca	281. LOCATION (Street City or Town, State		Rural Route Number,
PLE							to the cause(e) end ma		
COMPL	one) 2 MEDICAL EXAMINER	R: On the beala of axi	emination end/or i	nveatigation,	in my opinion,	death occured at the	time, date end placa, a	nd dua to the	cause(e) end manner ee stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	15	.0.0		035	290-LICENSE NUI		29d. DATE S	SIGNED (Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHO		ua of		riff	240	356	1	129/93

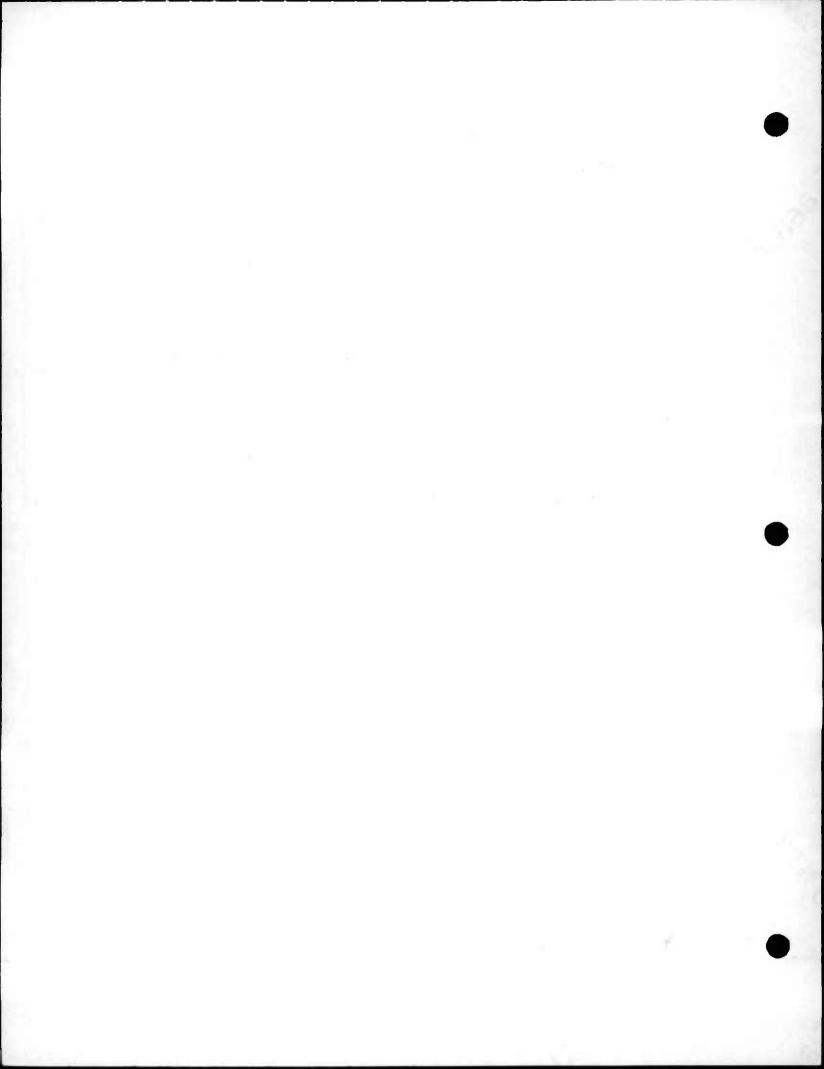
Balk. XID

A THE DESTRUCTION OF THE LAND (Month, 1993

WHO COMPLETED CAUSE OF DEATH STEM 27) (Typo, Print)

RO OO H Brook

2/23/

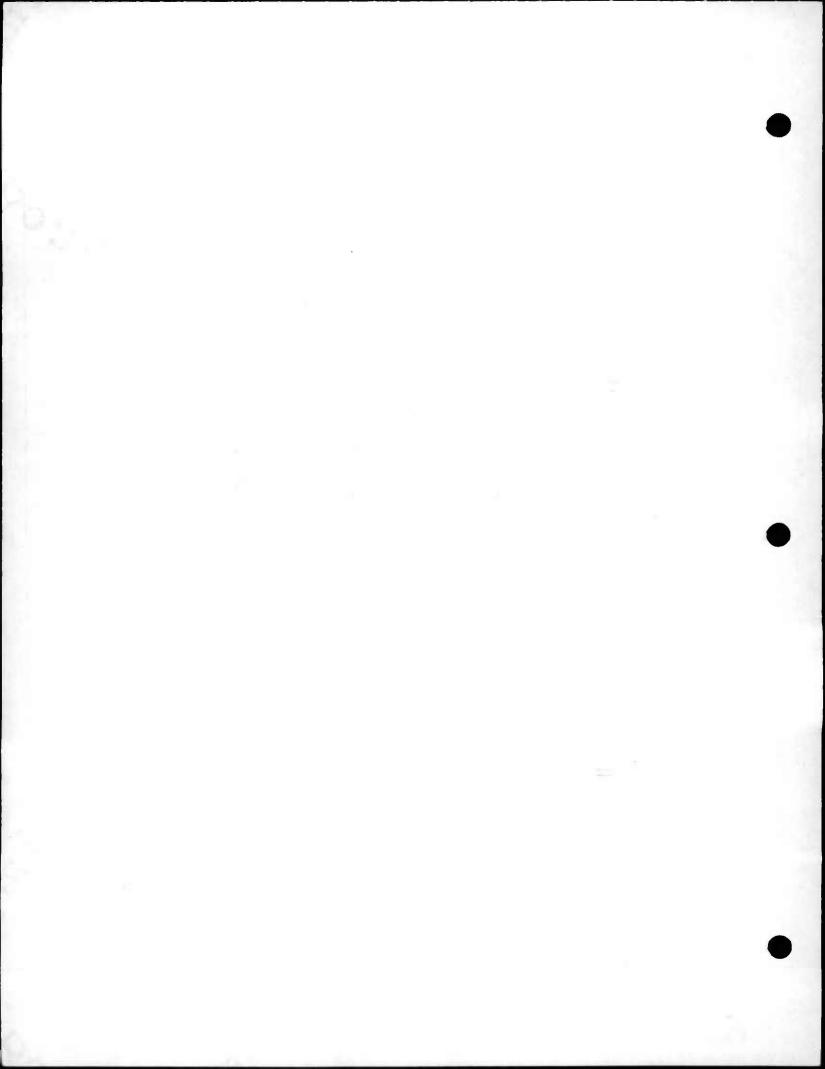


	3 should		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

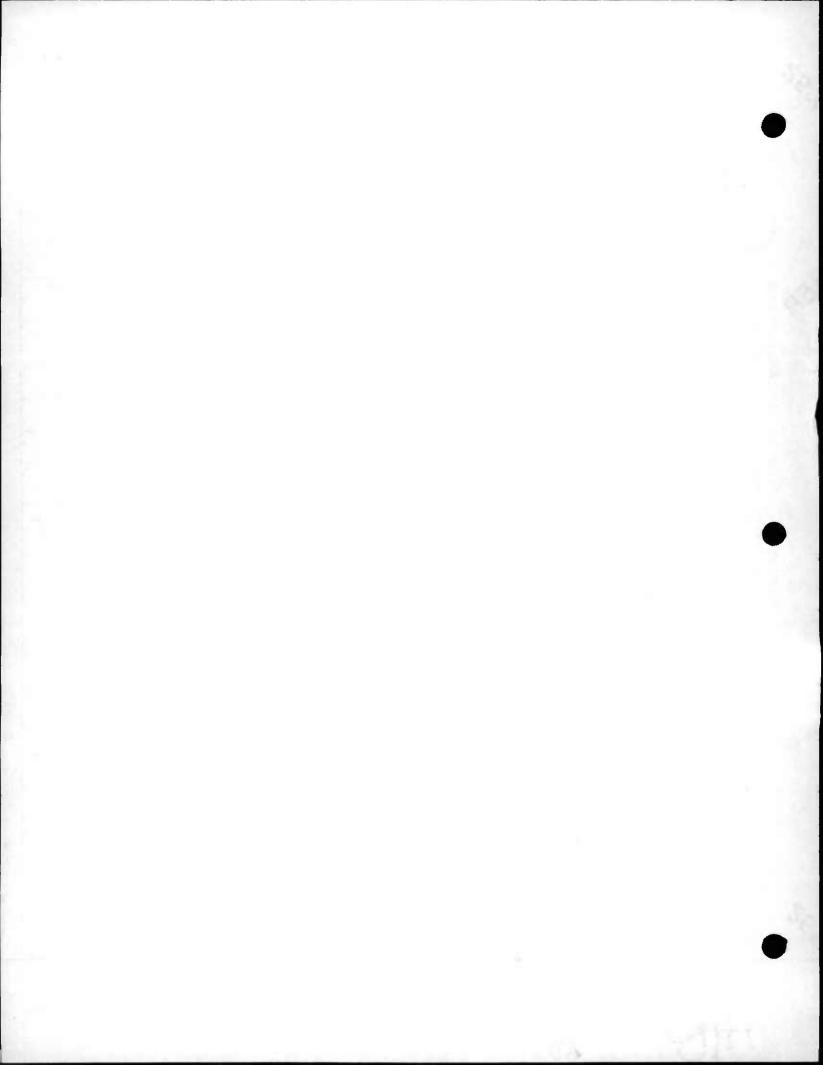
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	ATE OF MARYLAN	D / DEPART	MENT OF H	EALTH AND		IYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF MONTH	OEATN		3. TIME OF DEATH	
	Pervis		Sab	b		23 19	YEAR 93	10:25 A.M		
		M 2 □ F 54		IF UNDER 1 YEAR HONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	or married to the control of the con				
DIRECTOR	9a. FACILITY NAME (If not institution, give street and 211 F. North Ave				R LOCATION OF O		9c. CO	UNTY OF	DEATH	
E	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	_				10d. INSIDE CITY	
	MD.								1 X YES 2 NO	
FUNERAL	16 East 21ST	5 East 21ST			21225			TIZEN OF	U,S.A.	
B≼	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XDivorced 12. W	id FORGEST 1 TES 2 NO If yea			AS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— yes, specify Cyben, Mexican, Puerto Rican, etc.) YES 2 ANO Specify:				14. RACE — American Indian, Black, White, etc. Specify: Bl. k.	
	15. DECEDENT'S EDUCATION (Specify only highest grade complet	16d	DECEDENT'S U	SUAL OCCUPATIO	N	16b, KIN	D OF BUSINESS/IN	DUSTRY		
COMPLETED		(Give kind of work done during most of wo iffe. Do NOT use parted.) Printer					Self Emp	olove	eđ	
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl	e, Maiden Surname)	- 4		
BE	Charle s Sabb					ille Pa				
TO B	190. INFORMANT'S NAME (Type/Print) George Sabb		19b. MAILING A 4117	odress (Street ar	Ave. Bro	Route Number, C	City or Town, State, Zi	ip Code)		
	20e. METNOD OF DISPOSITION 1	m Stata 20b. PL		DISPOSITION /Nar		5-1	20c. LOCATION -			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				D ADDRESS OF FA		Dail.	патт	a IV.I.	
	· James a	mort	on	1 170	A.Morto	c Cm	Balto M	ול ח	217	
ION	23. PART (Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiretory arrest, ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) INTRACEREBRAL HEMORRHAGE Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
MEDICAL	PART II. Other eignificant conditions control COCAINE AND NARCOTIC US		ot resulting in	the underlying	Cause given in		. WAS AN AUTOPSY PERFORMED? YES 2 \(\square\) NO	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
A I	25. WAS CASE REFERRED TO MEDICAL			28. PL/	ACE OF DEATH (Ch	ack only one)				
PHYSICIAN:		PITAL: patient 2 - ER/Outpatier	# 3 DOA 4	THER:			1.6			
₹		Ba. DATE OF INJURY	28b. TIME	OF 28c. INJU	IRY AT		C Uni			
ВУР	1 Natural S Pending 2 Accident Investigation	(Month, Day, Year)	INJUF		ES 2 NO					
B	- Pacideria	Be. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, stre	est, factory, offica		281. LOCATIO City or To	N (Street and Numbe wn, State)	r or Rural F	loute Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To MEDICAL EXAMINER: On the								and manner as stated	
BE CC	29b. SAMATURE AND TITLE OF CERTIFIER	mill			29c. LICENSE NUM				(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH	(ITEM 27) (5 C	rice)	0.0.1	M F		04/7	4/1993	
	MARCDRUM D.1	COREU11	1 Penn		t, Bal	timore	e, Mary	land	21201	
	0.0	- REGISTERAR'S SIGNATUR								



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) DORO TH	/ к.	STAN	111		2. DATE OF DEATH MONTH DA	9 9	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212-05-1163	1 □ M 2 1 F 8	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03/03/08		BIRTHPLACE (State or Foreign Country) Maryland		
TOR	9a. FACILITY NAME (If not institution, give s Baltimore County RESIDENCE OF DECEDENT		Randal	stown	АТН	y of DEATH imore				
DIRECTOR	MD 10a. STATE 10b. COUNTY	1		y, town on Loca ltimore (10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO		
FUNERAL	100. STREET AND NUMBER 1219 Ramblewood F	Road		10	. ZIP CODE 1239		10g. CITIZEN OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (100	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexican 2 X NO Specity	HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14	Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of ille, Do NOT u		ON est of working	16b. KIND OF BUS				
S	17. FATHER'S NAME (First, Middle, Lest)		Supervi	SOL	18. MOTHER'S NAI	ME (First, Middle, Maiden :		one company		
BE C	John Connolly				Catheri	ne Kerns				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural F	loute Number, City or Town	, State, Zip Co	ode)		
	Angela Elswick					llicott Ci				
	20a. METHOD OF DISPOSITION 1 () Burdal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Loudon Park Cemetery 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place) Loudon Park Cemetery 5 / 0 / 3 Baltimore, Maryland									
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	10			Ambros	e Fune	eral Home, Inc.		
	100	£ =	-3	. 1328	Sulphur	Spring Rd.	Arbu	tus, MD 21227		
		complications that caused List only ona cause on ea	tha daath. Do i ich line.	not anter the mo	da of dying, suct	as cardiac or reaple	atory arres	Intarval Between		
	immediate cause (Final disease or condition resulting in death)	B. DUE TO (OR AS A	PIRA	4TOR	Y PA	iunt		Onset and Death		
LION	IMMEDIATE CAUSE (Final disease or condition resulting in death) s. Due TO (OR AS A CONSEQUENCE OF): APPLATION HOTEL MONIA Bequentially list conditions, if any, leading to immediate									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	C. DUE TO (OR AS A	CONSEQUENCE O	F):	· ·					
		d								
MEDICAL	PART II. Other significant condition	DEHYD!				Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN: M	25. WAS CASE REFERRED TO MEDICAL	VIIA,	AF,	CONT	ACE OF DEATH (Che	ties .		1 YES 2 NO		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	stient 3 DOA	OTHER:	e 5 Residence					
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE HOW IN	JURY OCCUP	RED		
8	2 Accident Investigation	28e. PLACE OF INJURY	— At home, farm,		rES 2 NO	28t. LOCATION (Street a	nd Number or	Pural Pouta Number		
ETED	4 Homicide 6 Could not be datermined	building, atc. (Speci	ify)			City or Town, State)	nd Namoer or	nuiei noute Nuinos,		
COMPLETED		CIAN: To the best of my knowlers: On the basis of examination						ause(a) and manner as stated.		
8	29b. SIGNATURE AND TITLE OF CERTIFIER	: lu			29c. LICENSE NUM	7777	29d. DATE S	IGNED (Month, Day, Year)		
٩	30. NAME AND ADDRESS OF PERSON WH	, 3 (a H	, RA	Print)	Moz	1137				
	MAY 3 199	32. REGISTRAPIS SIGNA	TURE	L						

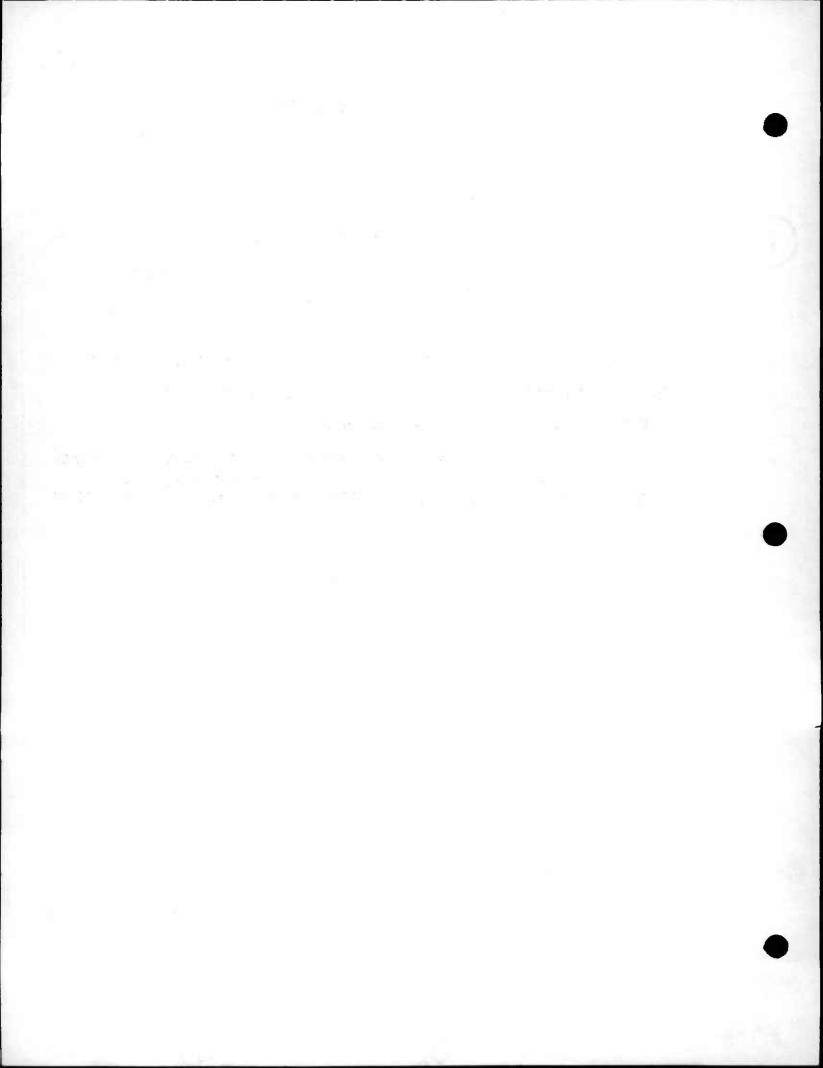


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by the	or removal.
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mpietely	prior to burial, cremation, or
and co	burial,
PySician	prior to
e attending physician and completely filled in by the furleral director	State Dept. of Health and Mental Hygiene prior to
Ine a	d Ment
this certificate has been signed by the	leafth an
Deen	If. of 1
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THIS CO	with the State [
Arrel	death
Ä	ter

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	ITMENT OF H	IEALTH AND	MENTAL HYGIE				
	1. DECEOENT'S NAME (First, Middle, Last)	Last)				2. DATE OF DEATH		3. TI	ME OF DEAT	н
	KENNETH SEL	ELLENTINE				04 3		YEAR	0340	Α Μ
- 3	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS				Te	. BIRTHPLAC		
	178-24-8402	1 💢 M 2 🗌 F	70 YRS.	MONTHS DAYS	(Month, Day, Year)	1922 MINNESOTA				
	9a. FACILITY NAME (If not institution, give :	tution, give street and number) 9b. CITY, TOWN OR LOCATION OF						Y OF DEATH	SUIA	
E C	GREATER BALTIMOR	E MEDICAL CEN	ITER	TOWSO	N			LTIMOR	E	
DIRECTOR	RESIDENCE OF DECEDENT						DAI	LITION	.E	
2	10a. STATE 10b. COUNT	TOU. CITI, TOWN ON EXCEPTION						10d.	INSIDE CITY LIMITS?	
	PA YO	RK	SP	RING GAI	RDEN TOW	NSHIP		1 TYES 2 X NO		
FUNERAL	10e. STREET AND NUMBER			101	, ZIP CODE		10g. CITIZE	EN OF WHAT	COUNTRY?	
9	373 EDGEHILL ROA				17403			ED ST.	ATES	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 XXVES		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yea or No — 14	4. RACE - AI Black, White	merican India	in,
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		2 X NO Specif			Specify:	-,,	
	15. DECEDENT'S EDU	I WWI		USUAL OCCUPATION	NA .	465 VIIID DE		WHITE		
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of a	work done during ma	CCUPATION during most of working 16b. KIND OF BUSINESS/IN					
2	12 YEARS	College (1-4 or 5+)	ENGINE			DATE	MODEL CO.			
COMPLETED	17, FATHER'S NAME (First, Middle, Last)		ENGTIVE	LEK	10 MOTHER'S NA	ME (First, Middle, Maid	MORE GA	AS & E.	LECTR	IC
	CHARLES SELLEN	m T NTD								
BE	19a. INFORMANT'S NAME (Type/Print)	TINE	10h MAII INC	ADDRESS (Standard	ESTH	IER THOME Route Number, City or 1				
임	WINIFRED L. SEL	TENUTATE				Houte Number, City or I	own, State, Zip G	iode)		
	20a, METHOD OF DISPOSITION	206		as loe.			00171011 011		_	
	1 X Burlet 2 Cremetion 3 Removal from State A Describer 5 Other (Parallel State)									
1	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	dount Ro		ETY 10 ADORESS OF FA		ork, Pe	ennsyl	vania	
	Ruck Towson Funeral Home, Inc.									
_	Carl	· anos	M.	1050	York Roa	ad Towson	n, Mary	land	21204	1
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that caused List only one cause on a	the deeth. Do r	ot enter the mo	de of dying, suc	h as cerdiac or rec	piratory arres	st,	Approxima	
	IMMEDIATE CAUSE (Final	000						Ì	Interval Be Onset and	
	disease or condition resulting in deeth) e. CHRONIC MYELOGENOUS LEUKEMIA									
	DUE TO (OR AS A CONSEQUENCE OF):									
N	Sequentially list conditions, S. ANEMIA									
Ĕ	If any, leading to immediate									
5	CAUSE (Disease or Injury & c. SEPSIS									
Ē	that initiated events resulting in death) LAST	OUE TO (OH AS A	CONSEQUENCE OF	*}:						
CERTIFICATION		d								
SAL	PART II. Other significant condition	a contributing to death be	ut not reaulting i	n the undarlying	ceusa given in	Part I. 24a. WAS	AN AUTOPSY		AUTOPSY FIN	
						PERF	ORMED?	COMP	ABLE PRIOR T	
Ę.								7.67	EATH? YES 2 - N	.
=						_		1	123 2 N	٠ I
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)				
Sign	EXAMINER?	HOSPITAL:	atlent 3 DOA	OTHER:	5 🗆 Rasidence	6 Other (Specify)				
Ě	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 26c. INJ	JRY AT	28d. DESCRIBE HOV	/ INJURY OCCUI	RED		-
ВУ	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		RK? 'ES 2 🗌 NO					
	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, a	treet, factory, office		281, LOCATION (Street	et and Number or	Rural Route N	lumber,	-
Ξ	4 Homicide datermined	building, atc. (Speci	ny)			City or Town, Sta	te)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowl	edne death occum	od at the time date	and place, and due	to the course of and a	0.57.52			\dashv
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Check only one CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								manner ee et	nted	
	29b. SIGNATURE AND TITLE OF CERTIFIE									
H H					29c. LICENSE NUN	MBER	29d. OATE S	SIGNED (Month	EZ	- 1
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Rose	Print)	2011		1 /	110	//	
	GARY WHER	, Mg. 67	101 N	· CH+	4- ST	· Bfr	y is	DI	120	4
31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 34. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										



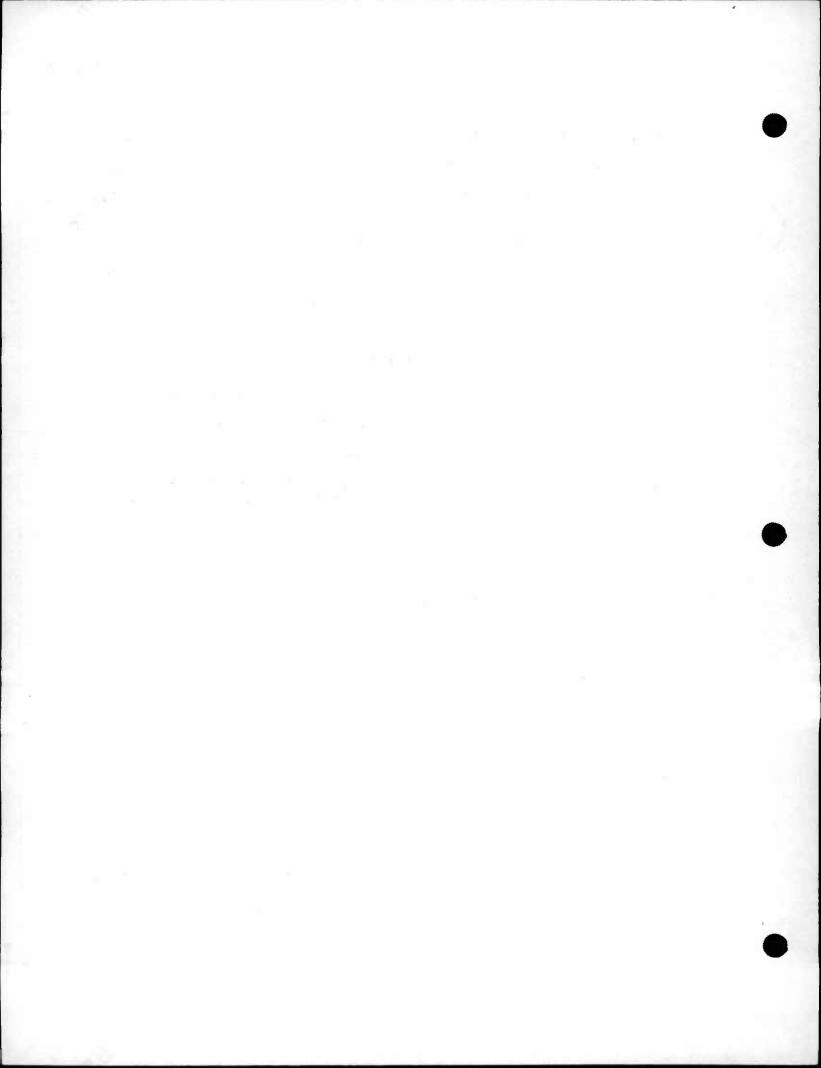


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	It with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, MICHIE, LOST) Herbert P. Strack He	erbert P			2. DATE OF D		YEAR 93	3. TIME OF DEATH 9:27 P M		
	084-10-5711 1XM2 = F 96	YRS. MC	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.			8. BIRTNI Country Pa			
TOR	90. FACILITY NAME (If not institution, give street and number) ST JOSEPH'S HOS PITAL RESIDENCE OF DECEDENT	9	-	NSO N	ATH	Baltimore				
DIRECTOR	10e. STATE 10b. COUNTY		OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
	Maryland Balto. 10e. STREET AND NUMBER	1 100	WSON 101.	ZIP CODE	10g. CITIZEN OF WH			1 YES 2 NO		
FUNERAL	529 SUSSEX Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U. 1 Namer Marriad 2 Marriad FORCES? 1 YES	THE THE PROPERTY OF THIS PARTY			NIC ORIGIN? (Specify Yes or No. 14. RACE -			- American Indian.		
BY	1 Never Married 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR DATE			2 P NO Specify:		, etc.)	Specify	White, etc. White		
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	6a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mos	N st of working	16b. KING	O OF BUSINESS	MOUSTRY			
COMPL	17. FATNER'S NAME (First, Middle, Last)	Chem	ist	18. MOTHER'S NAM		esson (
BE C	Jacob C. Strack			Ada	line G	arman				
2	19e. INFORMANT'S NAME (Type/Print) Willard A. Strack			t Ct.				1093		
	20a, METNOD OF DISPOSITION 20b, PL	ACE AND DATE OF D	DISPOSITION /Nat	ne of	Lutherville, Md. 21093 DATE 20c. LOCATION — City or Town, State					
	W.X.Burlel 2 Cremetion 3 Removal from State competery, cremetory or other place) 4 Donation 5 Other (Specify) Saters Baptist 5/3/93 Lutherville, Md. 21093 21. SIGNATUS OF FUNERAL BETWICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	* (Smeld & Schafe for		1050	Towson Fr York Rd.	Towso	n, Md.	21204			
	23. PART I. Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each	n line.	enter the mod	de of dying, auch	as cerdiec o	or reepiratory	arreat,	Approximete Interval Between		
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Onset and Deat Onset and Deat									
NO	SEPTIC	540	CK							
CATI	If any, leading to immediate cause. Enter UNDERLYING	ONSEQUENCE OF):	216H	T LEG						
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	ONSEQUENCE OF)	4SCJ	LAR D	1SEA	SE				
DICAL (PART II. Other significant conditions contributing to death but ACUTE REAAL FAILURE	not resulting in t	he underlying	cause given in P	Part I. 24a.	WAS AN AUTOP PERFORMED!		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	ACUTE RENAL TAILURE	3			_ 10	YES 2 W NO	,	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:	EXAMINER? 1 VES 2 NO HOSPITAL: 1 VInpatient 2 ER/Outpatie		THER:	ACE OF DEATN (Chec		ciful				
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME O	F 28c. INJU	RY AT		E HOW INJURY	OCCURED			
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — building, stc. (Specify)	At home, farm, stree	et, fectory, office		281. LOCATION City or Tow	(Street end Nur n, State)	mber or Rural Ro	ute Number,		
COMPLETED	20s. CERTIFIER (Checkonly one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basic of examination on							and manner as stated.		
то ве с	29b. SIGNATURE AND TITLE OF CERTIFIER	40		29c. LICENSE NUME		29d.	DATE SIGNED	Month, Day, Yeer)		
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ALFONSO P. ZALDUONDO	7600		KRN 1	Tows	00 H	D 21	706		
	31. DATE FILED (North, Dei), Your) 32. REGISTRAR'S SIGNATU 31. DATE FILED (North, Dei), Your)	n-Aandell								



BALTIMORE, MARYLAND 21215-0020	24 nours after death, Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

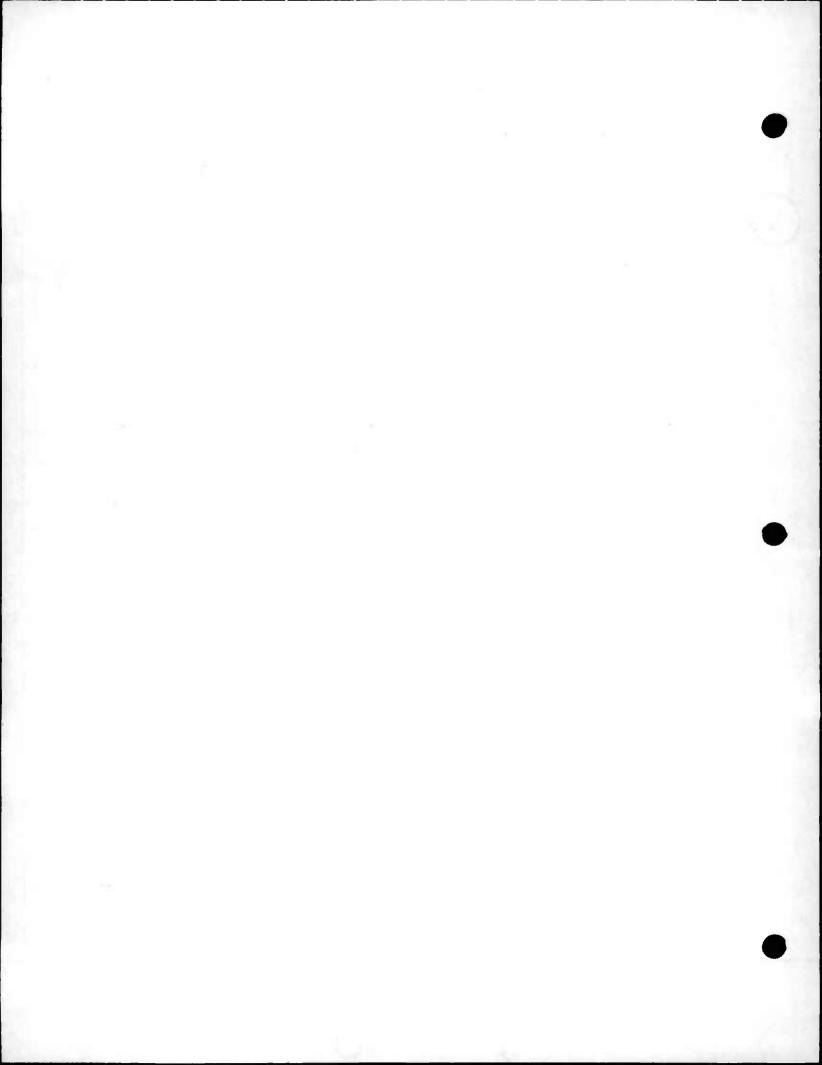
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM CERTIFICA				GIENE G. NO.	3 12704
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH	3. TIME OF DEATH
Gordon E. Truitt					MONTH 5	2	YEAR 2 SP M
Control of the contro			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,	Year)	6. BIRTHPLACE (State or Foreign Country) M.C.
Se. FACILITY NAME (If not institution, give street	it and number)	9b.	CITY, TOWN C	OR LOCATION OF DE			ITY OF DEATH
HOWARD GO RESIDENCE OF DECEDENT	Gen Hos	pter	Cc	slumbi'a	mol		Ho.
Md 10b. COUNTY	oward	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
3004 N. Ridge Roa	d	•	101	21043		10g. CITI	ZEN OF WHAT COUNTRY? USA
	2. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Spe	ocify Yes or No-	14. RACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ES NO		ecify Cuban, Mexican 2 🙀 NG Specify		etc.)	Black, White, atc. Specify:
15. DECEDENT'S EDUCAT	TION 1	16a. DECEDENT'S USU.	121 COCUPATIV	-	T and Main		White
(Specify only highest grade co	mpleted)	(Give kind of work of the Do NOT use reti	done during mo	St of working	16b. KIND	OF BUSINESS/IND	USTRY
12th	College (1-4 or 5+)	Hearing	Offic	er		MVA	
17. FATHER'S NAME (First, Middle, Last)		1100-110	. 01111	18. MOTHER'S NAM	ME (First, Middle,		
_John Truitt				Eliza	beth	Westenh	nofer
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural R	loute Number, Cit	y or Town, State, Zip	Code)
M. Angela Truitt							Md. 21043
20a. METHOD OF DISPOSITION 1 M Burial 2 □ Cremation 3 □ Remova	il from State cemete	LACE AND DATE OF DI- ery, crematory or other p	place)			20c. LOCATION —	A ANDREAS
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	Lak	kewiew Cer		ND ADDRESS OF FAC	5/6 1	Sykesvil	le. Md
Victural	Islat n	260 []	Ster1	ing Ashto	on Fune		
23. PART I. Enter the diseases, or con	nplications that caused the	he death. Do not e	enter the mo	dmondson de of dying, such	as cerdiac o	r reapiratory arr	eat, Approximate interval Between
shock, or heart failure. Lis IMMEDIATE CAUSE (Final	it only one cause on each	nly one cause on each line.					
disease or condition	stroke						5 wat
	DUE TO (OR AS A C						
Sequentially list conditions, b.	DUE TO (OR AS A D		erle	ney			
if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):						
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	DUE TO (OR AS A CONSEQUENCE OF):					
resulting in death) LAST							
PART II. Other aignificent conditions	contributing to death but	not resulting in th	ne underlying	g ceuse given in !	Part i. 24a.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
						PERFORMED? YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					_ '''	ies z 🗆 no	DF DEATH?
					_		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH (Che	ck only one)		
	☐4mpfitient 2 ☐ ER/Outpatk		THER: Nursing Hom	e 5 - Residence (6 Other (Spec	offy)	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	27. MANNER OF DEATH 28a. DATE OF INJURY 1 Wintural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 VES 2 NO						
	26a. DATE OF INJURY	28b. TIME OF	WO	RK?	28d. DESCRIBE	HOW INJURY OCC	URED
3 Suicide 6 Could not be determined	26a. DATE OF INJURY	28b. TIME OF INJURY	M 1 1	YES 2 NO		(Street and Number	or Rural Route Number,
3 Suicide 6 Could not be determined	26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY — building, etc. (Specify)	28b. TIME OF INJURY - A1 home, farm, street	M 1 1	PRK? YES 2 NO	26f. LOCATION City or Town	(Street and Number n, State)	or Rural Route Number,
3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIA	28a. DATE OF INJURY (Morith, Day, Year) 28a. PLACE OF INJURY — building, etc. (Specify)	28b. TIME OF INJURY At home, farm, street	M 1 1 1	PK? YES 2 NO	28f. LOCATION City or Town	(Street and Number n, State)	or Rural Route Number,
3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIA	28a. DATE OF INJURY (Morith, Day, Year) 28a. PLACE OF INJURY — building, etc. (Specify)	28b. TIME OF INJURY At home, farm, street	M 1 1 1	PK? YES 2 NO	26f. LOCATION City or Town to the cause(s) (lime, deta and p	(Street and Number n, State) and manner as state place, end due to the	or Rural Route Number,
3 Suicide 4 Homicide 6 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Specify) IN: To lihe best of my knowled On the basis of axamination as	28b. TIME OF INJURY At home, farm, street dge, death occurred at and/or investigation, in	M 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 N	PRK? YES 2 NO e and place, and due to the sthroccured at the st	26f. LOCATION City or Your to the cause(a) in lime, data and p	(Street and Number n, State) and manner as state lace, end due to the	or Rural Route Number, ed. e cause(s) end manner as stated.

"in Davidson Randall

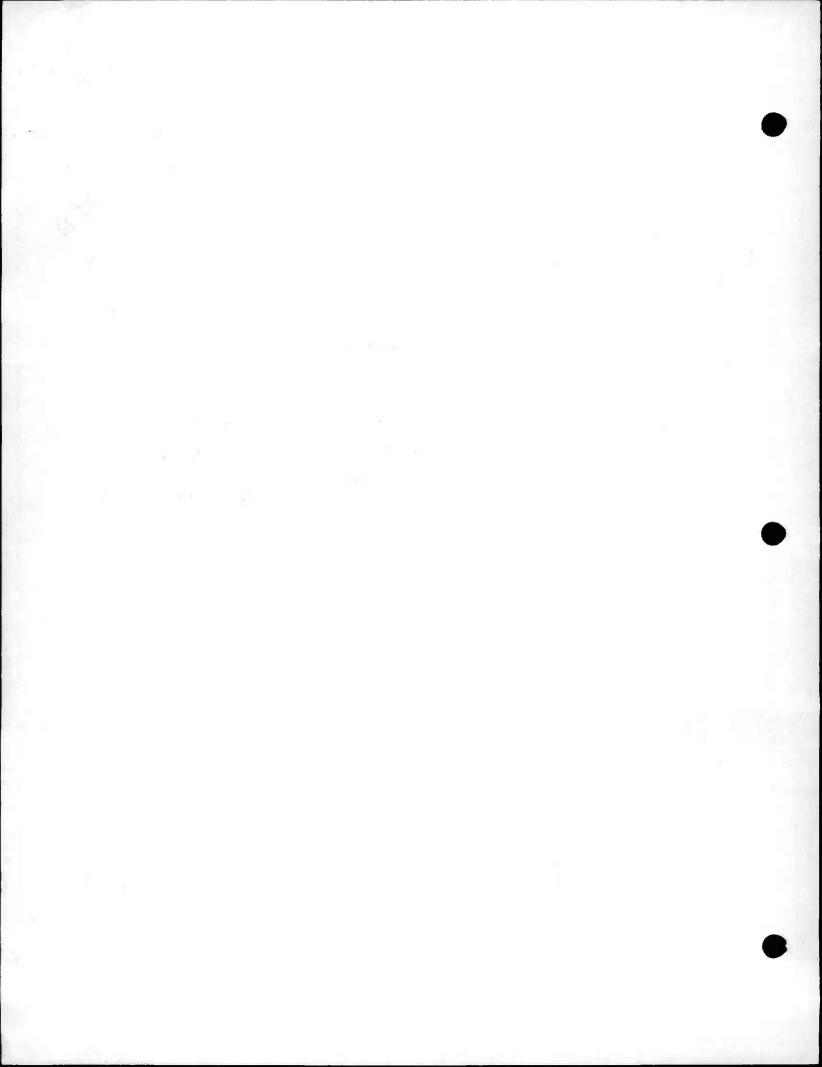
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



12765

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH / O / 0846 AM TRAYNHAM JOHN 05 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 216-24-8650 DAYS 1 🗌 M 2 🔲 F N. J. 09/27/2 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HALL DIRECTOR BALTIMORE COUNTY GENERAL RANDALLSTOWN BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto. Woodlawn Md. 1 TES 2 NO 10a STREET AND NUMBER 101. ZIP CODE If per 10g, CITIZEN OF WHAT COUNTRY? 21207 6818 Yaturuba Dr. USA FUN 11 MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES hours after death. Page 6 may be retained by the hospital or attending physician 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE - American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 n and completely filled in by the funeral director, page 5 should be detached for use as the burner to burial, cremation, or removal. 1 Never Married 2 Married 1 TYES 2 NO B 3 Widowed 4 Divorced Specify Black ETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) MTA**7** Driver Transportatiob COMPL 17, FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Marrietta Williams 76 Benjamin Traynham BE notified 19a. INFOR 14NT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lilly M. Traynham 6818 Yaturuba Dr., Balto., Md. 21207 þe 20a. METHOD OF DISPOSITION
Disposition 3 General from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must etery, carboutus lace 5 4 Donation 5 Other (Specify) Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons u ames 1701 Laurens St. Balto., Md. 21217 medicai 23. PARTA. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death 24 the disease or condition requires that the death certificate be executed within event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): the attending physician I Mental Hygiene prior to cause. Entar UNDERLYING CAUSE (Disease or Injury other QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? been signed by that, of Health and N shows any 1 | YES 2 | 10 OF DEATH? 1 TES 2 NO PHYSICIAN: THE HOSPITAL OR ATTENDING PHYSICIAN: The law i THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. 23 25. WAS CASE REFERRED DO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 | YES 2 | 40 ma 5 - Rasidenca 6 - Other (Specify) 4 Nurs 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At homa, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 ETED 6 Could not be 4 Homicide 28 determined item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. COMPL TO THE HOSPITAL OF THE FUNERAL CO BE filed within 72 h 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF C BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Nonth, Day, Year) 3 S 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS 120 NOA 32. REGISTRAR'S SIGNATURE 2124 1993



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furber filled within 72 hours after death with the State Dept. of Health and Mental Mypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or oth

									93	3 1	27	66
	FOR 1 - STATE	STATE OF MARYL	AND / DEPAR	RTMENT	OF H	EALTH AND	MENTA		_	, .		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CERTIF	ICALE	OF	DEATH	I 2 DAT	REG. NO		1	TIME OF D	FATU
	Morris F	Taylor	Morris F	. Tay	zlor		MON'	TH D	0 93	EAR /	135	DM
		5. SEX 6. AGE (In yrs. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	E OF BIRTH			VCE (State o	r Foreign
	086-03-3733 120M 2 □ F YRS.					WEST BILLS		2/17/0	5		yland	ı
Œ	9s. FACILITY NAME (If not institution, give street end number)					OR LOCATION OF DE	EATH		9c. COUNTY	OF DEAT	Н	
5	Sinai Hospital			<u>Bal</u>	to.	City		-				
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN O	R LOCAT	ION				100	d. INSIDE C	YTK
	Maryland Balto.			Balto.				1 YES				
FUNERAL	F604 Doggood I	p.d		21207						S.A.	COUNTRY	r ı
S S	5604 Dogwood Rd 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			13. V	MAS DEC	ENDENT OF HISPAI	NIC ORIGI	N? (Specify Yes	-		American le	ndlen,
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES				ecity Cuben, Mexica 2 NO Specif		Ricen, etc.)		Specify:		
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S	USUAL OC	CUPATIO	ON	18	b. KIND OF BUS	SINESS/INDUS		nite	
COMPLETED	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done d se retired.)	furing mo:	st of working						
MP	12			Ow	mer				tronic	s Co	•	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA						
H	Clarence M. Tay 19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS	(Street e	Anni		Fretwo		rda)			
유						Rd. Elli				2104	42	
	20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Remov	and downers (Dane)	PLACE AND DATE						CATION - CIT			
	4 Donation 5 Other (Specify)		late of	Heave	n Ce	emetery	5/4/	93 31	iver S	prin	d ? N	la:
	II. SIGNATURE OF OWERAL SERVICE LICES	7//////		22. N	NAME AN	D ADDRESS OF FA	ciuty 10	50 Yor	k Rd.	21204	4	
	Meriale St	hepr fe		R	<i>uck</i>	Towson	Fune	ral Ho	me, In	C.		
	23. PART I. Enter the diseases, or co- ehock, or heart fellure. Li	mplications that caused s) only one cause on ea	the death, Do inch line.	not enter	the mod	de of dying, auc	h as cer	diec or reapi	ratory arree	t,		Between
	IMMEDIATE CAUSE (Final disease or condition					1 11/2	0	6		1	Onset a	and Deeth
	diseases or condition resulting in death) a. Meters textic Liver Gy Cor Due to (or as a consequence of):											
NO	Sequentially list conditions, b.											
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):								
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):						-		
CERTIFICATION	resulting in deeth) LAST											
- 1	PART II. Other significant conditions	contributing to deeth bu	ut not reaulting	in the und	derlying	ceuse given in	Pert I.	24a. WAS AN	AUTOPSY	24b. WEF	RE AUTOPSY	FINDINGS
MEDICAL								PERFOR		CON	ILABLE PRIC	
MEI											DEATH?	NO
Ä								<u></u>				
PHYSICIAN:		HOSPITAL:		OTHER	:	ACE OF DEATH (Ch						
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF	28c. INJL			er (Specify) SCRIBE HOW II	JURY OCCUR	FD		
ву р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN	M	WOI 1 Y	RK? ES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm,	streat, facto	ry, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ET.												
COMPLETED		AN: To the best of my knowle										
	29b. SIGNATURE AND TITLE OF CERTIFIER	On the beels of examination	end/or investigation	on, in my op	olnion, de			end place, en				
B	Jeffing f	PGY 11 6	peid	200	1	29c. LICENSE NUM	IBER		29d. DATE SI	GNED (Mor	ith, Day, Yes	2r)
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Print)		-			3/	4/	2	,
	140-FOLI SEI	KYEMA	S	inia	Hos	pital -	Balt	o. Md.				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	,								

REGISTRAR'S SIGNATURE

		1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT	T OF HEALTH / E OF DEAT	AND MENTA	L HYGIENE REG. NO.	12/0/		
od at once.		1. DECEDENT'S NAME (First, phiddle, Lest) 2. DATE OF DEATH MONTH 2. DAY 4. DAY								
		228-36-87/4	SEX 6. AGE (In yrs. las	YRS, MONTHS	R 1 YEAR IF UNDER 2 DAYS HOURS	MIN. Maghti	of BIFTIN	BUTHPLACE State of Foreign		
	TOR	9a. FACILITY NAME (If not institution over street	s/loh St.	96, 617	TOWN OR LOCATION		9c. COUNT	Y OF OEATN		
	. DIRECTOR	10a. STATE 10b. COUNTY		10c ettly, town	OB LOCATION -	e C	14	10d. INSIDE CITY LIMITS? 1 JY YES 2 NO		
	UNERAL	10e. STREET AND NUMBER 11. MARITAL STATUS 11.	WAS DECEDENT EVER IN U.S. MA	DUSE	2/2	2/7		OF WHAT COUNTBY		
	ВУ	1 Never Married 2 Married 5 Wildowed 4 Divorced		MED 13.	WAS DECENOENT OF It yes, specify Cuban, 1 YES 2 NO	Mexican, Puerto I	? (Specify Yes or No 1: Rican, atc.)	4. RACE — American Indian, Black, Whita, atc. Specify:		
	BE COMPLETED	15. DECEDENT'S EDUCATI (Specily only highest grade con	pleted) (G.	Do NOT use retired.	during most of working	166.	KIND OF BUSINESS/INDUS	STRY W.		
		THE A'S NAME (First, Migdig, Last)	YleR		18 MOTAE	Atr	Aiddle, Maiden Surname)	idal		
be notified at	70	19a. INFORMANT'S, NAME (Type/Print); 20a. METNOD OF OISPOSITION	CANCES C	AND DATE OF DISPO	S (Street and Number of	0110.	hOt,			
ar must		1 Burial 2 Cremation 3 Removal Donation 5 Street, Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	from State cemetery, cre.	matory or other place)	OATI	20c. LOCATION CI	ly or Town, State		
val. I examiner		in du	colf	/	7/2 V	VINO	who An	0		
cremation, or remova vent, the medical	MEDICAL CERTIFICATION	23. PART I. Entar the diseases, or com- ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused the de only one cause on each line ALC	NOM	r the mode of dying	g, such as card	lac or respiratory arrea	Approximata interval Between Onset and Death		
of Health and Mental Hygiene prior to bunal, cremshows any Injury, or other traumatic event,		Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC					/		
		PART II. Other significant conditions of	ontributing to death but not n	esulting in tha u	ndariying cause giv	ven in Part i.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
State Dept.	ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	ОТНЕ	26. PLACE OF OEA	TN (Check only one	9)			
with the ked, or	PHYS	1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 27. Manner of DEATH 28b. TIME OF INJURY WORK? 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY								
after d	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	ne, farm, street, fac	1 YES 2 V	261, LOCA	ATION (Street and Number or W Town, State)	Rural Route Number,		
vin 72 hours VT: 11 Item	COMPLE		: To the best of my knowledge, de							
be filed within	TO BE C	290. BIGNATURE AND TITLE OF CENTIFIER	Type	wp	111	F NUMBER 6		HIGHEO (Month, Day, Year)		

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) (7)5

1993

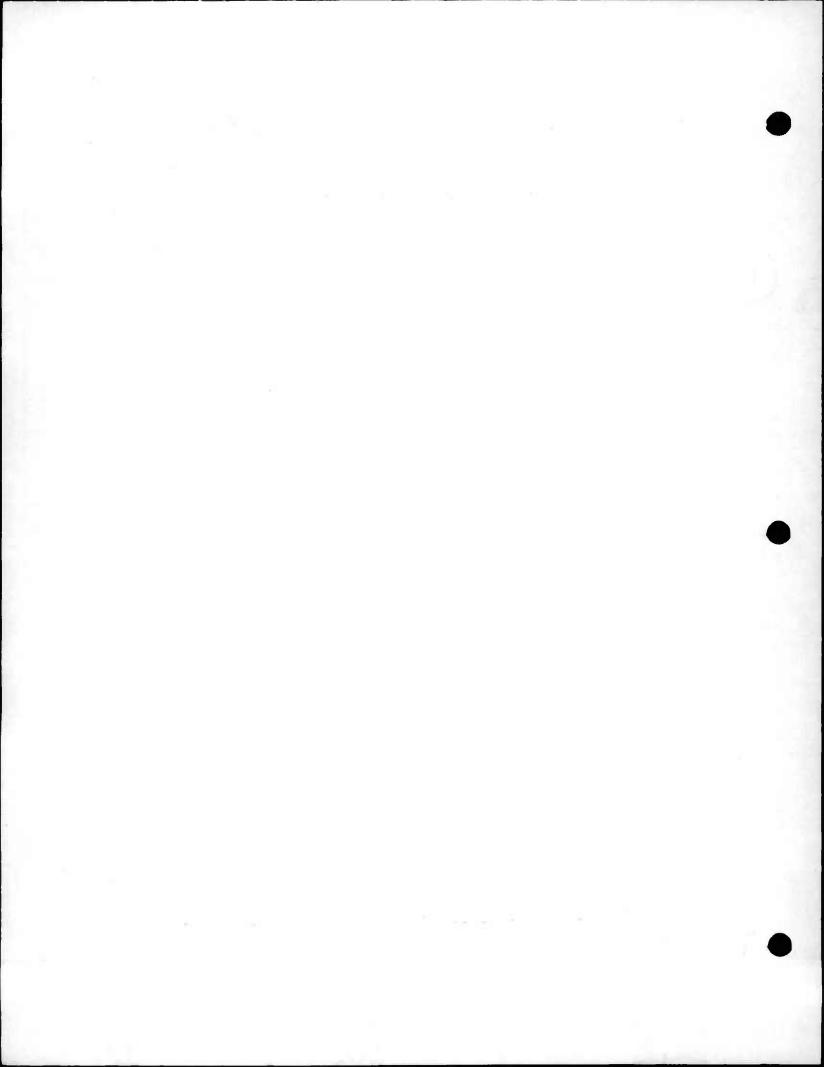
Tyson

32. REGISTRAR'S SIGNATURE

Richard F
31. DATE FILED (Month, Day, Year)
MAY 3 19

Balto

MD



FOR

	1 - STATE REGISTRAR	SINIE UP I	CE		ICATE OF	DEA	AND I	MENIAL	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH										3. TIME	OF DEATH		
1000	JOHN HENF	HT Y					() 4		19	93	6:	18 A	М	
	4. SOCIAL SECURITY NUMBER	8. AGE (In yrs. last birthday) F UNDER 1 YEAR			IF UNDER		7. DATE O	F BIRTH		8. BIRT	HPLACE (S	itate or Foreign	_	
. 3	220-86-3097	1 M 2 F	22	YRS.	MONTHS DAYS	HOURS	MIN.		Day, Year)		Coun	MD		
	9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN	OR LOCATION	ON OF DE		, , ,	9c. COL	NTY OF E	1112		-
OF	IN REAR OF 200	3 GREEN	MOUNT A	AVEN	UE BA	LTIM	ORE							
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d INCIDENCE CITY													
DIRECTOR	MD Dollar was a second on 10d. Ins										ITS?			
7	10e. STREET AND NUMBER			B		. ZIP CODI		10g. CITIZEN OF WHAT C			1/1/	S 2 NO	_	
ER/	1918 E. Lafa	vette A	10			212			USA			WHAI COL	MIRYY	
FUNERAL	11. MARITAL STATUS	12 WAS DECEDEN	T EVER WILL AR	MED	13. WAS DEC			HC ORIGIN?	(Specify Yes			J. RACE — American Indian,		
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2	10	If yes, sp	ecify Cuba 2/ NO	n, Mexical Specify	n, Puarto Ri	can, etc.)	01110	Blac	k, White, a	itc.	
D, BY						y2/					Spec	"B1a	ck	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	CATION completed)	(Gi	ive kind of	USUAL OCCUPATION	ON st of workin	NO.	16b, I	KIND OF BU	SINESS/INI	DUSTRY			
٦	Elementary/Secondary (0-12)	College (1-4 or 5	·)	Do NOT u										
N N	17 EATMED'S NAME (First Middle Leas)		Un	emp	loyed									
	The fact of the fa	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
H	19a. INFORMANT'S NAME (Type/Print)		101	MAII DIC	ADDRESS (Street a	<u>Ne</u>	llie	Tho	omas					
2	Virginia Melto	n n												
	20s. METHOD OF DISPOSITION				OF DISPOSITION (Na		ıte	AVE.	/Bal	CATION -			2121	3
	1 Donation 5 Other (Specify)	noval from State	cemetery, crei	matory or o	Memori		ard	1						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Voshell Memorial Gardens Dundalk, MD 22. NAME AND ADDRESS OF FACILITY													
	WM C. MARCH F.H./1101 E. NORTH AVE.													
	23. PART I, Entar the diseases, pr	complications tha	t caused the de-	ath Dn r	WIY C	de of du	KCH		1./11	01	. \			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between													
	IMMEDIATE CAUSE (Final disease or condition													
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):													
Z														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate Cause First LIMPERIAL VISIO													
FIC.	CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):													
Ē	that initiated events resulting in death) LAST	502 10	(On AS A CONSCO	OENCE OF	·):									
B		d										1		-1
DICAL	PART II. Other aignificant condition	s contributing to	death but not re	aulting i	n tha underlying	cause g	ivan in f	Part I. 2	24s. WAS AN		24b		TOPSY FINDINGS	П
음	COCAINE ABUSE PERFORMED? 1½ YES 2 □ NO											ION OF CAUSE	ı	
M								_	21				2 🗌 NO	
PHYSICIAN: ME														ı
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26, PL OTHER:	ACE OF DE	ATH (Che	ck only one)						
ΙΥS	27. MANNER OF DEATH	1 🗆 Inpetient 2 🗆			4 - Nursing Hom		sidence (6 🗆 Other (Specify)					
	1 Netural 5 Pending	26a DATE OF	INJURY Iy. Year)	28b. TIMI	URY WO	RK7		28d. DESC	RIBE HOW IP	JURY OC	CURED			\neg
à	2 Accident Investigation	4/27/91		6:03	A factory, office	ES 2 [` .	UNKNOW						_
	3 Suicide 6 Could not be determined	building,	etc. (Specify)		treet, lactory, office	,		City or	ION (Street a Town, State)	2003	or Rural F Green	mount	Ave.	
9	29e. CERTIFIER	FOUND:	BACK ALLE	_					City,					4
COMPLETED		CIAN: To the best of												
	2 MEDICAL EXAMINE		attition and/or at	wasugano	п, ил ту орилюп, ак				nd place, and	f due to th	e cause(a) end man	ner sa stated,	
BE	296. SIGNATURE AND TITLE OF PERTIFIE		MD			29c. LICE						(Month, De	-	1
O.C.M.E. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT MD 111 Penn Street, Baltimo 31. DATE FILED (Morith, Day, Year) 22. REGISTRAR'S SIGNATURE MAY 2 1993										0	4/2	7/19	193	_
	DONALD G (10	BHT MA	111	Don		o +	ר - ס	± 4	m.c	M = -	. 1 -		11001	1
	DONALD G. WA 31. DATE FILED (MONTH), Day, Year)	GHT MD	111	Pen		et,	Bal	timo	re,	Mary	lan	d 2	21201	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

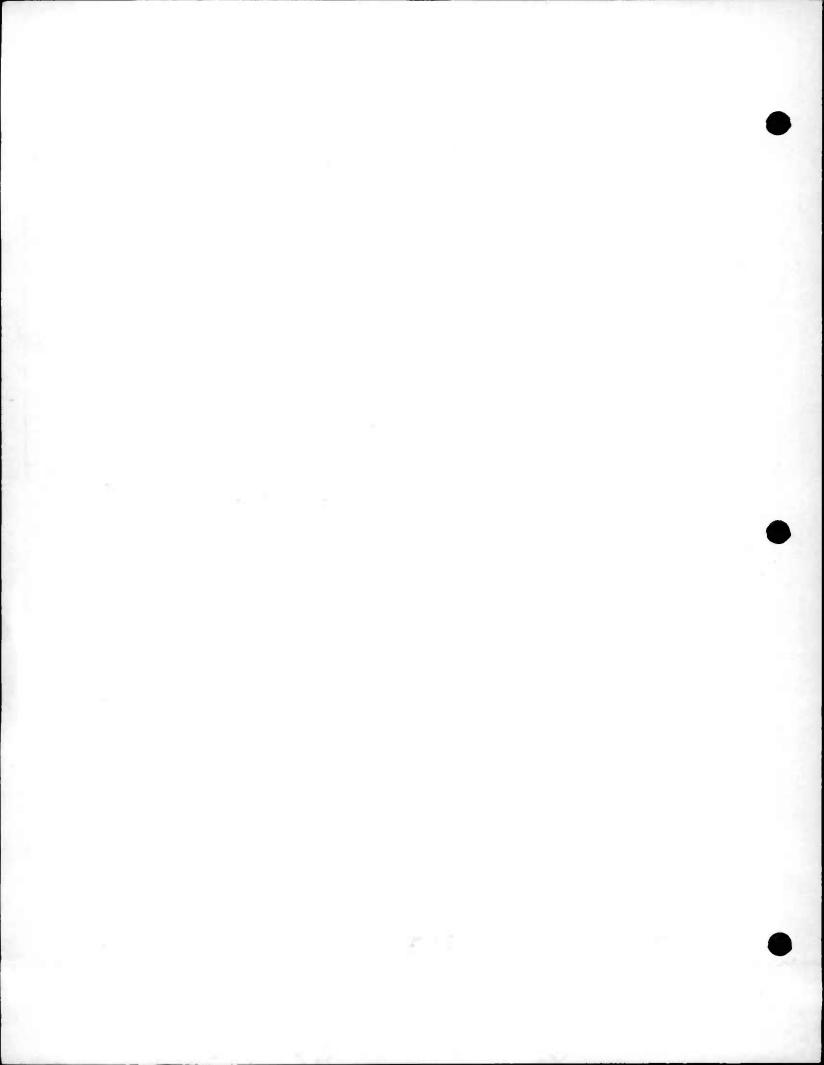
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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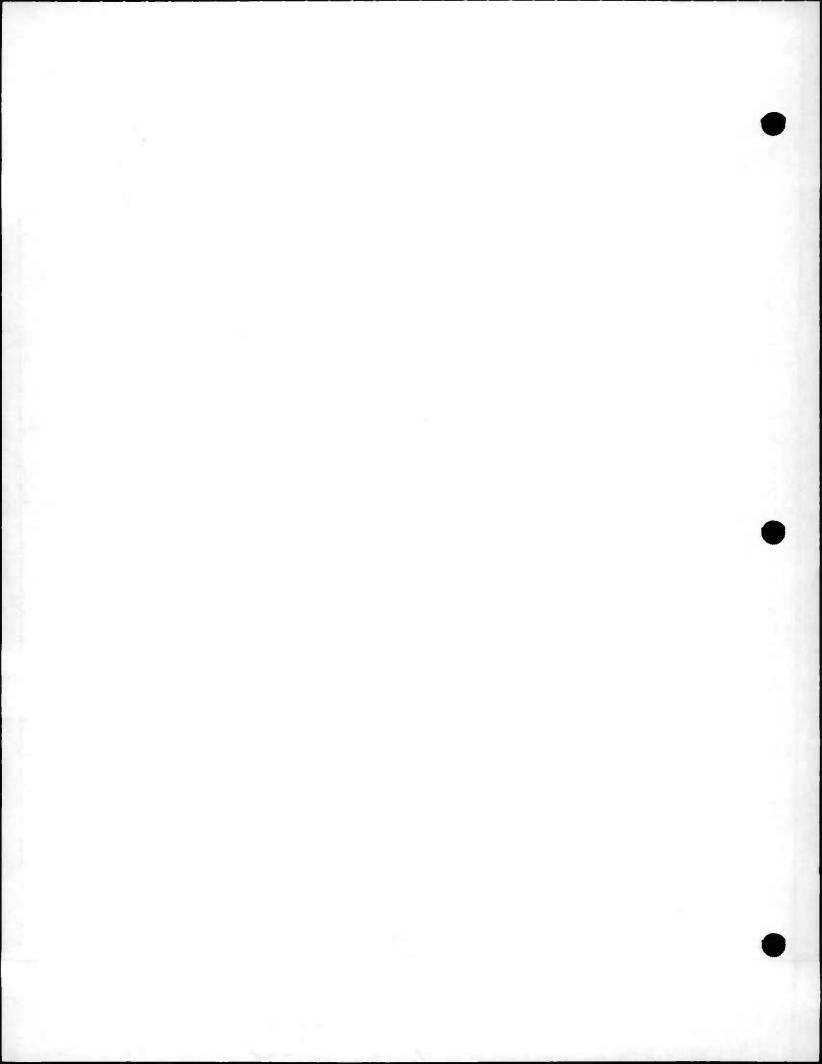


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	71231071041				LITTI	ICATI	L OF	DLA	!П	HEC	i. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Garter hors Wallenhorst 2. Date of Death worth 28-9-3 3. TIME										3. TIME OF DEATH			
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR	тн	a BIRTI	HPLACE (State or Foreign	
	1,216 10			75	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, 1	5-17	Count	Maryland	
	9a. FACILITY NAME (If not in					9b. CIT	, TOWN	OR LOCATE	ON OF DEA	ATH	9c. 0	COUNTY OF C	DEATH	
DIRECTOR	Deaton 1	Nursi	ng Home			:	Bal	timo	re				na	
5	RESIDENCE OF DEC													
2	10a, STATE	10b. COUNT	Υ		10c, CI	TY, TOWN	OR LOCA	TION					10d. INSIDE CITY	
	Maryland	n	a		Bal	time	ore						LIMITS?	
ابرا	10e. STREET AND NUMBER		-				10	f. ZIP CODE	F		100	CITIZEN OF	WHAT COUNTRY?	
FUNERAL	Deaton N	lurs	Home 6	11 s.c	harl	96 6			- 2123	0	1000		MINI COUNTRY	
N N	11. MARITAL STATUS											USA		
3	1 Never Married 2	Married		YES 2						C ORIGIN? (Spec			E — American Indian, k, White, etc.	
B	3 Widowed 4 Dive		IF YES, GIVE W		yes		1 TES	2 NO	Specify:			Spec	ify:	
	41.054		I WW								-		White	
COMPLETED	(Specify onl	EDENT'S EDU ly highest grade	completed)		DECEDENT'S (Give kind of	work done	CCUPATE during me	ON ost of worldr	10	16b. KINO	OF BUSINESS	/INDUSTRY		
ш.	Elementary/Secondary (I	0-12)	College (1-4 or 5	·) "	ile. Do NOT u	retired.)					Hair	anoca	0.30	
₹											палт	TICSS	er	
Ö.	17. FATHER'S NAME (First, M	ficidle, Last)						18. MOTI	HER'S NAM	IE (First, Middle, I	Maiden Suman	16)		
								1						
BE	19a. INFORMANT'S NAME (Type/Print)			ION MAIL IN	G ADDRES	e (Stead)	and Mamba	or Presid Co	oute Number, City	as Tour Chats	71- 0-1-1		
2	Julian La Eliz Cli	apide	s,Atty		807	Cat	hedi	ral	St. F	Ralto	MD 21	, Stete, Zip Code)		
	ELIZ Cli								Ave	Balto,	MD	2 ጎ ን ኣስ		
1	1 Burial 2 Cremette		lovel from Stete		EAND DATE			ame of		OATE 2	Roc. LOCATION	— City or To	own, State	
	4 Donation 5 - Other	and the same of th	1	Cometery, C	- amazory or c	otras prace)								
	21. SIGNATURE OF FUNERA	L BERVICE LI	Rona	ald Wa	đe.	D i 22.	NAME A	ND ADDRE	SS OF FAC	ILITY	Ctata	7 4		
	Th. SHORADHRE OF PUNERAL SERVICE LICENSEE Ronald Wade, Di 22. NAME AND ADDRESS OF FACILITY State Anatomy Board													
-	4/28/93 655W.BaltimoreSt,Balto,MD 21201													
	23. FART I. Enter the d	seases, Dr	complications the	t caused the d	death. Do	not enter	the mo	de of dyl	ing, such	as cardiac or	respiratory	arrest,	Approximata	
	snock, or heart failure. List only one cause on each line.										Interval Between Onset and Death			
1 9	disease or condition		1/2											
	resulting in death)		DUE TO (OR AS A CONSEQUENCE OF):											
1_		_	multiple wounds											
CERTIFICATION	Sequentielly list condit		DUE TO (OR AS A CONSEQUENCE OF):											
A	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury													
S														
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
E	d													
	PART II. Other eignifica	nt condition	a contribution to	double but wat	no neeltine	In the con-								
MEDICAL	TATT II. Other eignines	CONGREDI	a continuoung to	deeth but not	resulting	in the ur	nderiyin	g ceuse g	given in P		VAS AN AUTOP PERFORMED?	SY 24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
日音	-									_ 10,	YES 2 NO		COMPLETION OF CAUSE OF DEATH?	
NE NE													1 □ YES 2 □ NO	
9										_			3	
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL	T			_	26 Pt	ACE OF D	EATH /Ch-	ck only one)				
1 2	EXAMINER?		HOSPITAL:	272		OTHE	R:							
≥	1 YES 2 NO		1. Inpetient 2						_	Other (Speci				
급	-	Pending	28a. DATE OF (Month, D		28b. Till IN.	JURY	28c. INJ WC	URY AT PRK?		28d. DESCRIBE	HOW INJURY	OCCURED		
B		renaing Investigation				М	1 🗆	YES 2	NQ					
		Could not be	28e. PLACE O	FINJURY - At I	nome, farm,	street, faci	tory, offic	•		28t. LOCATION (Street and Nun	nber or Rural I	Route Number,	
밑	4 Homicide	datermined		otal (opouny)						City or lown,	, State)			
COMPLETE	29a. CERTIFIER	HEVING DUVA	ICIAN: To the house of	mu base de de										
₹			ICIAN: To the best of											
Ö	2 MED	CAL EXAMINE	:n: Un the besis of e	kamination and/o	r investigation	on, in my c	pinion, d	eath occur	ed at the ti	me, date and pla	ace, and due t	o the cause(s	s) and manner as stated.	
ш	296. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LICE	NSE NUME	BER			(Month, Day, Year)	
B	Med	eta,	MO					D.	346	774	•	4-2	8.93	
임	30. NAME AND ADDRESS OF	F PERSON WH	Q COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Type	, Print)						_		
	715ACRAT		OCK WA	- 4	~ Ui		G.	MI	D 2	1049				
	31. DATE FILED (Month, Day)	Year)		R'S SIGNATURE										
1	MAY 03	1003		n a signature	ساليان									
			K./	. 1	and the second									





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DIVISION OF VITAL RECORDS, P.O. BOX 68760	
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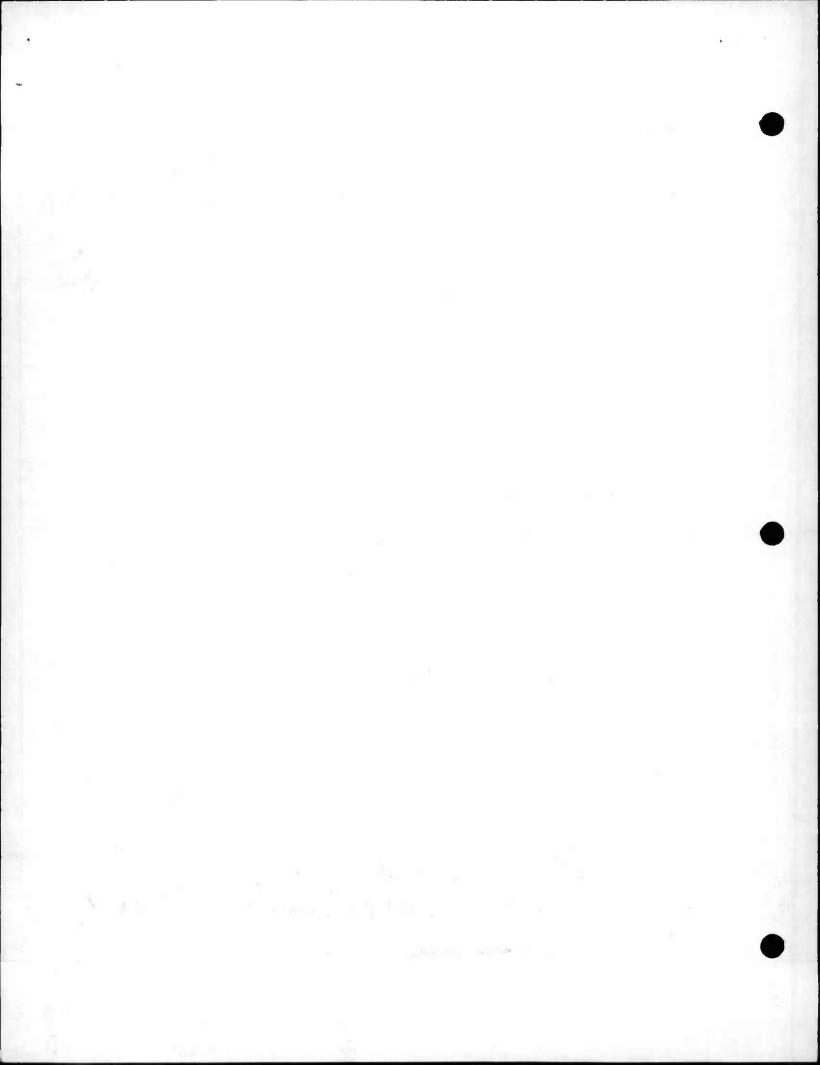
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.

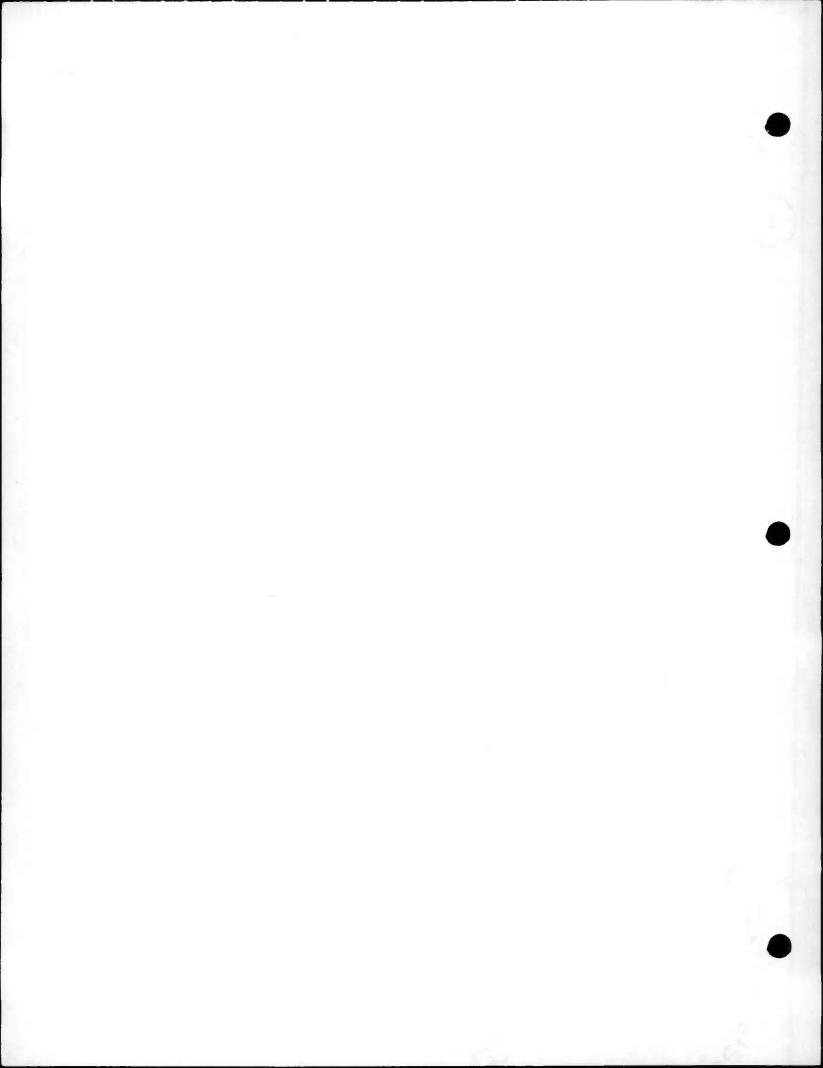
	500								93	3 12770		
	1 - FOR STATE REGISTRAR	STATE OF M			RTMENT OF ICATE OF			MENTAL HYGIEN REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Last,	Claude	U	014	e, Jr			2. DATE OF DEATH DATE OF	YEAR 3. TIME OF DEATH A			
	4. SOCIAL SECURITY NUMBER 218-76-0378	6. AGE (In yrs. las		IF UNDER 1 YEAR MONTHS DAYS	IF UNDI	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)			
1	9a. FACILITY NAME (If not institution, give	65	YRS.	9b. CITY, TOWN	OR LOCAL	TION OF DE	4/16/2	7	PA INTY OF DEATH			
DIRECTOR	Fallston Gr	ρ.		Fall	sto	n		H	artord			
REC	10a. STATE 10b. COUN		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY				
	Maryland 100. STREET AND NUMBER	Harford		L		Air	200		L.	1 TYES 2 NO		
FUNERAL	312 E. Bel	crest Road	1			S.A.						
N. N.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT FORCES? 1	EVER IN U.S. AR	IMEO	13. WAS DE	CENDENT	OF HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.		
₽	3 Widowed 4 Divorced	IF YES, GIVE W	R OR DATES		1 🗆 Y6	S 2 🔀 NO	Specify	c		Specify: White		
00	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. OE	CEOENT'S	USUAL OCCUPAT	TON 20st of word	ring	16b. KINO OF BUS	SINESS/INC			
1	Elementary/Secondary (0-12)	College (1-4 or 5 +)		. Do NOT u	se retired.)							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				Never W			ME (First, Middle, Meiden	Sumamal			
BE C	C. Anthony Wo	olfe						arine Cov	,			
6	19a. INFORMANT'S NAME (Type/Print) Mrs. Lola Rich							Route Number, City or Tow		o Code)		
			_		. Belcr		Road	BelAir,		21014		
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from Stata	cemetery, cre	matory or o	ther place)					City or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Stephen 1	Stephan In Gank Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133										
	23. PART I. Enter the disesses, or shock, or heart failure.	complications that List only one caus	caused the de	ath. Do i	not enter the m	ode of d	ying, suci	n se cardiac or reapi	ratory an	reat, Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition Onset and Death											
	DUE TO (OR AS A CONDEQUENCE OF)											
NO O	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING											
TE	CAUSE (Disease or Injury that Initiated events resulting in death) LAST											
EH CH	d											
SAL	PART II. Other significant conditions contributing to death but not resulting to the underlying cause given in Part i. 24s. WAS AN AUTOPSY PROPORTION TO ANALABLE PRIOR TO											
EDICA	1 VES 2 NO OF DEATH?											
ž								_		1 TES 2 NO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. (LACE OF	OEATH (Che	ick only one)				
IS A	1 YES 2 NO	1 Inpetient 2 I		DOA 28b, TIM	4 - Nursing Ho		lesidence	8 Other (Specify)				
BY PI	1 Defurei 5 Pending	(Month, Day		INJ	URY W	JURY AT ORK? YES 2	□ NO	28d. DEŞCRIBE HOW II	NJURY OC	CUREO		
	3 Suicide 8 Could not be	28e. PLACE OF building, e	INJURY — Al ho tc. (Specify)	me, 1erm,	street, factory, off	ce		281. LOCATION (Street a City or Town, State)	and Number	or Rural Route Number,		
E	4 Homicide detarmined											
COMPL	(Check only							to the cause(s) and man lime, date and place, an		led. ne cause(s) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF DESTREE	Na	· WH	T-o	Ly	29c./£16	SHISE NUM	2444 1	29d, DAT	E SIGNEO (Month, Day, Year)		
2	SO, NAME AND ADDRESS OF THE SOUTH	E M	OF DEATH (ITE	M 27) (hpo	Frel	ai	, L	d. In	Us	Ja MD21047		
	MAY 0 2 1993	32. REGISTRAR	'S SIGNATURE									
1 1		7. E' F	10 A									





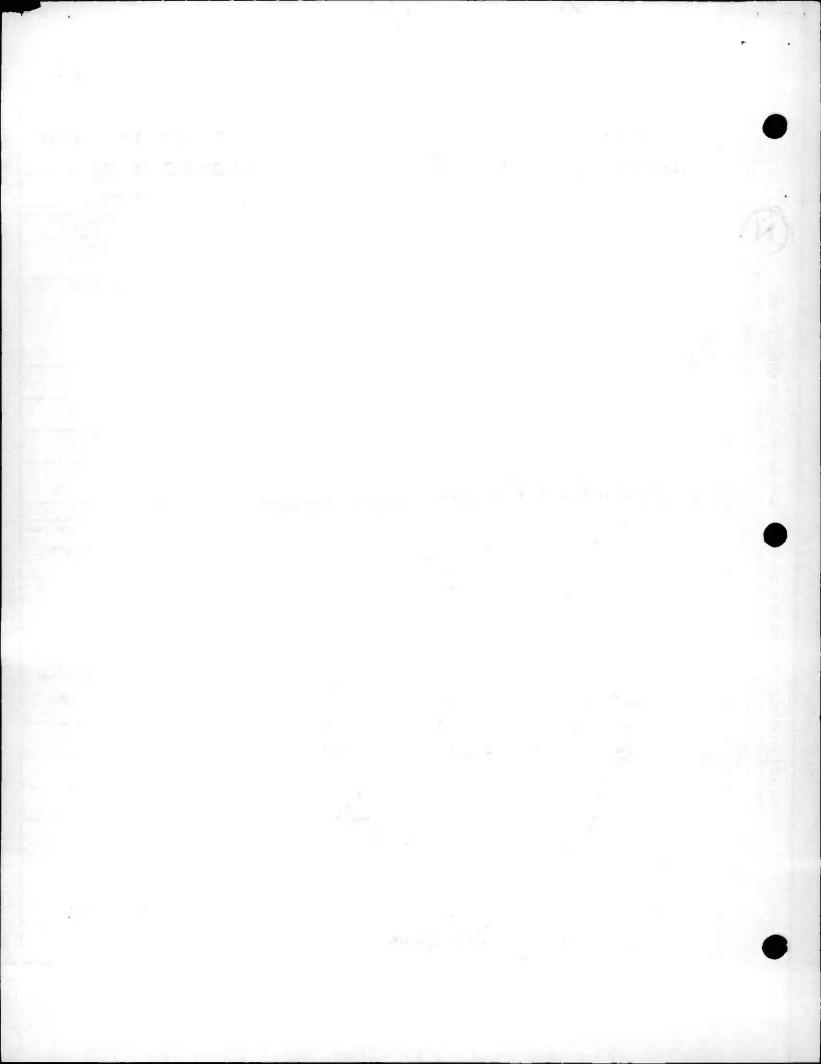
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-tran or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN		
- }	1. OECEDENT'S NAME (First, Middle, Last)		OZ.III II	AIL OF BEATT	2. DATE OF DEATH		3. TIME OF DEATH
	Sophie M. Walsh				04/30/93	Y YEAI	M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH	8. Bit	TTHPLACE (State or Foreign
	087-10-4589	1 M 2 X F	80 YRS.	ONTHS DAYS HOURS MIN.	11/24/12	Ne	w Jersey
œ	9e. FACILITY NAME (If not institution, give si			b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY O	
BY FUNERAL DIRECTOR	Franklin Square H	lospital		Rosedale		Baltir	nore
ñ.	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY
ᅙ	Maryland Balt	timore	Ros	sedale			LIMITS? 1 YES 2V NO
¥				10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
ÿ	20 King Richard (21237		USA	
5	11. MARITAL STATUS 1 Nover Married 2 Merried	12. WAS DECEOENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	U.S. ARMED	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mex	ican, Puerto Rican, etc.)	or No- 14. R/B	ACE — Americen Indian, eck, White, etc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES 2 NO Spe	city:	S¢	wolly: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEOENT'S US	UAL OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY	,
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use i	k done during most of working etired.)			
₽	12		Account	ant	R	etail	
	17. FATHER'S NAME (First, Middle, Last) Charles Beinert				NAME (First, Middle, Meiden		
BE	19a. INFORMANT'S NAME (Type/Print)				hine Living		
2	Josephine M. Brue	o++o		Dichard Conne			3 04 000
	20e. METHOD OF DISPOSITION	206		Richard Cour		, Maryla	
	1 X Buriel 2 Cremation 3 Remo						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	orranne Pa	rk Cemetery () 22. NAME AND ADDRESS OF	FACILITY Ambroas	dlawn, l	Maryland
	10	A	2.	1328 Sulphur	Spring Rd.	Arhutus	HOME, INC.
	23. PART J. Enter the diseases, or c	omplications that cause	the death. Do not				
	shock, or heart fallure. [Liat only one cause on e	ach line.	ones are mode of dying, se	or respi	ratory arreat,	Approximata interval Between
		CARDIAC	DOOLIN.	THMIA			Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	FILM			IMMEDIATE
Z	Sequentially list conditions,	ı					
₩	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
S.	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST						i
	DART II Oshor clastificant and dis-						
₹ I	PART ii. Other significant conditions	s contributing to death be	ut not reaulting in t	he underlying cause given i	n Part I. 24s. WAS AN A PERFOR	AUTOPSY 2 MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă					1 _ YES 2	Nio	COMPLETION OF CAUSE DF OEATH?
2							1 - YES 2 - NO
AN:	25. WAS CASE REFERRED TO MEDICAL			26 BLACE OF DEATH	2		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ▼ NO	HOSPITAL:		26. PLACE OF DEATH (6		L	
HYSICIAN:	EXAMINER?	1 Inpetient 2 ER/Outp	atlent 3 DOA 4	THER: Nursing Home 5 Residence F 28c, INJURY AT		JURY OCCURED	
IY PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 KER/Outp	ntlent 3 DOA 4	THER: Nursing Home 5 Residence F 28c, INJURY AT	8 Other (Specify)	JURY OCCURED	
à	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be	1 Inpatient 2 KER/Outp 28e. OATE OF INJURY (Month, Dey, Year) 26e. PLACE OF INJURY	28b. TIME O	THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	8 Other (Specify) 28d. OESCRIBE HOW IN 28f. LOCATION (Street e.		I Floute Number,
à	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 X ER/Outp 28e. OATE OF INJURY (Month, Day, Year)	28b. TIME O	THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	8 Other (Specify) 28d. OESCRIBE HOW IN		i Route Number,
à	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFIER (Check only)	28e. OATE OF INJURY (Month, Dey, Year) 26e. PLACE OF INJURY building, etc. (Speci	28b. TIME 0 INJUR At home, Jerm, stre	THER: Nursing Home 5 Residence F F WORK? 1 YES 2 NO N, factory, office	28d. OESCRIBE HOW IN 28d. OESCRIBE HOW IN 28f. LOCATION (Street e. City or Yown, State)	nd Number or Rura	il Route Number,
B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	28e. OATE OF INJURY (Month, Dey, Year) 26e. PLACE OF INJURY building, etc. (Spec	28b. TIME 0 INJUR At home, Jerm, stre	THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. OESCRIBE HOW IN 28d. OESCRIBE HOW IN 28f. LOCATION (Street e. City or Town, State)	nd Number or Rura	0.000 - 2.10
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	28e. OATE OF INJURY (Month, Dey, Year) 26e. PLACE OF INJURY building, etc. (Spec	28b. TIME 0 INJUR At home, Jerm, stre	THER: Nursing Home 5 Residence F F WORK? M 1 YES 2 NO NI, factory, office	28d. OESCRIBE HOW IN 28d. OESCRIBE HOW IN 28f. LOCATION (Street e. City or Town, State) 4e to the cause(e) end menument time, date end place, end	nd Number or Rura ner as stated.	0.000 - 2.10
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	28e. OATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Special Control of the best of my knows at On the best of examination	attent 3 DOA 4 28b. TIME 0 INJUR At home, lerm, stre- injur adge, death occurred a end/or investigation, in	THER: Nursing Home 5 Residence Resid	28d. OESCRIBE HOW IN 28d. OESCRIBE HOW IN 28f. LOCATION (Street e. City or Town, State) 4e to the cause(e) end menument time, date end place, end	nd Number or Rura ner as stated.	e(e) end menner ee stated.
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 30. NAME AND AOORESS OF PERSON WHO	28e. OATE OF INJURY (Month. Dey, Year) 26e. PLACE OF INJURY building, etc. (Special Control of the best of my knows) 3: On the best of examination	attent 3 DOA 4 28b. TIME 0 INJUR At home, lerm, streetly edge, death occurred a end/or investigation, in the country of the	THER: Nursing Home 5 Residence F F Y 28c. INJURY AT WORK? 1 YES 2 NO NI, factory, office It the time, date end place, end do n my opinion, death occured et the	28d. OESCRIBE HOW IN 28d. OESCRIBE HOW IN 28f. LOCATION (Street a: City or Town, State) 4e to the cause(e) end menue time, date end place, end	nd Number or Rura ner as stated. I due to the ceuse 29d. DATE SIGN!	e(e) end menner ee stated.
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	28e. OATE OF INJURY (Month. Dey, Year) 26e. PLACE OF INJURY building, etc. (Special Control of the best of my knows) 3: On the best of examination	attent 3 DOA 4 28b. TIME 0 INJUR At home, Ierm, stree and/or investigation, in Attention of the course of the	THER: Nursing Home 5 Residence Resid	28d. OESCRIBE HOW IN 28d. OESCRIBE HOW IN 28f. LOCATION (Street e. City or Town, State) 4e to the cause(e) end menument time, date end place, end	nd Number or Rura ner as stated. I due to the ceuse 29d. DATE SIGN!	e(e) end menner ee stated.



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	(i	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	V	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit party. Party 2.	Define Paris	N
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.)	
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.		

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DO	av .	3. TIME OF DEATH
1	Thelma I Win	ebrenner				4		73 1105 p M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign
- 1			9 YRS.	MONTHS DAYS	HOURS MIN.	10-21-3	33 1	W. VA
	9a. FACILITY NAME (If not institution, give a	street and number)			OR LOCATION OF DE	ATH		Y OF DEATH
8	Mercy Medical	Center		Balt	imore Ci	ty		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT							
E	MD			r, town on Loc Baltim				10d. INSIDE CITY LIMITS?
1 1								1 X YES 2 NO
RA	100. STREET AND NUMBER Deato	on Home & Spe	cialty H	osp.	IOF. ZIP CODE			N OF WHAT COUNTRY?
FUNERAL	601 South C				21230			S.A.
교	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 ZNO	13. WAS D	ECENDENT OF HISPAN speci <u>fy</u> Cuban, Mexican	IC ORIGIN? (Specify Yes	or No-	RACE — American Indian, Black, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 🗆 Y	ES 2 NO Specify			Specify: White
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	IISIM OCCUPA	TION	16b. KIND OF BUS	DIALEGO (MIDI III	
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of v	vork done during .	most of working	TOB. KIND OF BUS	MESS/MDU:	SINT
3	8	College (1-4 or 5+)	Homema	aker		Own H	Iome	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16 MOTHED'S NA	ME (First, Middle, Maiden	Sumamal	
Ü	Thomas E. Spi	ker				Broadwa		
00	19a. INFORMANT'S NAME (Type/Print)		19h MAII INC	ADDRESS (Stand		Poute Number, City or Tow.		
임	Sam L. Winebre	enner				ork, PA 1		ouej
	20s. METHOD OF DISPOSITION 1 Burial 2 Z Cremation 3 Rem							by or Town State
	1 Burial 2 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	netery crematory or of	her place) XO	rktowne A	or PA29 799	γ γ	ork, PA
	21. SIGNATURE OF FUNERAL SERVICE LIC		abite eb 1	22. NAME	AND ADDRESS OF FAC	CILITY		
	-00-	T-(<		J.J.	Hartenst	ein Mortu	ary,	Inc. , PA 17349
\vdash	manus	1. Dowe	<u>~</u>					
	23. PART i. Enter the diseases, preshock, or heart feiture	complications that cause List only one ceuse on a	d the death. Do n	ot enter the n	node of dying, suct	ea cardiac or reepi	ratory arres	
	IMMEDIATE CAUSE (Final		sacri iiiie.					Intervel Between Onset and Death
	disease or condition resulting in death)	Sepsis						IWK
1	an accum,		A CONSEQUENCE OF	7:				, , ,
Z	Samueratelliku ties aan distant	b						
CERTIFICATION	Sequentially list conditiona, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7):				`
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	с						
ᄩ	that initiated events cresulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	ን:				
H H	Toolking in death, EAST	d						
	PART it. Other significant condition	e contributing to death i	out not resulting i	n the underly	ng cause given in	Part i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL	multi-info	ret dem	enta			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	diabetes	or a will	eruid			1 _ YES 2	XNO	OF DEATH?
Σ	_ cours						-	1 - YE6 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Che	ick only one)		
148	1 TYES 2 NO	1 Inpatient 2 ER/Out			ome 5 Residence			
	1 Natural 5 Pending	26s. DATE OF INJURY (Morith, Day, Year)	26b. TIM	URY	NJURY AT YORK?	28d. DEŞCRIBE HOW II	NJURY OCCU	RED
B	2 Accident Investigation	20. DI ACE OF IN ILIM	4 44 5 4 4		YES 2 NO			
₽	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	cify)	treet, factory, of	ice	26f. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
COMPLET	29a, CERTIFIER		77.					
I de	(Check only CERTIFYING PHYS	CIAN: To the best of my know						
Į į	2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigatio	n, in my opinion	death occured at the	time, data and place, an	d due to the	cause(s) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	1.1	00		29c. LICENSE NUM	BER	29d. DATE S	SIGNED (Month, Day, Year)
0 8	Kalmm	House O					D 4	-26-93
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	, ,	4 /		
	Rathryn Colby	mo me	rcy me	d Cen	ter Ba	lto M	0 21	202
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN						
	MAY 0 2 1993	green Davids	n-pandall					



31. DATE FILED MAN

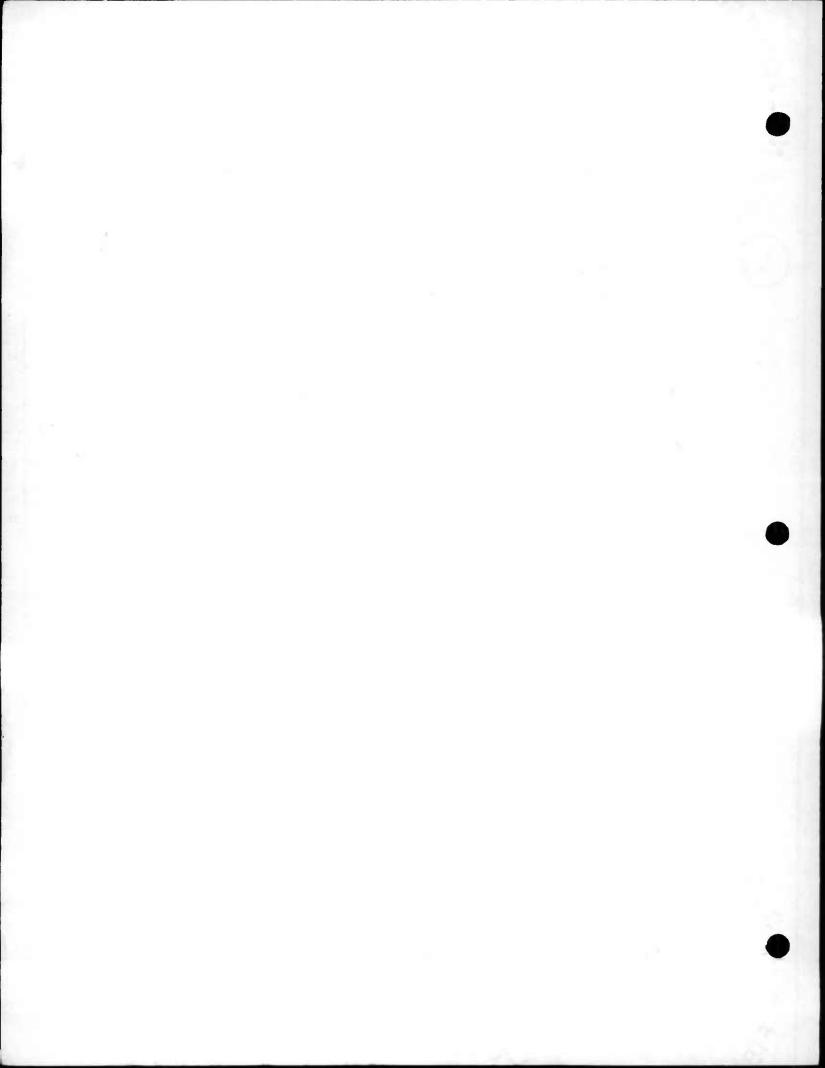
1993

32. REGISTRAR'S SIGNATURE

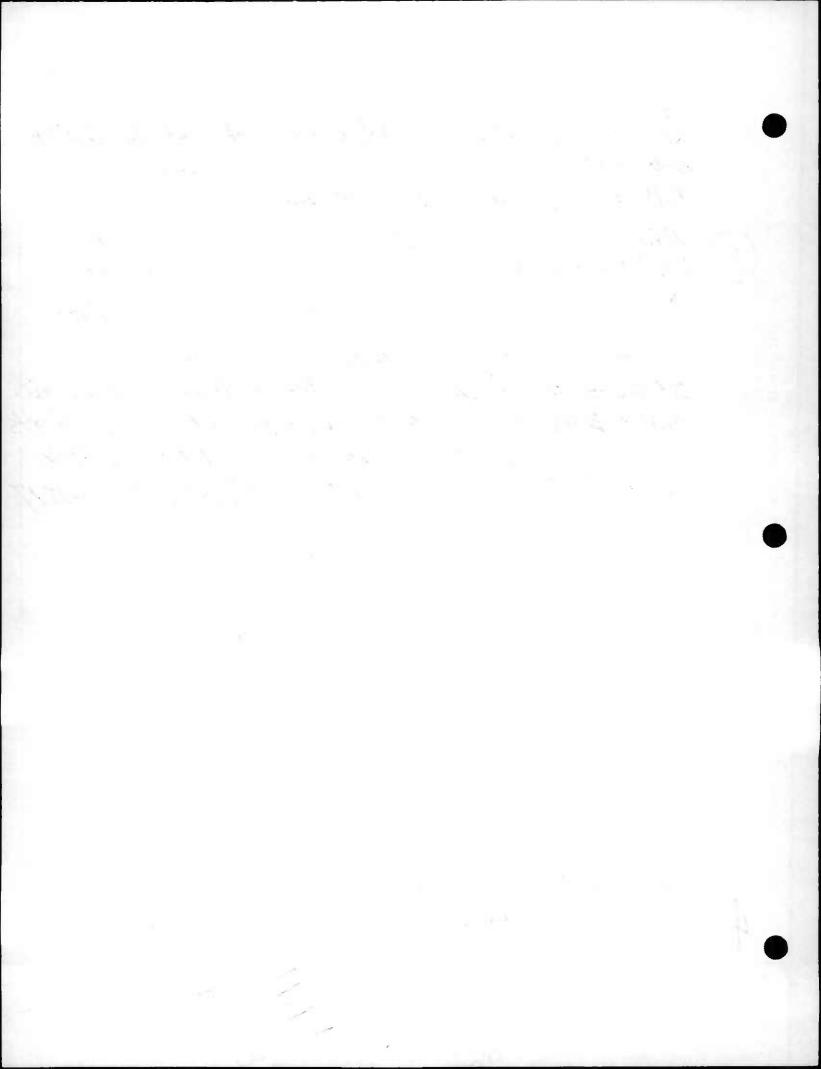
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Pages 1, 2, 3 should

	93 12773	
	1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH	-
	Elizabeth Mary Williams 155	M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 19 Country) NC	
(C)	98. FACILITY NAME (If not institution, give street and number)	_
DIRECTOR	Stella Maris Hospice Towson, Md. Baltimore	_
III.	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?	_
	Md. BAHO. 104. STREET AND NUMBER 106. STREET AND NUMBER 107. ZIP CODE 108. CITIZEN OF WHAT COUNTRY?	
FUNERAL	1902 SWAN SEA Rd. 21239 71.5	
A S	11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Indian,	_
B∕	1 Never Married Married IF YES, GIVE WAR OR DATES Widowed 4 Divorced Divorced Divorced New Married Divorced New Married New Mar	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working	_
Ē	Elementary/Secondary (0-12) College (1-4 or 5+)	
COMPL	17. FATHER'S NAME (First, Middle, Last)	_
E U	Prymas TAbran 18. MOTHER'S NAME (First, Middle, Meiden Surmame) DISTA Silver	
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	_
	KAIRINA WILLIAMS 1902 SWANSON Rd BAHO, mel 21239	2
	20s. METHOD OF DISPOSITION Burlai 2 Cremation 3 Removal from State Compation 5 Other (Specify) Constitution 5 Other (Specify)	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 10 W n Son 11 Mg	_
	BATTS FUNERAL HOME 1120 N. CARDLING ST	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of duling such as cardiac or recollections must	_
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Dea	
	disease or condition	
	DUE TO (OR AS A CONSEQUENCE OF):	
ERTIFICATION	Sequentially list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):	
S	CAUSE (Disease Dr Injury	
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST	
O	d.	_
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO	S
ED	1 VES 2 NO COMPLETION OF CAUSE OF DEATH?	
Z	1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTMED:	_
IXSI	1 VES 2 T/NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) HOSPICE	
	1 Netural 5 Pending (Month, Day, Year) Pending (Month, Day, Year)	
р ВУ	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building set (Specific)	_
ETED	4 Homicide determined City or Town, State)	
COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated.	
ő	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, deta and place, and due to the cause(s) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. D. T. 1987. T. 1	
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	_



	ŝ		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		MENTAL	HYGIENE REG. NO.	
			1. DESCRIPTION NAME (FIRST, ARGEDIC LISS)	Trasice	- The	eler	2. DATE O	PIDEATH DEPT 9	3 4.50 P
	59		2-8-70-0058	1 D M 2 D F	Tr. yes. last birthday) # smolen YPS. MONTHS	DAYS HOURS MIN.	7. DATE O	Day Your AOT	BHTHPLACE (State or Foreign Country)
,	Z, 3 should	тон	FACILITY HAME (If pot institution, give a	trobe and numbers KILINAWES	as them to	RELEASED	EATH	Se. COUNT	Y OF DEATH
		бінестон	10s. STATE 10s. COUNT	*	To II	OFFICE CO			104. INSIDE CITY UMITS?
(1	1	2525 WILLIAMS	Belaude	re Ane-	101. 200E		10g. CITIZE	1 YES 2 NO
0020 up physician		BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR O.		WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 _ YES 2 NO Specify	in, Puerto Ri		4. RACE — American Indian, Black, White, etc.
		ETED I	15. DECEDENT'S EDU (Specify only highest grade	CATION : completed)	16a. DECEDENT'S USUAL Of (Give kind of work done)	CCUPATION during most of working	16b. (OND OF BUSINESS/INDU	STRY STRY
ND 2	Detached for USE as	COMPLE	Elementary/Secondary (0-12)	College (14 or 5+)	life. Do NOT use retired :	7		NIA	
7	3 %	BE CO	17. SATHER'S NAME (First, Middle, Last)	Wheek	e	MAR	1	opel Maichan Screwnby Welgereele	Marshall
, MAR be retained	be notified	2	19e. INFORMANT'S NAME (Type/Print)	SON	4/6/	Ading I	Y K	Litth	com Hien
MORE,	must		20a. METROD OF DISPOSITION 1 Burlel 2 Committee 3 Rem 4 Donation 5 Other (Specify)	oval from State	PLACE AND DATE OF DISPOS	DELLE COM	DATE	Bulling	ty or Town, State
	D = 60		21. SIGNATURE OF FUNERAL SERVICE LIC	Larro	el 1	NAME AND ADDRESS OF FA	CILITY	AL AL	The 2101
50, within 24 hours af	cremation, or remo		23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	ach lina.	the mode of dying, such	h aa cardi	ac or respiratory arres	St, Approximate Interval Batween Onset and Death
	Hygiene prior to burla or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):				
OC 10 1	pt. of Health and Mental 3 shows any injury, o	MEDICAL CE	PART II. Other algorificant condition	a contributing to death b	ut not resulting in the un	deriying cause given in		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
_ ~ ?	2 6	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER	26. PLACE OF DEATN (C)	eck only one)		
OF VI	the the	PHYS	1 YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)		sing Nome 5 Residence 28c. INJURY AT WORK?		Specify) RIBE NOW INJURY OCCU	RED
		B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— Al home, ferm, streel, lect	1 YES 2 NO	28f. LOCAT	ION (Street and Number of	Rural Route Number
OR ATTENDING	hours after death item 28 is ma	ETED	4 Nomicide determined	building, etc. (Spec	:ny)		City or	Town, State)	
HOSPITAL O	1	COMPL	(Check only 1 CENTIFYING PHYSI	CIAN: To the best of my knowl R: On the basis of examination					i. cause(s) end menner ea stated.
물 물	be filed within 72	O BE C	296. SIGNATURE AND TITLE OF CERTIFIED	w het	1/2	29c. LICENSE NU	128	▶ 5	SIGNED (Month, Day, Year)
	.[]	É	30. NAME AND ADDRESS OF PERSON WH	OCOMPLETED CAUSE OF DE	ATH (UTEM 27) (Type, Print)	32 Betterio	nee 1	חר מות	ber .
	4		31. OATE PLEDYADARY, Day, Your 993	32. REGISTION SIGN	eru fandade	TO THE POST	11	11/2/19	



FOR STATE

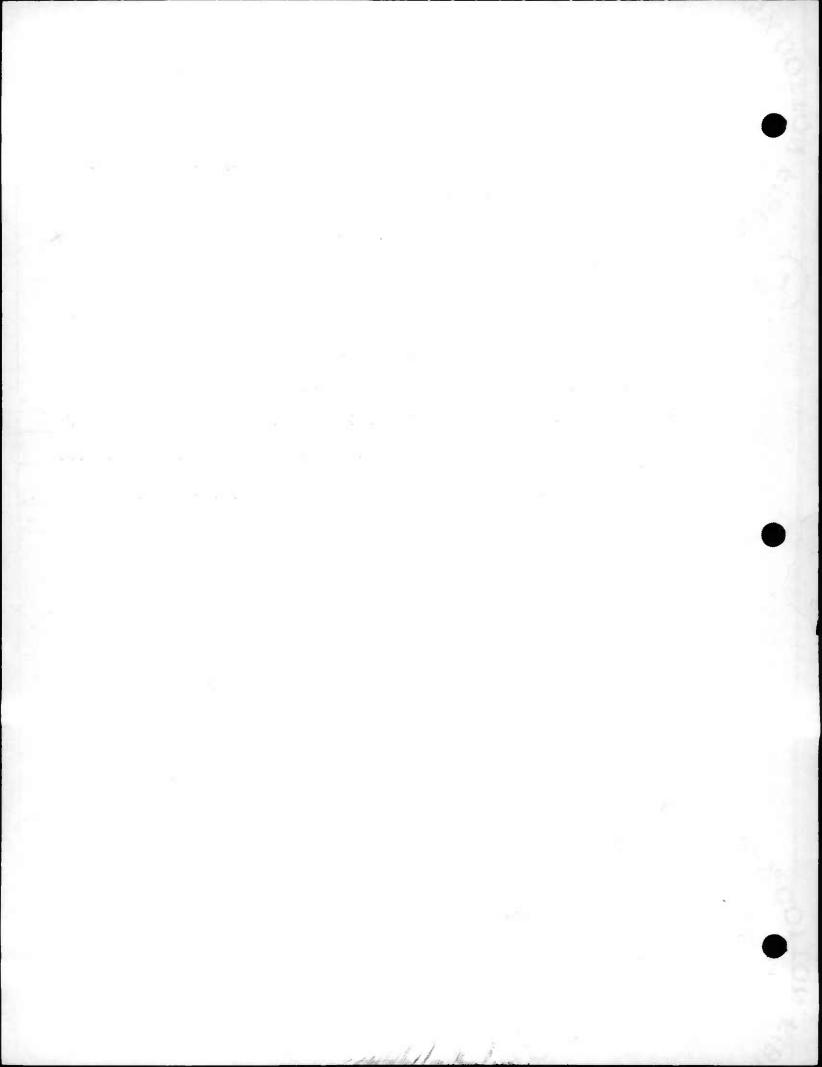
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.		
i	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH DAY	YEAR	3. TIME OF DEATH
	CHRISTOPHER			WOOTE	N	04	27	93	9:55 PM
	4. SOCIAL SECURITY NUMBER 242-31-9247	5. SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 1 - 1 4 -	Year)	8. BIRT Coun	HPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give st	treet end number)	1	96. CITY, TOWN C	R LOCATION OF DE			DUNTY OF	
DIRECTOR	WASHINGTON ADV				A PARK		M	ONTG	OMERY
E	10e. STATE 10b. COUNTY	,		TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
	MD		Mt.	Ranie					₽ .YES 2 NO
FUNERAL	2702 Allison S	St.		10f	20781		100.00	S A	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Spen, Puerto Rican,	ecify Yee or No-	14. RAC Blac	CE — Americen Indien, ck, White, etc.
D 8Y	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify			Spec	Black
	15. OECEOENT'S EOUC (Specify only highest grade	completed)	(Give kind of wor	SUAL OCCUPATION rk done during mostretired.)	on st of working	16b. KIND	OF BUSINESS/I	NDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Brick M						
S	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle,	Maiden Surneme)	
BE C	Leamon Wooten	Jr.			Pauline	e Swin	son		
5	Hamilton F.H.		423 S	DDRESS (Street a	nd Number or Rural F	Route Number, City	y or Town, State,	Zip Code)G 17 N	oldsboro, C 27530
	20e. METHOD OF DISPOSITION	206	. PLACE AND DATE OF	DISPOSITION (Na		- T	20c. LOCATION		
	4 Donation 5 Other (Specify)		etery, cramatory or other a Grange	Cemete	ry		Lenoi	r Co	., N.C.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADORESS OF FAC	CILITY			
-	Junestos	CAR							ORTH AVE.
	23. PART i. Enter the diseases, or c shock, or heart fellure. I	compileatione that caused List only one ceuse on e	the deeth. Do not sch ilne.	t enter the mo	de of dying, such	n es cerdiac o	r reepiratory	srrest,	Approximate interval Between
	iMMEDIATE CAUSE (Finsi disesse or condition	CHAR :	1) = 14:0	~ (1)	m				Onset and Death
	resulting in death)		CONSEQUENCE OF):	DF CA	1821				
Z	Sequentially list conditions,	b							
EDICAL CERTIFICATION	if eny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
FI	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
	resulting in death) LAST	1,							
C	PART II. Other significant conditions	s contributing to death b	ut not resulting in	the underlying	Cause given in	Part i. 24a.	WAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
S			•		, 3		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							YES 2 NO		OF DEATH?
PHYSICIAN: M									.X.12 1 2 10
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 17			ACE OF OEATH (Che	ick only one)			
YS	1 X YES 2 NO	1 Inpatient 2 ER/Outp		OTHER:	5 Residence	6 Other (Spec	cHy)		
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (WO!	RK?		HOW INJURY O		
B	2 Accident Investigation	04/27/93				SUBJE		ABBE	
COMPLETED	3 Suicide 6 Could not be determined	25s. PLACE OF INJURY building, etc. (Spec GIRLFRIE	effy)			281. LOCATION City of Town 8654	(Street and Numb n, State) PINE		ANCH ROAD
7 1	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	ledge, death occurred	at the time, date	end place, end due	to the ceuse(e) a	and menner ee s	tated.	
S S		R: On the basis of exemination							a) end menner as stated.
BEC	286. SIGNATURE AND TITLE OF CERTIFIER	Ma C	1		29c, LICENSE NUM	BER	29d. Di	ATE SIGNED	O (Month, Day, Year)
10 B	James &	DOU TL	N		O.C.M.	Ε.	•	04/	28/93
F	MARIO F. GOLD	4 - 1/0			t, Balt	imore	. Mars	vlan	d 21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE						
М	MIN 3 1222		Machael						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral directive page 5 should be deathed by use as the border permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0

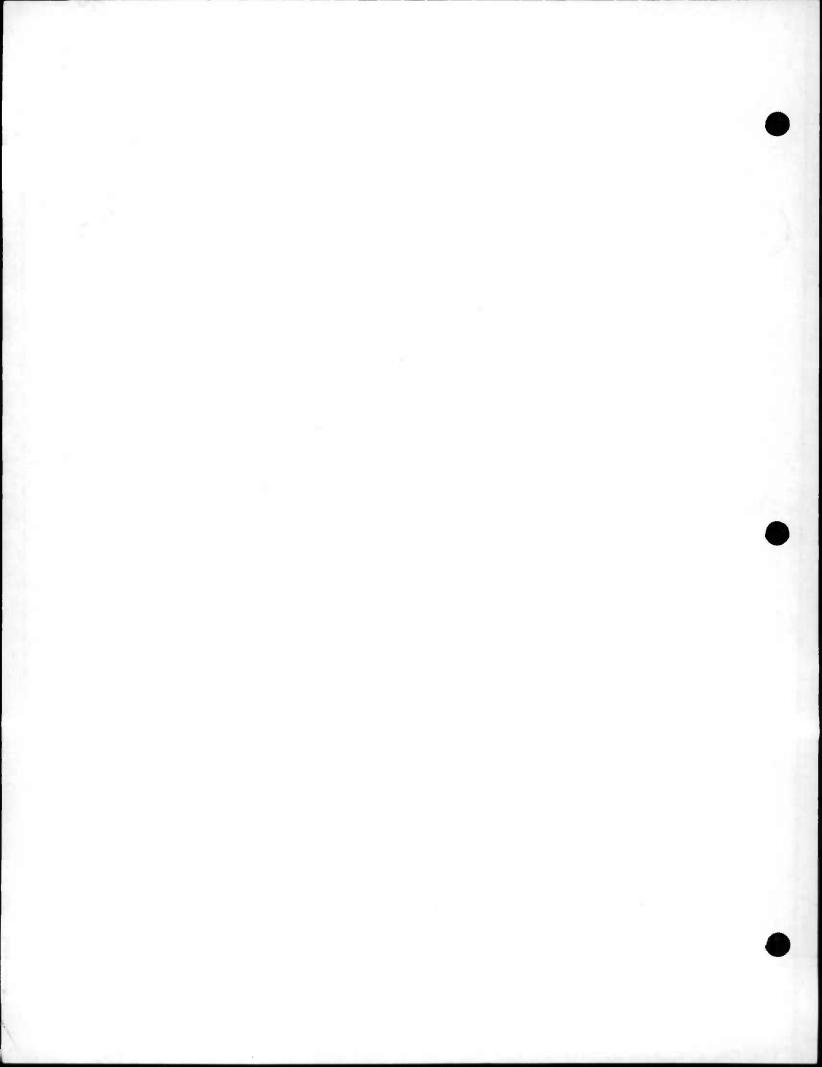


BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit removal.	edical examiner must be notitled at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARY	LAND / DE	PARTMI FIFICA	ENT OF H	EALTH AND	MENTA	L HYGIE			
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH
Sok Yi N	leo .					5 MONT	н		93	10:05 %. M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birth		NDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		BIRTH	PLACE (State or Foreign
218-92-4024	1 M 2 K F	77 Y	RS. MONT	HB DAYS	HOURS MIN.		h. Day, Year) /4/15		Counti	orea
9a. FACILITY NAME (If not institution, give str	reet and number)		9b. (CITY, TOWN (OR LOCATION OF D		/ 1/ 13	9c. COUNT		
Greater Balto. Med	dical Cente	r		TOTAL	son			D	alt	
RESIDENCE OF DECEDENT								1 1	arc	0.
10s. STATE 10b. COUNTY		100	. CITY, TOV	WN OR LOCAT	TON					10d. INSIDE CITY LIMITS?
	Balto.		Tin	nonium						1 YES 2 300
10e. STREET AND NUMBER				101	ZIP CODE			10g. CITIZE	N OF V	HAT COUNTRY?
2418 Burlwood I	Rđ.				21093	3		K	ore	a
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED		13. WAS DEC	ENDENT OF HISPA	NIC ORIGI	17 (Specify Y	en or No- 1	4. RACE	— American Indian, , Whita, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		i	1 TES	2 NO Special	nn, Puerto fy:	HICEN, elc.)		Speci	
									•	Oriental
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give kin	d of work de	L OCCUPATIO	ON st of working	16b	. KIND OF B	USINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ine. Do N	OT use retin	ed.)		- 1				
Unknown		l Ho	omema	ker			Own	Home		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Maide	n Surname)		
Unknow	m				Un	know	2			
19e. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDR	RESS (Street e	nd Number or Rural	Route Num	ber, City or To	wn, State, Zip C	lode)	
Bong Park		97	7.00	Red C	lover Ct		21.23	34		
20a. METHOD OF DISPOSITION 1 💢 ★uriel 2 🗆 Cremation 3 🗆 Remo		0b. PLACE AND D	ATE OF DIS	POSITION (Ne		DAT	E 20c, L	OCATION — CI	ty or To	wn, State
4 Donation 5 ther (Specify)		emeter), cremator		eterv	5	18/9	3 172	ae G11 (i to	. Korea
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /				D ADDRESS OF FA			ork Rd		
- /x ald C	1.6.1.1.1			December 1	Tarres					.204
22 PART Street the diseases as a	Kugur of	1			lowson F					
23. PART I. Enter the diseases, or co shock, or heert failure. L	ist only one cause on	ed the deeth.	Do not er	nter the mo	de of dyling, aud	h as cere	liac or res	piratory arres	nt,	Approximate Interval Between
IMMEDIATE CAUSE (Finel	75.00	0		-						Opent and Dooth
disease or condition resulting in death)		ine	mo	N in						
	DUE TO (OR A	CONSEQUENCE	CE OF):	-						
Sequentially list conditions,		SRANS	stem	- Ce	re BRO 1	14300	LAR	Acc	1 de	.57
If any, leading to immediate	DUE TO (OR AS	A CONSEQUENC	CE OF):							
CAUSE (Disease or Injury C.										
that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENC	CE OF):							
d.										
PART II. Other significant conditions	contributing to death	but not result	ine in the	undarlular	anuna abisa ta	Post I			T	
	to dead	Dat not result	ing in the	diaeriying	cause given in	Part I.	24a, WAS A	NAUTOPSY PRMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
						- 1	1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH?
						l				1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (Ch	eck only on	e)			
	1 Sepatient 2 ER/O	rtpatient 3 🗆 DC		IER: Nursing Home	5 - Realdenca	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year		TIME OF	28c. INJI	JRY AT	28d. DES	CRIBE HOW	INJURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigation	(1.5.1.1)		N		ES 2 NO					
3 Suicide 8 Could not be	28e. PLACE OF INJUI building, atc. (Sc	RY — Al home, la	rm, street,	factory, office		281. LOC	ATION (Street	and Number or	Rural R	oute Number,
	ponding, are, rop	осну)				City	or Town, State)		
4 Homicide determined										
4 Homicide determined	IAN: To the best of my kny	wiedes desth or	oursed at th	ha time date	and stone and district					
4 Homicide determined 29e. CERTIFIER (Check only)	IAN: To the best of my kno									
29e. CERTIFIER (Check only one) 29 MEDICAL EXAMINER	IAN: To the beat of my kno									and menner as stated.
4 Homicide determined 29e. CERTIFIER (Check only)					ath occured at the	time, dete	end place, e	nd due to the o	Ceuse(1)	and menner as stated. (Month, Day, Year)
4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examinat	ion and/or investi	gation, in n		ath occured at the	time, dete	end place, e	nd due to the o	Ceuse(1)	
29e. CERTIFIER (Check only one) 29 MEDICAL EXAMINER	On the basis of examinat	ion and/or investi	gation, in n	ny opinien, de	ath occured at the	time, dete	end place, e	nd due to the o	Ceuse(1)	
290. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PURSON WHO Anthony Serafis	On the basic of examinat	ion and/or investi	gation, in n	ny opinien, de	29c. LICENSE NUI	time, dete	end place, e	29d. DATE S	BIGNED	
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TUYLE OF CERTIFIER 30. NAME AND ADDRESS OF PURSON WHO	On the basic of examinat	DEATH (ITEM 27) (gation, in n	ny opinien, de	29c. LICENSE NUI	time, dete	end place, e	29d. DATE S	BIGNED	



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BALTIMORE, MARYLAND 21215-00	the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pi	the attending physician and completely filled in by the funeral diseases it character to detected for use or the tr
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DS, P.O. BOX 68760,	eat	atte
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	5	÷

	1 - STATE REGISTRAR	STATE OF MARYL	CERTIFIC				EG. NO.	-	
	1. DECEDENT'S NAME (First, Middle, Last)	J	OHN NELSO	ANNE	NII	2. DATE OF MONTH	DEATH DAY	1993 YEAR	3. TIME OF DEATH 10:56 A
	4. SOCIAL SECURITY NUMBER 212-18-8036	1 🔀 M 2 🗆 F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF E (Month, Da Sept.	y. Year)	Coun	NPLACE (State or Foreign try) Ltimore, MD
CTOR	9a. FACILITY NAME (If not institution, give Union Memorial		9		on Location of D imore Cit	EATH		9c. COUNTY OF	
DIRECT	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Maryland	Υ	Balti	OWN OR LOCA	ATION				10d. INSIDE CITY LIMITS?
JAL	100. STREET AND NUMBER 511 Chestnut Hil	1 Avenue			01. ZIP COOE 21218			10g. CITIZEN OF U . S .	1 XYES 2 □ NO WHAT COUNTRY? A.
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENTY VER IN FORCES? 1 TY YES IF YES, GIVE WAR OR DO WWW II	V U.S. ARMED 2 NO ATES	If yes, s	CENDENT OF NISPA pecify Cuben, Maxico S 2 NO Specifi	an, Puerto Ricar	pecify Yea n, atc.)	or No — 14. RAC Blac Spec	CE — American Indian, ck, White, etc. city: White
PLETED	15. DECEDENT'S EDU. (Specify only highest grade Elementary/Secondary (0-12) 12 years	CATION	18e. DECEDENT'S US (Give kind of worth life. Do NOT use in Inspecto	done during m tired.)	ION ost of working			INESS/INDUSTRY Electri	
BE COMP	17. FATNER'S NAME (First, Middle, Lest) John Henry Annen				18. MOTNER'S NA		,	Surname)	
TO BI	19a. INFORMANT'S NAME (Type/Print) Cheryl Kempler (State, Zip Code) MD 21208	3						
	20e, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	coval from Stata Cem	PLACEAND DATE OF DETERMINED PLACE AND DATE OF DETERMINED PLACE AND DETER	nlace)		5/6		ATION — City or T	•
	Thomas Jose	sigh book		Mitch	no ADDRESS OF FA nell-Wied York Roa	cium lefeld	Home	Inc.	
	23. PART I. Enter the diseases, or ehock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARDIO G OUE TO (OR AS A	CONSEQUENCE OF):	tock					Approximate Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	· Prostten	CONSEQUENCE OF): CONSEQUENCE OF):	c VA	STEVOS	ano			4 WKS
: MEDICAL C	PART II. Other algorificant condition COLONIC DIVERSION HYPORONSION	e contributing to deeth b	ut not resulting in t	-	Button	10-	YES 2	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOPFITAL:		THER:	LACE OF DEATH (Ch		Car.		
ВУ РНУ	27. MANNEP OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	28c. IN.	JURY AT ORK? YES 2 NO			JURY OCCURED	
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, streetfy)	t, factory, offic	ce	281. LOCATIO City or To		nd Number or Rural	Route Number,
COMPLETED		CIAN: To the best of my knowler: On the bests of examination							a) and manner as stated.
TO BE CON	296. SIGNATURE AND TITLE OF CERTIFIE	m. m.k.			29c. LICENSE NUI	MBER		≥ 5/2	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WIN GOOGLE W. MOG 31. DATE FILED (Month, Day, Year)	LAN, M.D.	UNION M		in Hosi	PITAL	BA	ctiment,	MD 21218
	MAY 0 4 199	32. AGGISTRARIO SIGN.	lon-Nandalla						

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).				
i	1. DECEDENT'S NAME (First, Middle, Lest) BEULAH MAE BAILEY 2. DATE OF DEATH MONTH DAY OF BAILEY 3. TIME OF DEATH MONTH DAY OF BAILEY										
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8	. BIRTHPLACE (State or Fore			
4	229-92-3660	1 🗆 M 2 💢 F	62 YRS.	MONTHS DAYS	HOURS MIN.	1 67377793	0	West Virgin			
1	9a. FACILITY NAME (If not institution, give st			9b. CITY. TOWN	OR LOCATION OF D			Y OF DEATH			
۶	Francis Scott Key		ton		more Cit		50. 000	TO OLAM			
	RESIDENCE OF DECEDENT	medecae cen	tet	Sacra	morte cit	9					
DINECTOR	10a. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
5	Maryland Bal	timore	Dun	idalk				1 TES 2 N			
1	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
	8501 Kavanagh Rd.				21222		USA				
LONEUME	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	N U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No- 14	I. RACE — American Indian Black, White, etc.			
5	Never Married 2 Married	FORCES? 1 YES	2 XINO		pecify Cuban, Mexico S 2 NO Speci	an, Puerto Rican, etc.)					
- 4	3 Wildowed 4 Divorced		F-2					White			
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATI	ION ost of working	16b. KIND OF BU	ISINESS/INDUS	STRY			
il	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	se retired.)							
	N/A		Dependa	int							
COMPLE	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maider	Surname)				
BE	Beckley C. Bailey				Margie	Stacy					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tox	vn, State, Zip C	ode)			
2	Hassel Bailey		4			ltimore, M					
1	20a, METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Remo	20b	PLACE AND DATE	OF DISPOSITION (A	ame of	DATE 20c L	OCATION — CI	v or Town, State			
	1)(XBuriel 2 Cremation 3 Remo	oval from State	Cacu Fam	illu Cem	eteru	5/3/93 Goo	dview	, Virginia			
	21. SIGNATURE OF JUNERAL SERVICE HO	ENSEE ///		22. NAME A	ND ADDRESS OF FA	CILITY		, vicigiarda			
	b (b. A h/	FV.		Dud	a-Ruck Fi	uneral Hom	e 06 D	undalk, Inc			
-	23. PART i. Enter the diseases, or c	Kory		792	2 Wise Au	re. Baltim	ore, M	aryland 212			
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A VEN TRI C DUE TO (OR AS A DUE TO (OR AS A	ULAR F	-IBRILL		ARRES T POSTRIRO LA	TERAL				
- 1	PART II. Other significant condition	s contributing to death b	ut not resuiting	in the underlyin	ng cause given in	Part I. 24s. WAS AI	ALITOPSY	24b. WERE AUTOPSY FINI			
EDICAL	ANEMIA, ME				0.00	PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION OF CA			
	S/a PNOWAADED	CCAL PNEU	MOLLA			1 TYES	2 PNO	OF DEATH?			
Σ	21/11/01/01/0	CC-1C 1 110	PROPRIET		-	-		1 TES 2 N			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL										
5	EXAMINER?	HOSPITAL:	8.5	OTHER:	LACE OF DEATH (C)						
4	1 YES 2 NO	Inpatient 2 ER/Outp				8 Other (Specify)					
	27. MANNER OF DEATH Natural 5 Pending	(Month, Day, Year)	28b. TIM	URY W	JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCU	RED			
5	2 Accident Investigation				YES 2 NO						
	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, signify)	street, tectory, offi	Ce	28t. LOCATION (Street City or Town, State		Rural Route Number,			
	nonsee untermined										
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurre	ed at the time, dat	e end place, and due	to the cause(e) and ma	nner aa stated				
COMPL	onel sy	R: On the baels of examination									
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MRED	204 DATE 5	SIGNED (Month On Month			
4	0000		an			_	APU. DATE S	BIGNED (Month, Day, Year)			
2	30 NAME AND ADDRESS OF PERSON WHO			Print)	D73	000	20	1/43			
	PAUGO ALLIA		LS SCOTT KE	de see-	Car C	1.91.0 GA	STERN A	THE BALTO ME			
4.5	irat. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		MED	CENTER	. 4140 64	- (60)	21224			
5	A A	Julia Devido									
-1	MAY 0 4 1993	Guma Dayan	~ Handall								

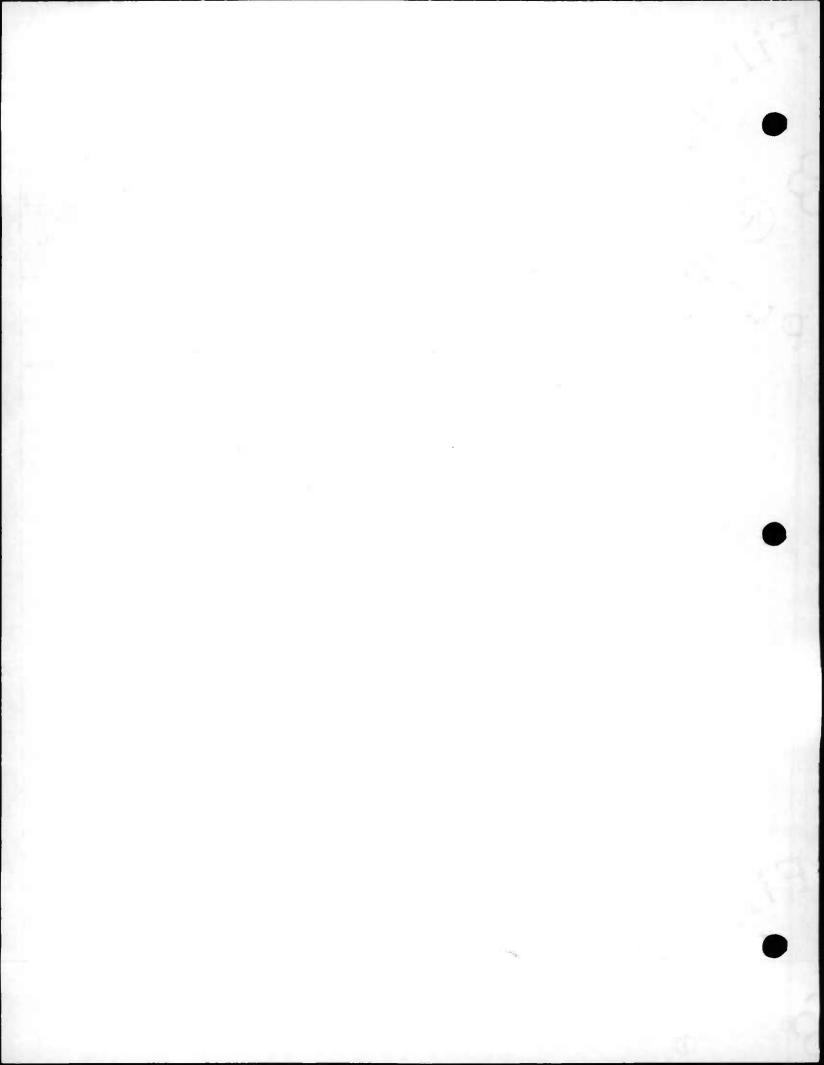
	STATE OF 1			MENT OF H		MENTAL HYGIEN REG. NO	_	1 4	113
1. DECEDENT'S NAME (First, Midd						2. DATE OF DEATH MONTH D	AY	YEAR 3. T	ME OF DEATH
Thomas A. B 218-03-8472 218-08-8472	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-31-19		Country)	7:12 A M E (State or Foreign Virginia
9a. FACILITY NAME (If not institution	y Road			9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNT	y of DEATH	
	county Baltimore			TOWN OR LOCAT	ON				INSIDE CITY LIMITS? YES 2 XNO
100. STREET AND NUMBER 6730 Woodle	y Road				21P CODE 1222		USA	N OF WHAT	
3 ☑ Widowed 4 □ Divorced	FORCES? 1	NT EVER IN U.S. ARN I XYES 2 NO MAR OR DATES	WED O	If yes, spe	ENDENT OF HISPAN city Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)		RACE - A Black, Whi Specify: White	merican Indian, te, etc.
(Specify only high Elementary/Secondary (0-12)	r's EDUCATION st grade completed) College (1-4 or 5	+) (Giv	ve kind of wo Do NOT use	ISUAL OCCUPATION of done during most retired.)	N t of working	Bethle	SINESS/INDU	STRY	
Frederick	Blo	sser		OTVET	18. MOTHER'S NAM	ME (First, Middle, Maiden	_		
198. INFORMANT'S NAME (Type/P) Brenda Kell 208. METHOD OF DISPOSITION		5	35 C	rest P	ark Dr.	Route Number, City or Tow Glen Bu			21061
1 Burial & Cemation 3 4 Donation 5 Other (Spec	WICE LICENSEE	Hillit	natory or oth	22. NAME AN Duda- 7922	Corp. DADDRESS OF FAMILY RUCK FU Wise Av	5/3/93 1 uneral Ho ve. Dunda	ome o	n, Ma f Dur MD 21	ryland
23. PART I. Enter the description of the state of the sta	millire. List only one cal	nt caused the desuse on each line. inson's (CASCONIA CONSECTIONS)		ot enter the mod	le of dying, such	h as cardiac or respi	ratory arres	it,	Approximate Interval Between Onset and Death 48yrs
Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEO							
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d								
CAUSE (Disease or injury that initiated events resulting in death) LAST	dnditions contributing to	death but not re	esulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOR	MED?	AWAIL COMI OF D	AUTOPSY FINDINGS ABLE PRIOR TO PLETION DF CAUSE EATH? YES 2 \(\) NO
DADT 11 DA 1 111 .	d	death but not re		26. PL	NCE OF DEATH (Che	PERFOR	MED?	AWAIL COMI OF D	ABLE PRIOR TO PLETION DF CAUSE EATH?
25. WAS CASE REFERRED TO MEI EXAMINER? VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendi 2 Accident Invest	d	ER/Outpatient 3 (FINJURY — At hom OF INJURY — At hom	DOA 28b. TIME INJU	26. PL OTHER: 4 Nursing Home OF 28c. INJU WO 1 Y	ACE OF DEATH (Che	PERFOR 1 YES 2 Dick only one) 6 Other (Specify) 28d, DESCRIBE HOW II	NJURY OCCU	AWAIL COMI	ABLE PRIOR TO "LETION OF CAUSE EATH? YES 2 NO
PART II. Other significant of Chronic Lympho 25. WAS CASE REFERRED TO MEI EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pendi 2 Accident Invest 3 Suicide 6 Could detar 29a. CERTIFIER (Check only)	ical Hospital: I Inpatient 2 Ses Date Of (Month, Coulding, Inpatient 2 Call Ca	DE INJURY — At home etc. (Specify)	DOA 28b. TIME INJU	26. PL OTHER: 4 Nursing Home OF 28c. INJI WOI 1 Y reet, factory, office	S DEATH (Che 5 Sesidence 18 Y AT 18 Y AT 18 Y AT 18 Y AT 18 Y AT 18 Y AT 18 Y AT 19	PERFOR 1 YES 2 1 YES 2 Other (Specify) 28d, DE\$CRIBE HOW is City or Town, State)	NJURY OCCU	AMAL COMMON OF DISTRIBUTION OF	ABLE PRIOR TO PLETION DF CAUSE EATH? YES 2 \(\sum \) NO

D. 10 N. Greene St, Baltimore, MD 21201
32. REGISTRARY SIGNATURE

Dorothy A.

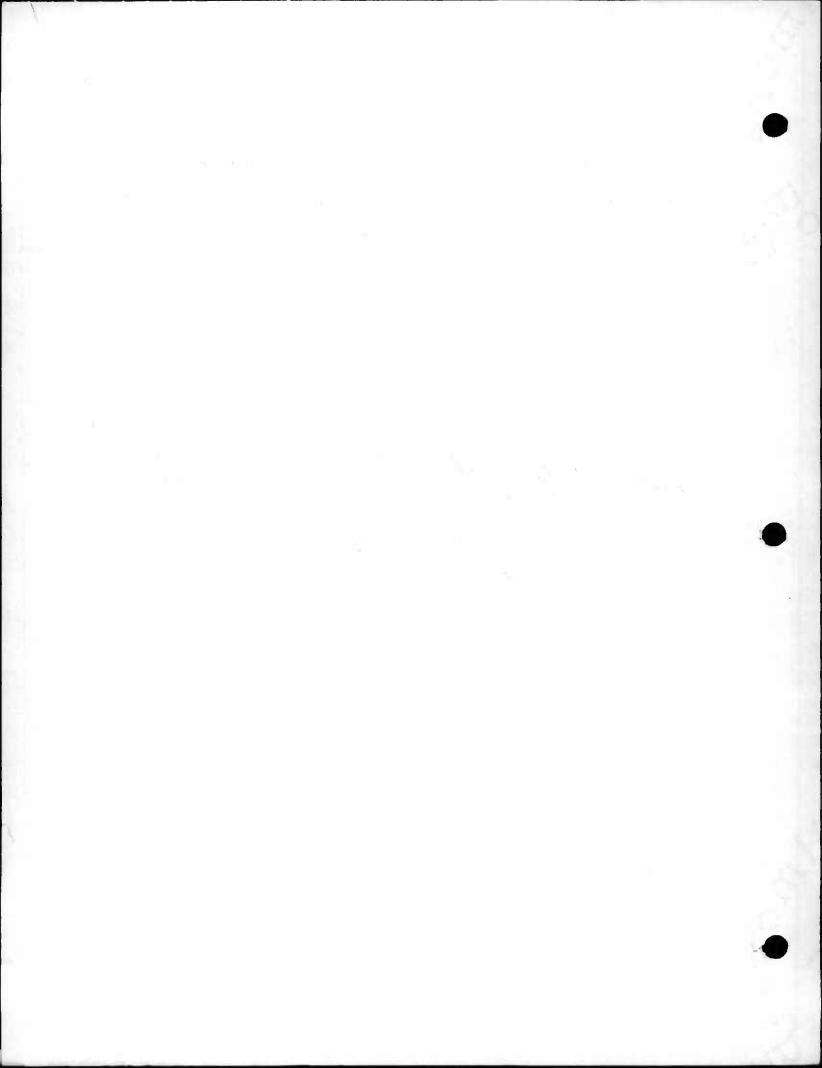
31. DATE FILED (Month, Day, Year)
MAY 0 4 1993

Snow, M.D.



9	(Į	1
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-tram, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

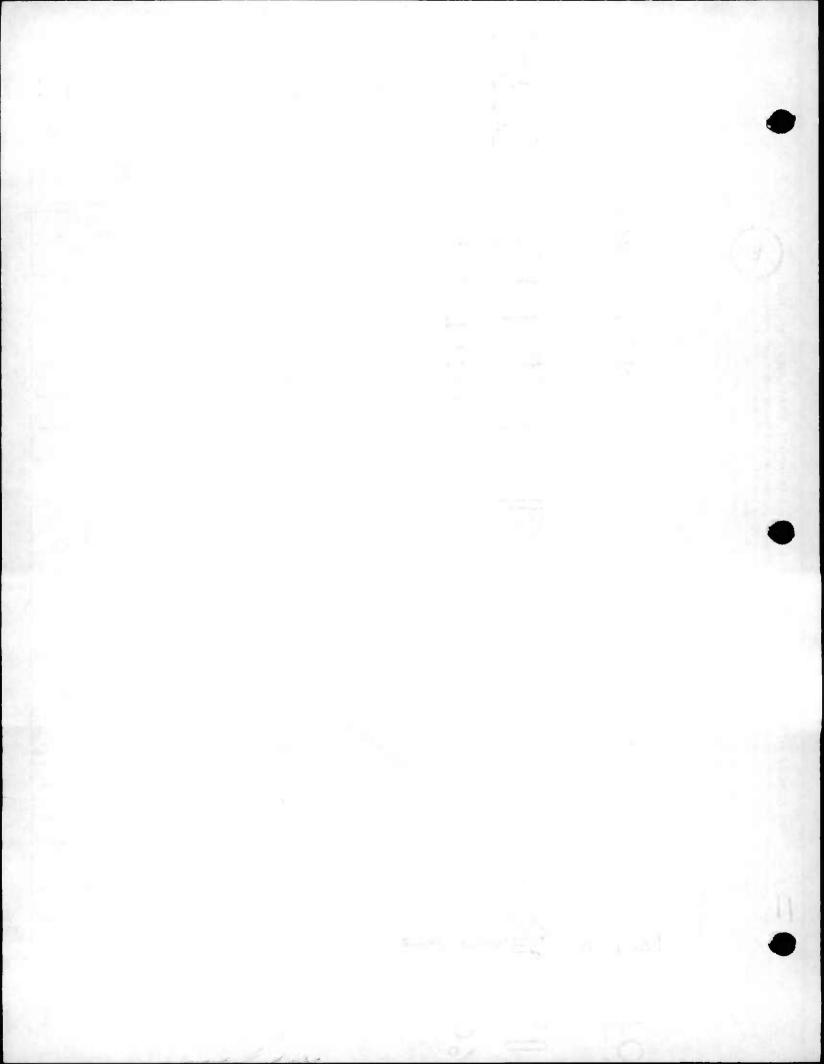
	1. DECEDENT'S NAME (First, Middle, Last)								2. D.	ATE OF DEAT	H	YEAR	3. TIME OF DEATH
			AKER						04			93	8:15PM M
			AGE (In yrs. lest		IF UNDER	1 YEAR DAYS	IF UNDER	MIN.		TE OF BIRTH		6. BIRTI	HPLACE (State or Foreign
- 1	213 40 0030	1 M 2 A F	92	YRS,		UH (noona	100		/18/			aryland
œ	9a. FACILITY NAME (If not institution, give stre				9b. CITY,	TOWN (OR LOCATION	ON OF O	EATH		9c. CO	UNTY OF C	DEATH
DIRECTOR	G.B.M.C.,6701 N	CHARLE	S STR	EET		TOW	SON				BA	LTIM	ORE
EC	10a. STATE 10b. COUNTY			10c. CITY	TOWN O	R LOCAT	TION					_	10d. INSIDE CITY
뜸	MARYLAND BALT	IMORE			LTI1								LIMITS?
	10e. STREET AND NUMBER			211.	0111	_	. ZIP CODI				10a CI	TIZEN OF N	1 YES 2 NO
FUNERAL	800 SOUTHERLY R	OAD					212				log. ci	TILLIT OF	WILL COOKINT?
S		12. WAS DECEDENT E	VER IN U.S. ARI	4E0	13. V	WAS DEC			NIC OR	IGIN? (Specify	Yee or No-	14 BAC	E — American Indian,
	1 Never Merried 2 Married	FORCES? 1 [0	1 1	i yes, sp	2 X XNO	n, Mexica	an, Pua	rto Rican, atc.)	Spec	k, White, etc.
BY	Widowed 4 Divorced						V-1/	Oppool.	.,.			Spec	""White
	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	16a. DEC	EOENT'S L	JSUAL OC	CUPATIO	ON st of workin	20		16b. KINO OF	BUSINESS/IN	OUSTRY	
COMPLETED		College (1-4 or 5+)	lite.						1		1 / A		
N N	12		- 1	HOM	emak	er					N/A		
	17. FATHER'S NAME (First, Middle, Last)	am Minau								st, Middle, Mai	den Surneme)		
BE	Benjamin Willi	alli Millior						lanc					
2	DUNCTON N. COM										Town, State, Z		
	Burton N. Cox							d Ba		more,	Maryl	and 2	21212
	20s METHOD OF DISPOSITION NA Burley 2 Cremetion 3 Planton	ni from Stape	206. PLACEA			TION /Na	me of		5/	ATE 20c	LOCATION -	- City or To	Manay I and
	4 Događon 5 Other (Specify)	A A	Truit	J KIU					(*				Maryland
- 1	Nonnes XIVER	Rena	RE		22. NAME AND ADDRESS OF FACILITY Wiedefeld Home								
	Dennis STephen	Xenakis	MC	0640	65	00	York	Roa	d B	altimo	ore, M	aryla	and 212 ₁₂
	23. PART i. Enter the diseases, or cor ahock, or heart failure. Lis	mplications that ca	nused the dec	th. Do no	ot enter	the mo	de of dyl	ng, suc	h as c	ardiec or re	spiratory as	rrest,	Approximate
	IMMEDIATE CAUSE (Final	st only one cease	Oli each line.										Onset and Death
	disease or condition resulting in death) RESPIRATORY FAILURE												
- 1	DUE TO (OR AS A CONSEQUENCE OF):												
- 1		202 10 (01)	- NO N CONSEC	UENCE OF)	:								
z	Consentially list and distance b.		MONIA	UENCE UF)	:								
TION	Sequentially list conditions, if any, leeding to immediate	PNEU						_					
CATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	PNEU DUE TO (OR	MONIA AS A CONSECU	UENCE OF)									
TIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	PNEU DUE TO (OR	MONIA	UENCE OF)									
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	PNEU DUE TO (OR	MONIA AS A CONSECU	UENCE OF)									
	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	PNEU	MONIA AS A CONSEO	UENCE OF)	:	lerlying.	j cause g	jiven in	Part I	. 24a. WAS	AN AUTOPSY	24b.	. WERE AUTOPSY FINDINGS
ICAL CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	PNEU	MONIA AS A CONSEO	UENCE OF)	:	derlying	cause g	given in	Part I	24a. WAS	FORMED?	24b.	AVAILABLE PRIOR TO COMPLETION DF CAUSE
	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	PNEU	MONIA AS A CONSEO	UENCE OF)	:	derlying	cause g	given in	Part I	24a. WAS		24b	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eigniticent conditions Cause fails	PNEU	MONIA AS A CONSEO	UENCE OF)	:	derlying	J cause g	given in	Part I	24a. WAS	FORMED?	24b	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initioted events resulting in death) LAST PART II. Other eigniticent conditions Lead fail 1 Encephalopa 25. WAS CASE REFERRED TO MEDICAL	PNEU DUE TO (OR DUE TO (OR CONTributing to dei	MONIA AS A CONSEO	UENCE OF)	:	F3	J cause g	to or	Fei	1 PER	FORMED?	24b	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
SICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eigniticent conditions Fracture Conclusion of the capture	DUE TO (OR DUE TO (OR Contributing to del	MONIA AS A CONSECU AS A CONSECU BAS A CONSECU BAS A CONSECU	UENCE OF)	the unc	26. PL	ACE OF DE	AS T	eck only	1 VES	FORMED?	24b	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
SICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eigniticent conditions of the capture of the	DUE TO (OR DUE TO (OR CONTributing to dei CONTRIBUTION TO (OR)	MONIA AS A CONSEO AS A CONSEO ATTACHER ATT	UENCE OF) UENCE OF) Suiting in	of HER	26. PL	ACE OF DE	AS T	eck only	1 VES	FORMED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eigniticent conditions Caphalopa Caphalo	DUE TO (OR DUE TO (OR Contributing to del LOSPITAL: Inpetient 2 = ER	MONIA AS A CONSEO AS A CONSEO ATTACHER ATT	UENCE OF) UENCE OF) UENCE OF)	of HER	26. PL: ing Home 28c. INJU	ACE OF DE	EATH (Ch	eck only	1 VES	FORMED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eigniticent conditions Lead of a late of a l	DUE TO (OR DUE TO (OR DUE TO (OR CONTRIBUTING TO del LOS PITAL: Inpetient 2 = ER 25e. DATE OF INJ (Month, Dey,)	MONIA AS A CONSECUTA AS A CO	UENCE OF) UENCE OF) Suiting in DOA BOA THE INJU	other of Municipal Municip	26. PL: :ing Home 28c. INJU WOI	ACE OF DI	EATH (Ch	8 0 0 28d.	1 VES	S 2 NO	CURED	AAALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eigniticent conditions Carrier Carrier	DUE TO (OR DUE TO (OR DUE TO (OR CONTributing to dei Line Contribu	MONIA AS A CONSECUTA AS A CO	UENCE OF) UENCE OF) Suiting in DOA BOA THE INJU	other of Municipal Municip	26. PL: :ing Home 28c. INJU WOI	ACE OF DI	EATH (Ch	8 0 0 28d.	1 VES	S 2 NO	CURED	AAALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eigniticent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR DUE TO (OR DUE TO (OR CONTRIBUTING TO del LOS PITAL: Inpetient 2 = ER 25e. DATE OF INJ (Month, Dey,) 28e. PLACE OF IND building, etc.	MONIA AS A CONSECUTA AS A CO	UENCE OF) UENCE OF) UENCE OF) DOA DOA 28b. TIME INJU	OTHER OF M	26. PL: ing Home 28c. INJI Wory, office	ACE OF DI 5 G Re- URY AT RK?	EATH (Ch	8 O O 28d.	1 Ves 1 Ves ther (Specify) DESCRIBE HO OCATION (String or Town, St	W INJURY OC	CCURED W or Rural F	AAALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eigniticent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR DUE TO (OR DUE TO (OR Contributing to del Contributing to del (I) SPITAL: I Inpetient 2 ER 25a. DATE OF INJ (Month, Day,) 25a. PLACE OF INDuilding, etc.	MONTA AS A CONSECUTE AS A CO	DOA DOA INJURIE, tarm, sti	OTHERN M	26. PL: ing Home 28c. INJI WOI 1 Y ry, office	ACE OF DI S GROUPY AT RK? end place,	EATH (Chesidence	8 0 0 28d. 28f. L	1 Ves 1	W INJURY OC	CCURED or or Rural F	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE. Clisease or injury that initiated events resulting in death) LAST PART II. Other eigniticent conditions of the co	DUE TO (OR DUE TO (OR DUE TO (OR Contributing to del Contributing to del (I) SPITAL: I Inpetient 2 ER 25a. DATE OF INJ (Month, Day,) 25a. PLACE OF INDuilding, etc.	MONTA AS A CONSECUTE AS A CO	DOA DOA INJURIE, tarm, sti	OTHERN M	26. PL: ing Home 28c. INJI WOI 1 Y ry, office	ACE OF DI 5 Re 7 AT RKY? TES 2 On ond place, each occurrent occ	EATH (Christiance) NO end due ed st the	seck only 8 0 0 28d. I	1 Ves 1	W INJURY OC wet end Number manner as state, end dua to to	CCURED If or Rural P	AALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO Route Number,
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COMPLETED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eigniticent conditions Carrier Carrier Carrier Carrier	DUE TO (OR DUE TO	MONIA AS A CONSECUTA AS A CO	UENCE OF) UENCE OF)	OTHER	26. PL: ing Home 28c. INJI WOI 1 Y ry, office	ACE OF DI 5 Re 7 AT RKY? TES 2 On ond place, each occurrent occ	EATH (Christiance) NO end due ed st the	seck only 8 0 0 28d. I	1 Ves 1	W INJURY OC wet end Number manner as state, end dua to to	CCURED If or Rural P	AALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eigniticent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR DUE TO	MONIA AS A CONSECUTA AS A CO	DOA DOA INJURIE, tarm, sti	OTHER	26. PL: ing Home 28c. INJI WOI 1 Y ry, office	ACE OF DI 5 Re 7 AT RKY? TES 2 On ond place, each occurrent occ	EATH (Christiance) NO end due ed st the	seck only 8 0 0 28d. I	1 Ves 1	W INJURY OC wet end Number manner as state, end dua to to	CCURED If or Rural P	AALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eigniticent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR DUE TO	MONIA AS A CONSECUTA AS A CO	UENCE OF) UENCE OF)	OTHER	26. PL: ing Home 28c. INJI WOI 1 Y ry, office	ACE OF DI 5 Re 7 AT RKY? TES 2 On ond place, each occurrent occ	EATH (Christiance) NO end due ed st the	seck only 8 0 0 28d. I	1 Ves 1	W INJURY OC wet end Number manner as state, end dua to to	CCURED If or Rural P	AALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eigniticent conditions From Caphalo A 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 YES 2 NO 1 VES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not ba detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CAUSE IN MEDICAL EXAMINER:	DUE TO (OR DUE TO	MONIA AS A CONSECUTA AS A CO	UENCE OF) UENCE OF)	OTHER	26. PL: ing Home 28c. INJI WOI 1 Y ry, office	ACE OF DI 5 Re 7 AT RKY? TES 2 On ond place, each occurrent occ	EATH (Christiance) NO end due ed st the	seck only 8 0 0 28d. I	1 Ves 1	W INJURY OC wet end Number manner as state, end dua to to	CCURED If or Rural P	AALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO Route Number,



1993

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND N	MENTAL HYGIENI REG. NO.	e 93	3 12781			
	1. DECEMENT'S NAME (First, Middle, Last)	BARROR)		2. DATE OF DEATH MONTH / DA	YEAR	3. TIME OF DEATH			
	7.2 02 1/10/	SEX 6. AGE (In yrs. lest	YRS. IF UNDER 1	1 YEAR IF UNDER 24 HRS, DAYS HOURS MIN.	7. DATE OF BIRTH	1	HPLACE (State or Foreign			
H O	9a. FACILITY NAME (If not institution, give street a	and number)	96. PITY,	TOWN OR LOCATION OF DE	ATH/	9c. COUNTY OF	DEATH			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MARYLAND 10b. COUNTY		10c. CITY, TOWN OF	R LOCATION MORE			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO			
FUNERAL	100. STREET AND NUMBER 6503 PARK HEIGHTS	S AVE., APT 1-F	?	101. ZIP CODE 21215		10g. CITIZEN OF USA	WHAT COUNTRY?			
à l	1V Never Married 2 Married	. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 TYES 2/20N IF YES, GIVE WAR OR DATES	NO II	MAS DECENDENT OF HISPAN 1 yes, specify Cuban, Maxica 1 YES 2 NO Specify	n, Puarlo Rican, atc.)	Spe	CE — American Indian, lick, White, atc. soffy: WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade composition of th	npleted) (Gir College (1-4 or 5 +)	CEDENT'S USUAL OC live kind of work done d . Do NOT use retired.) SEAMSTRES	during most of working	GARMEN	SINESS/INDUSTRY				
	17. FATHER'S NAME (First, Middle, Lust) ISAAC BORINSK)	Y		18. MOTHER'S NA	ME (First, Middle, Maiden SE MARGO					
TO BE	19a. INFORMANT'S NAME (Type/Print) MRS. JUDITH ROSNER 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3940 NEMO RD. RANDALLSTOWN, MD 21133									
	29s. METHOD OF DISPOSITION 14S Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	ORBIT TAKOV-BETT TSKAPIT 377.793 BARTTUKET DD								
127	21. SIGNATURE OF FUNERAL SERVICE LICENS UNDERSTOOM		22. 1	name and address of fa SOL LEVINSON 6010 REISTER	N & BROS.,	INC.				
	23. PART I. Enter the diseases, or com shock, or heart feilure. List	pilications that caused the det only one cause on each line.	eath. Do not anter				Approximata interval Between			
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Concesto		art Fa	chore		Onset and Death			
NO	Sequentially list conditions,	DUE TO (OBAS A CONSEQUENCE OF):								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC								
CER	resulting in deeth) LAST						,			
PHYSICIAN: MEDICAL	PART II. Other significant conditions or	contributing to deeth but not n	esulting in the un	derlying ceuse given in	Part i. 24a. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
. ME					—		1 YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	neck only one)					
SIC		OSPITAL: Inpatient 2 ER/Outpatiant 3	OTHER	R: sing Home 5 □ Rasidence	8 Other (Specify)					
ВУ РНУ	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d, DEŞCRIBE HOW I	NJURY OCCURED				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, street, fact	ory, office	281. LOCATION (Street of City or Town, State)	and Number or Run	nl Route Number,			
COMPLETED	anni orny	N: To the best of my knowledge, de					e(a) and manner as stated.			
BE	250. SIGNATURE AND PITZE OF CERTIFIER			29c, LICENSE NUI 043	MBER 473	≥ 4/2	9/93			
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITE	FM 27) (Type Print)			11	1			

DHMH-16 Rev 1/69



YEAR

3. TIME OF DEATH

10d, INSIDE CITY LIMITS? 1 - YES 2 NO

6. BIRTHPLACE (State or Foreign Country) MARYLAND

JOHN JOSEPH BEAUDET,

1993

DAY

30

2. DATE OF OEATH MONTH

04

		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b	oirthday)	IF UNDER 1 YEA		11.4.	OF BIRTH		BIRTHPLACE (State or Fore
20		220-07-2331	1 🔀 M 2 🗆 F	71	YRS.	MONTHS DAY	'S HOURS MIN	10	21 1	921	Country) MARYLAND
should	_	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOW	IN OR LOCATION OF	DEATH		9c. COUNT	Y OF DEATH
2,3	DIRECTOR	109 FERDINAND AVE	Ξ			GLEN	BURNIE,			ANNI	E ARUNDEL
	E G	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	CATION	TON Last Mount over						
	뜸	MARYLAND AND	NE ARUNDE		CIEN PUDNIE						
1	1 1	10a. STREET AND NUMBER	THEOTIDES.			DER DO	10f. ZIP CODE			I 10a CITIZE	1 ☐ YES 2 🔀 N
, #	EH	109 FERDINAND AVI	₹				21061			U.S.	
020 Physician. burial-trar	FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT	EVER IN U.S. ARME	EO	13. WAS I	DECENOENT OF HIS	PANIC ORIGIN	1? (Specify Yes		4, RACE — American Indien
	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	X YES 2 NO		If yes,	res 2 X NO Spi	ican, Puerto	Rican, stc.)		Black, White, atc. Specify:
215-0 attending				OREAN			At .			_ 1	WHITE
121 # ##	TED	15. DECEDENT'S EDUI (Specify only highest grade	16a. DECE (Glya	DENT'S kind of w	USUAL OCCUP ork done during	ATION most of working	160	KIND OF BU	SINESS/INDU	STRY	
the hospital or a detached for as once.	"	Elementary/Secondary (0-12)	College (1-4 or 5+)	0					*****	OT 6	7 A T T
	× 1	17. FATHER'S NAME (First, ABSISTA, Last)	0	PIPE INSULATOR WALLACE & GA						JALE	
A SE		5083-90	AUDET, JR				1000 Sept 2015 V		ERFELT	Surnamaj	
B led out	BE	19s. INFORMANT'S NAME (Non/Print)	ioder, on		MAN INC	ADDRONG CO.	er and Number or Ru	0.0000000000000000000000000000000000000			
	2	THOMAS W. BEAUDET					ND RD. S				
		20s. METHOD OF DISPOSITION	CONTRACTOR CONTRACTOR	206 PLACE AN				DAT			ly or Town, State
		1 N Burlel 2 Cremation 3 Remo	oval from State	cometery, crame	Work or off	ner place!	S CEMETE	1			LE, MD
		21. SIGNATURE OF FUNERAL SERVICE LIC	EMBER	THE PERSON	ND V	22. NAME	AND ADDRESS OF	FACILITY		MINOVII	alie, rib
		1 Vot	1.12				LETON FU				
	\vdash	23. PART & Enter the diseases, or or shoot follows	complications that	agreed the deat	- D	1 SE	COND AVE	. S.W.	GLEN	BURNI	E, MD 21061
760, ed within 24 hou ompletely filled in it, cremation, or event, the me	NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO	e on each line.	ein ENCE OF	1. j	Alder				Interval Bet Onset and I
S, P.O. BOX death certificate be e attending physician fental Hygiene prior t ury, or other traun	- CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE	ENCE OF):		1			
RECOF equires that en signed b of Health au	MEDICAL	159,	porler			T tria uricarry	ning Cauda given		24a. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
AL has b Dept.	AN:	25. WAS CASE REFERRED TO MEDICAL									
Th. Th.	고 I	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH				
SICIAN Certific the S	PHYS	1 VES 2 NO	28a. DATE OF I		Bb. TIME		ome S Raeldeno				
ION OF VI. FOR THE THIS CETIFICAL After this certifical death with the St marked, or it	ву Р	Netural 5 Pending 2 Accident Investigation	(Month, Day		INJU	RY	INJURY AT WORK? YES 2 NO	28d. OES	CRIBE HOW I	NJURY OCCU	REO
TISIC TTEND STOR: A after d after d	TED	3 Suicide 8 Could not be determined	28e, PLACE OF building, e	INJURY — At home tc. (Specify)	, ferm, st	reet, factory, of	ffice	281. LOCA	ATION (Street a or Town, State)	and Number or	Rural Route Number,
DIR. DIR. hour	ш	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of n	y knowledge, death	occurred	at the time d	ate and place and d	ue to the car	sa(a) and me-	Dot on state 4	
HOSPITAL FUNERAL within 72	COMPL										· :euse(a) and manner as stat
물 물을 중	BE C(29b, SIGNATURE AND TITLE OF CERTIFIER		1			29c, LICENSE N	UMBER			HGNED (Month, Day, Year)
663₹	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLS	OE OEATH STEM O	7.7	Ph/-ex	100	344		- 0/	

JR.

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

Approximata interval Between **Onset and Daath**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. REHMAN 2717 HAMMONDS FERRY ROAD LANSDOWNE, MD

31. DATE FILED (Month, Day, 1993 32. REGISTRAR'S SIGNATURE

permit. use as the burial-transit retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** ě detached 2 notified at page 5 should hours after death. Page 6 may be ě must funeral director, examiner ysician and completely filled in by the prior to burlal, cremation, or removal. medical the the traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, has been signed by the attending physician : Dept. of Health and Mental Hygiene prior to i 23 shows any injury, or other traurr HOSPITAL OR ATTENDING PHYSICIAN: The Jaw FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. r this certificate hi h with the State C ö Is marked, 28 TO THE HOSPITAL OR AT
TO THE FUNERAL DIRECT
be filed within 72 hours a
IMPORTANT: If Item 2

ITEM: 2. PER F.H. G-700 6/4/93 t.t 93 12783 1 . FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 27 3. TIME OF DEATH YEAR EULA Adams BIVENS APRIL 28, 1993 10:50 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIFTIN (Month, Day, Year) 4-27-1914 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTNPLACE (State or Foreign Country) 1 🗌 M 2 💢 F DAYS HOURS 79 237-14-6657 YRS. N.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MARYLAND GENERAL HOSPITAL BALTIMORE CITY BALTIMORE CITY 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2103 Division Street 21217 S 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 ☐ YES 2 ☑ NO Specify: BY Black Specify: 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe entary/Secondary (0-12) College (1-4 or 5+) 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Trov Peacock Della Peacock BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)
4012 Spruce Drive Baltimore, Md 21215 2 Peggy Peacock 20e. METHOD OF DISPOSITION
1 D Burlal 2 Cremation 3 Re
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Arbutus Memorial Park 5493 Arbutus, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heert feliure. Liet only one ceuse on each line. interval Betv **IMMEDIATE CAUSE (Final** Onset and Death disease or condition • RENAL FAILURE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CARDIAC ARREST CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): e. Enter UNDERLYING E SEPSIS CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DE DEATH? 1 TYES 2 NO PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Minpatient 2 ER/Outpatient 3 DOA OTHER: 1 | YES 2 X NO ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATN 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 K Natural

5 Pending trivestigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

29s. CERTIFIER
(Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE DF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOSEPH ROBINSON

0 4 1993

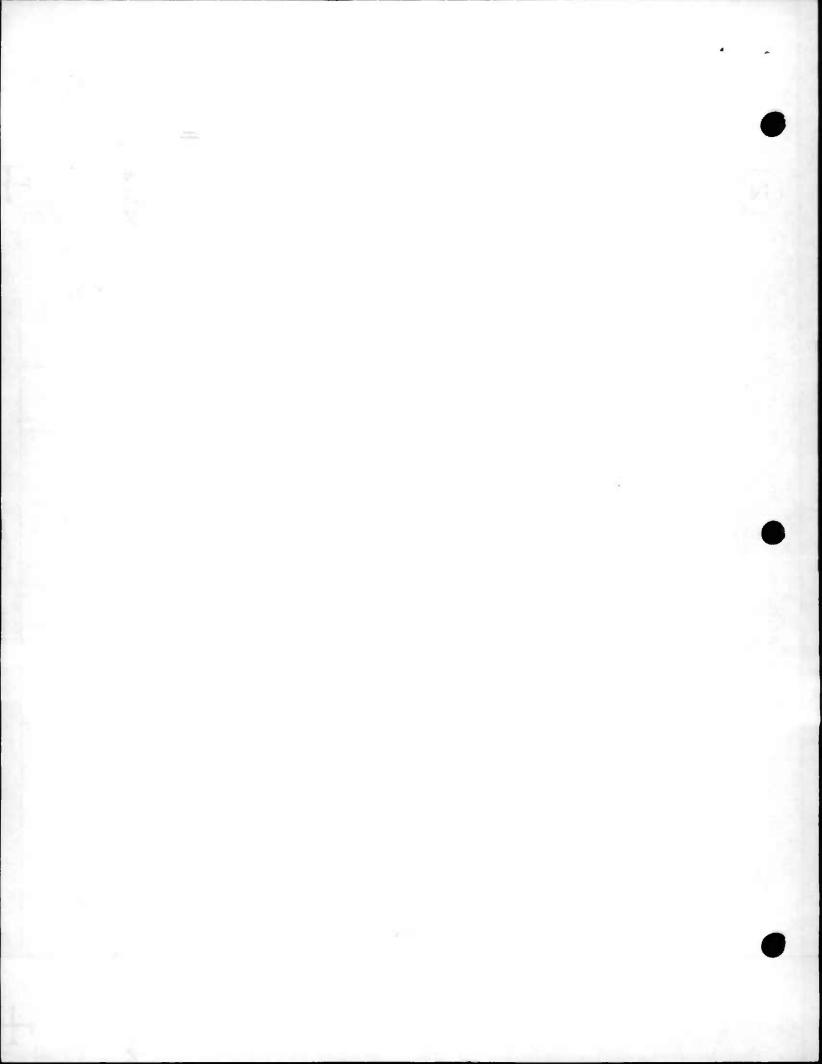
c/o MARYLAND GENERAL HOSPITAL 31. DATE FILED (Month, Day, Year)

2

BY

COMPLETED

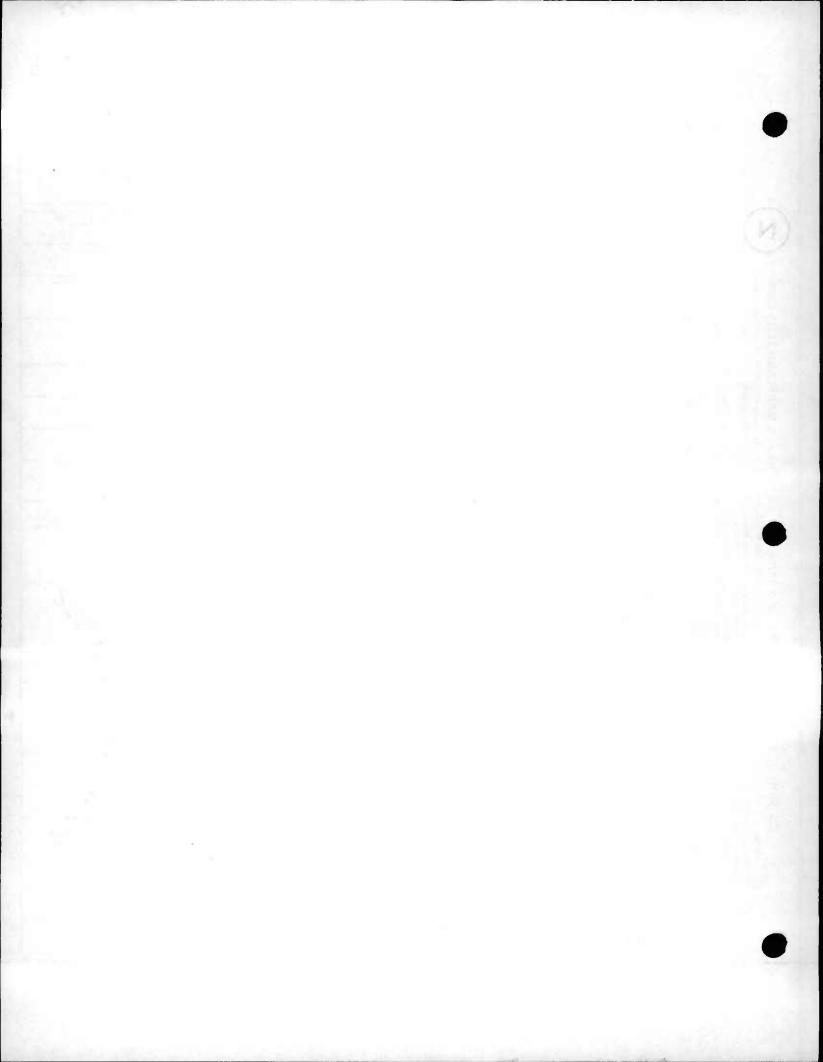
BE 2



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	24 hours after death. Page 6 may be retained by the hospital or attending physicial
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	filled in by the funeral director, page 5 should be detached for use as the burial-tra
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ion, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	he medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN				
İ	1. DECEDENT'S NAME (First, Middle, Last) LINDSEY BYRD		· ·			2. DATE OF DEATH	9 195	3. TIME OF DEATH 2:52 Am		
		6. SEX 8. AGE (#	72 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/04/20	100	BIRTHPLACE (State or Foreign Country) OUTH CAROLINA		
	Se. FACILITY NAME (If not institution, give street	t end number)		9b. CITY, TOWN O	R LOCATION OF D		9c. COUNTY			
TOR	V.A. MEDICAL CENTE	R		FORT I	HOWARD	-	BALTI	MORE		
DIRECTOR	MARYLAND 106. COUNTY			Y, TOWN OR LOCAT ALTIMORE	ION			10d. INSIDE CITY LIMITS? 1 \(\sqrt{Y}\) YES 2 \(\sqrt{N}\) NO		
	10e. STREET AND NUMBER			101	ZIP CODE			OF WHAT COUNTRY?		
FUNERAL	2228 WEST LEXINGTO	ON STREET 2. WAS DECEDENT, EVER IN FORCES? 1 🔯 YES	U.S. ARMED	13. WAS DEC	21223 ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	U.S.A	RACE American Indian.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 12 YES IF YES, GIVE WAR OR DATE WORLD WAR I	2 NO TES	If yes, spe	2 NO Specif	an, Puerto Rican, etc.)	- II	Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		18e. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATIO work done during mos se retired.)	N st of working	Post	office	RY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Jesse Byrd					Yarboroug				
TO B	James Byrd		19b. MAILING 2228	W. Lexi	ngton St	Roune Number, City or You reet Balti	m, State, Zlp Cook	Md 21223		
	20a. METHOD OF DISPOSITION 1 M Burlai 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	of from State 20b.	PLACE AND DATE	of DISPOSITION (Na ther place) Forest	vet		ings M	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Elvan)	Mare	ch F/H W	CILITY .				
	23. PART i. Enter the diseases, or con shock, or heert failure. Lia	npilcations that caused at only one cause on ea	the death. Do i	not enter the mo	de of dying, suc	ch aa cardiec or reap	iratory arrest,	Approximate interval Between		
	disease or condition resulting in death). RESPIRATORY FAILURE									
2	DUE TO (OR AS A CONSEQUENCE OF): METASTATIC PROSTATE CANCER									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
AL C	PART II. Other significent conditions of				cause given in	Part I. 24s. WAS AN	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDIC	HYPERTENSION, STR	OKE, CERVIC	AL STEN	OSIS		1 YES :	57	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL			26. Pt	ACE OF DEATH (Ch	neck only one)				
PHYSICIAN:	1 YES 2 NO 1	IOSPITAL: Vinpatient 2 - ER/Outpa		OTHER:		8 Other (Specify)		7		
ВУ РН	27. MANNER OF DEATH 1 X Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	JRY AT RK? ES 2 NO	28d. DEŞCRIBE HOW	NJURY OCCURE	iD .		
<u>a</u>	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Specia	— At home, farm,	street, factory, office		261. LOCATION (Street City or Town, State		ural Route Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 1 CERTIFYING PHYSICIA PHYSICIA (Check only one) 2 MEDICAL EXAMINER: (Check only one) 1 M							use(a) and menner as stated.		
8	296. SIGNATURE AND TITLE OF GERTIFIER	Λ ΙΛ	W		29c. LICENSE NUI			SNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CE EUGENE CRAIG, M.D.	22,72,20 22		,	ORT HOWA	RD, MARYLA	ND 0215	52		
	MAY 0 4 1993	Gulia Devide	n-francis							



Stephen Siegel, M.D.

1993

31. DATE FILEO (Month, Day, Year)

BALTIMORE, MARYLAND 21215-00	Page 6 may be retained by the hospital or attending	il director, page 5 should be detached for use as the	her must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the he filled within 72 hours after death with the State harm of Hash and Marrial Hariana noor to hurse remarking or remarks	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH
MONTH
MAY
1 3. TIME OF DEATN Henry William Burman Jr. 1993 5:40 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH
(Month, Day, Year)

Jan. 27, 1921 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. Maryland 1 M 2 - F 217-22-0004 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Cherrywood Manor Nursing Center Reisterstown Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2831 N. Howard Street 21218 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WHO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married It yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 XNO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 6 Sexton Church 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Henry William Burman Sr. Beatrice M. King 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joseph H. Smith 413 Highmeadow Rd. Reisterstown, Md. Pe 20a. METNOD OF DISPOSITION
1 Durial 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must tery, cremetory of other place) Carroll Cremation 5-3-93 Hampstead, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Road 91 Eline Funeral Home Reisterstown, 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Daath disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Dept. of Health and 1 23 shows any I COMPLETION OF CAUSE 1 TYES 2 NO OF OEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL 1 YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA rsing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, tactory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide 1 DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and pisca, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) MD 5 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

750 Main Street

32. REGISTRAR'S SIGNATURE

relia Davidson

Reisterstown. Md.

21136

And the second

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

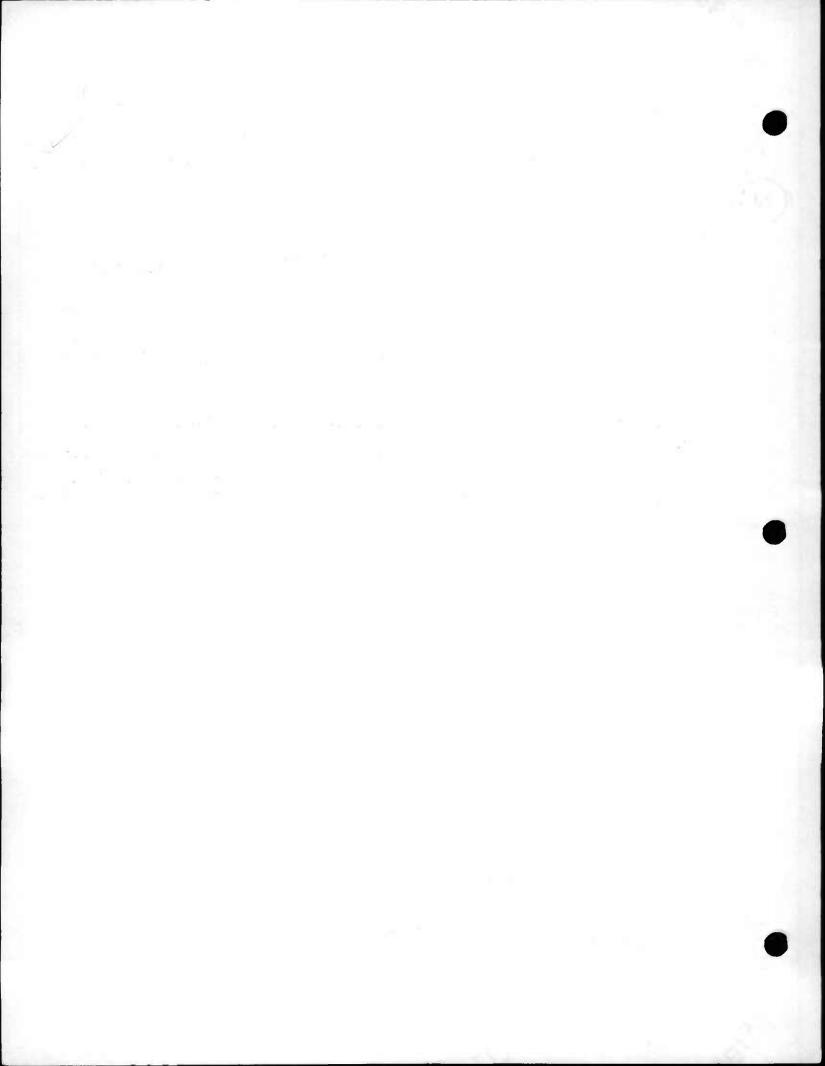
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

_	REGISTRAR		C	ERTIF	ICATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DE	ATH
	EDWARD	F.		В	ALCER		0 4	30	W.	93	9:34	Ам
	4. SOCIAL SECURITY NUMBER 217-09-5385	5. SEX 8.	AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF				PLACE (State or	
	217-09-5385	XXM 2 D F	AGE (In yrs.)	6 YRS.	MONTHS DAYS	HOURS MIN.	Month, D	6 1	207	Countr	Maryl	- Ngeon
	9a. FACILITY NAME (If not institution, give stre	1111		1000	OL OUTY TOUR	OR LOCATION OF D		, O I.	_			and
œ							EATH		9c. COU	NTY OF D	EATH	
DIRECTOR	JOHNS HOPKINS H	OSPITAL			BALTIN	MORE						
2	10a. STATE 10b. COUNTY			10c, CIT	, TOWN OR LOCAT	TION					104 INPIDE OF	***
뜻	Maryland			Ba.	ltimore	_					10d. INSIDE CI'	_
	10e. STREET AND NUMBER			Da							YES 2	
A	S. Washington S	t. 18			101	21231					WHAT COUNTRY	
FUNERAL										ted	State	S
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EV FORCES? 1	YES 2 X	RMED NO	13. WAS DEC	ENDENT OF HISPA ecify Cuben, Mexico	NIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Inc., White, etc.	dian,
β	3/Widowed 4 Divorced	IF YES, GIVE WAR		10.7	1 TYES	2 NO Specif		,,	i		"White	
	****		7								WIII	
2	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a. E	Give kind of v	USUAL OCCUPATION From done during most retired.)	ON st of working	16b. KI	ND OF BUS	INESS/IND	USTRY		
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)	1									
N N	10		Cn	auff	eur		Υe	STTO	v Ca.	b Co	ompany	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Mide	die, Maiden	Sumame)			
BE	Walter Balce	r										
2	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number,	City or Town	n. State, Zip	Code)		
-	Richard Balce	r	1	Eur	ith Ave	. 6008	Balt	imon	ce, M	d. 2	21206	
	200. METHOD OF DISPOSITION	Alteria Colonia	20b. PLACE	E AND DATE (F DISPOSITION (No	me of	DATE	20c, LO	CATION —	City or To	wn, State	
	Burlel 2 Cremation 3 Remove 4 Denetion 5 Other (Specify)	at trom State	S C	Stan	islaus		5/3				Mary	land
	21. SIGNATURE OF FUNDIAL SERVICE LICE	HEAT,		n		ID ADDRESS OF FA	, ,					
- 1	· 11-16	0 (/-	- 1		W.Dal	Drowski	/Choj	nack	ci F	.н.	P.A.	
_	1 ash a	· Com	ack	-		Dundal					Md. 21	224
	23, PART I. Enter the diseases, or co shock, or heart fallure. Li	mplications that ca	used the d	leeth. Do n	ot enter the mo	de of dying, euc	h es cerdiec	or reepli	retory erro	est,	Approxim	
ı	IMMEDIATE CAUSE (Final	•									Onset ar	
	disease or condition resulting in deeth)	Gu	Lnsh	2+	Wayne	d of H	ead					
1	resulting in deeth)	DUE TO (OR				. 0 1 1)	Cuci				-	
- 1											İ	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSI	EOUENCE OF):					-		
X	cause. Enter UNDERLYING										ĺ	
표	CAUSE (Disease or Injury that initisted events	DUE TO (OR	AS A CONSI	EQUENCE OF):						<u> </u>	
E	resulting in deeth) LAST											
빙	a.										+	
4	PART II. Other significent conditions	contributing to dea	th but not	resulting i	the underlying	ceuse given in	Part I. 24	a. WAS AN		24b.	WERE AUTOPSY	
EDICAL							1.	PERFOR			AVAILABLE PRIOR COMPLETION OF	
							_ '	163 2	MC NO	1	OF DEATH?	
Σ											1 YES 2	NO
₹ I	25. WAS CASE REFERRED TO MEDICAL				26 DI	ACE OF DEATH OF						
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:	ACE OF DEATH (Ch						
₹	1 57 YES 2 NO	Inpatient 2X XER		-		5 Residence						
	1 Netural 5 Pending	28e. DATE OF INJU		28b. TIME	JRY WO	RK?	28d. DEŞCR	IBE HOW IN	JURY OCC	URED		
₽	2 Accident Investigation	04/30/9			A M 1 🗆 Y	A	SUBJE	ECT S	SHOT	SEI	LF	- 1
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At h (Specify)	ome, farm, s	reet, factory, office		261. LOCATIO	ON (Street a	nd Number	or Rural R	oute Number,	
COMPLETED	4 Homicide determined		Н	OME					IING'	TON	STREE	$_{\mathrm{T}}$
7 1	29e. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of my I	knowledge, d	leath occurre	d at the time, date	end place, and due				_		
Ž	one) 2 MEDICAL EXAMINER:	On the beele of examin	nation end/or	Investigation	. In my opinion, d	eath occured at the	time date end	d place en	due to the		and manner on	ntated
			ulsa sosi			*		a place, elle				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Chut m				O.C.M.					(Month, Day, Year, 1 / 1993	
2	Wenny &					U.C.M.	<u>.</u>		D U	J / U .	1/1222	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	-			P 7:			-	-	0100	,
					Street	, Balt	ımore	e, Ma	aryl	and	2120	Τ]
3	31. DATE FILED (Month, Day, Year)	32. MEGISTRAD'S	SIGNATURE	X.								
11	MAY 0 4 1993	11 milest	ason-N	- Indiana								
	111111 0 - 1000											



		FOR
1	_	STATE
•		REGISTRAR

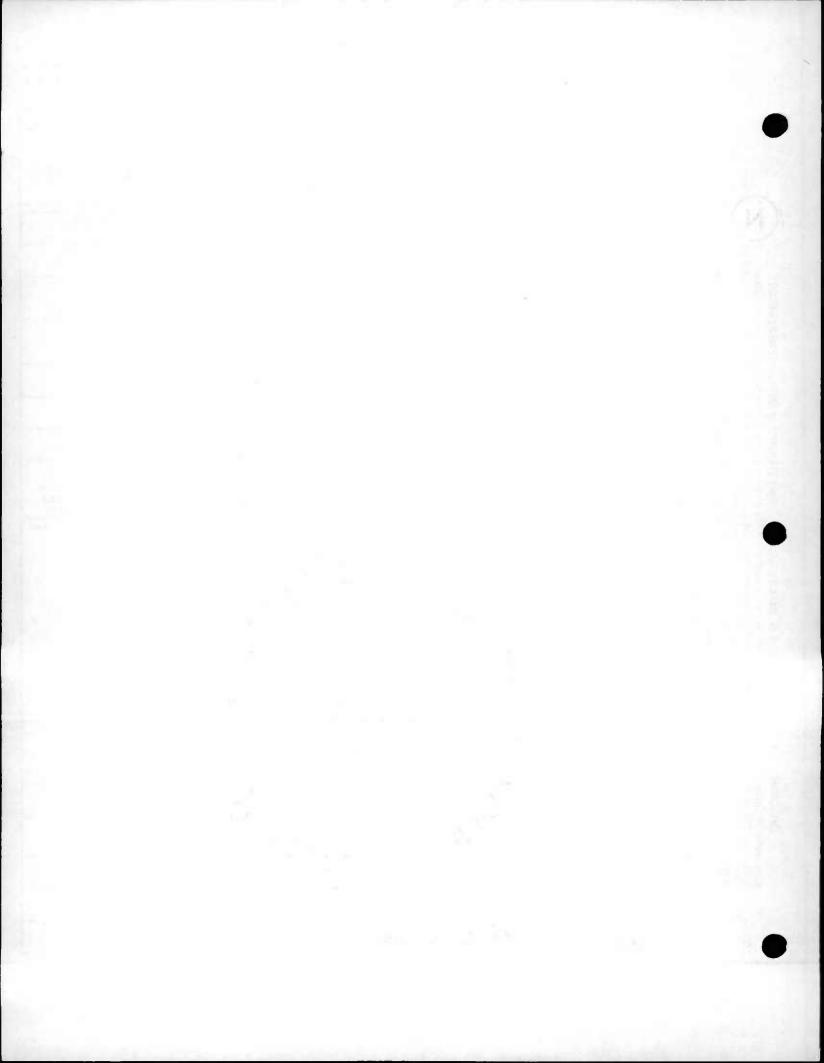
	1 - STATE REGISTRAR	SIAIE UF MANT		ICATE OF	DEATH	MENIAL HYGIE REG. N					
	1. DECEDENT'S NAME (First, Middle, Last) TVLIFT RATES					2. DATE OF DEATH MONTH DAY		YEAR	TIME OF DEATH		
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 026-12-7441 D	5. SEX 6. AG	E (In yrs. lest birthday) 92 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign		
	98. FACILITY NAME (If not institution, give str Frances Scott	met and number)	11100	96. CITY, TOWN Baltim	OR LOCATION OF DI		1900 9c. col	INTY OF DEA	Maryland TH		
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland		10c. CITY, TOWN OR LOCATION Baltimore			10d. INSIDE CITY LIMITS?					
	100. STREET AND NUMBER GUSTYAN St. 1		101, ZIP CODE 21224					1½ YES 2 NO IZEN OF WHAT COUNTRY? ted States			
	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. ARMED S 2 TNO DATES	U.S. ARMED 2 NO 13. WAS DECENDENT OF HISPA If yes, apocity Cuban, Maxicu 1 VES 2 NO Special			Yes or No-	14. RACE — Black, V Specify:	American Indian, White, etc. White			
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY						
	17. FATHER'S NAME (First, Middle, Last) James Linthi	<u> House</u>	House Wife Domestic 18. MOTHER'S NAME (First, Middle, Maiden Surname FloreMce			en Surname)					
TO BE	190. INFORMANT'S NAME (Type/Print) Bobbie Rohe	196. MAILING Brax	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) Braxton Court 404 Joppa, Md. 21085					5			
- 4-	20. METHOD OF DISPOSITION FE Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	emetery_crematory or o	PLACE AND DATE OF DISPOSITION (Name of letery, crematory or other place) Oak Lawn 5/			20c. LOCATION — City or Town, State Dundalk, Md.		. 7000			
	21. SIGNATURE OF FUNERAL SERVICE LICE	Porisch	<i>?</i>	W.Dab:		cum Chojnach k Ave. H	ki F.	н. Р	. A.		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE O								
DICAL	RENAL FAILURE PERFORMED? AM CO 1 TYPES 2 TIMES							ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
PHYSICIAN: ME	LIVER FAILURE							YES 2 NO			
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch	8 Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a, DATE OF INJUR (Month, Day, Year		28b. TIME OF 28c. INJURY AT WORK? M 1 VES 2 ND			W INJURY OCCURED				
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJU building, etc. (S)	JURY — At home, ferm, street, factory, office (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		(Check only 1 S CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.									
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	vom Ey	,		29c. LICENSE NUI			TE SIGNED (M	onth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO Keith vom Eigen	MD, FSA	(me, 494	10 Euste	-n Arm	Balto,	40	212	24		
	MAY 0 4 1993	32. REGISTRAR'S SU	don-Rondal	e.							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Put be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	DECEDENT'S NAME (First, Middle, Last)	Lillian Tru	ruxel Clark			2. DATE OF DEATH DAY 1993 3. TIME OF DEATH 1993 1230 A					
	213~20~3985 1 □ M 2 🔏 F		(In yrs. last birthday) IF UNDER 1 YEAR III 8 9 YRS. MONTHS DAYS H		s. 7. DATE OF BIRTH (Month, Day, Year) 4-11-1904		8. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA				
TOR	98. FACILITY NAME (If not institution, give street and number) 2806 Yorkway Apt. A RESIDENCE OF DECEDENT			Dundalk	OF DEATH	sc. county of DEATH Baltimore					
DIREC	10a. STATE 10b. COUNTY Maryland	10c. CITY, TOWN OR LOCATION			lk		10d. INSIDE CITY LIMITS? 1 YES 2XXNO				
COMPLETED BY FUNERAL DIRECTOR	100. STREET AND NUMBER 2806 Yorkway		101. ZIP CODE 2				of what country? ted States				
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	S. ARMED XZINO S	AMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify No If yes, specify Cuben, Mexicen, Puarto Rican, atc.) 1 YES 2 NO Specify:			pa or No 14. RACE — American Indien, Black, White, atc. Specify: White					
	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 12th Grade	(Give kind of wo	Give kind of work done during most of working fe. Do NOT use retired.)			BUSINESS/INDUSTRY 1.5 Hopkins					
BE CO	17. FATHER'S NAME (First, Middle, Last) Abram Truxel			18. MOTHER'S NAME (First, Middle, Meiden Surname) Mary E. Wright							
TO B							Maryland21227				
	208, METHOD OF DISPOSITION 1 12 Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify)			DATE OF DISPOSITION (Name of other, place) Baptist 5/4/93 Scottdale, PA							
22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundal 7922 Wise Avenue Dundalk, Maryl						dalk, Inc.					
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	contributing to death but o	not resulting in	the underlying causa given	n in Part i.	24a. WAS AN A PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
	27. MANNER OF DEATH 1 Natural 5 Pending	28b. TIME (3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 28b. TIME OF NORCY M 1 YES 2 NO				D				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home building, atc. (Specify)				28f. L.C	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner as stated.										
ro BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5-3-93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH HER 2D (Time Print)										
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (ITEM								2			



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	Q.
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR	SIAIE UF I		CERTIF	ICATE	OF	DEATI	H		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH	-		3. TIME OF DEATH
JUNE EI	LIZABETH	CE	CIL				- 1	MONTH A	-22-9:		YEAR	12:30 P M
4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER	1 YEAR	IF UNDER 24	4 HRS.	7. DATE OF	BIRTH		6. BIRTI	IPLACE (State or Foreign
213 22 3031	1 🗆 M 2 🖳 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, E	Day, Year) 3 –1 928	,	Count	ry)
9a. FACILITY NAME (If not institution, give sti	eet and number)			9b. CITY,	TOWN OF	R LOCATION	N OF DE		5-1926		NTY OF D	ryland
403 MeadowLane										T-70 m	la 2	
RESIDENCE OF DECEDENT				WJ	TTTIC	amspo	ונ			was.	ning	ton County
10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCATH	ON						10d. INSIDE CITY LIMITS?
	ington C	County		Will.	iams	port						1 YES 2 NO
10e. STREET AND NUMBER					101.	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
PO Box 275						2179	5				US	SA
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1			13. W	MAS DECE	NDENT OF	HISPANI	IC ORIGIN? (Specify Yes	or No—	14. RACI	E — Americen Indian, k, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V					2 NO		, Puerto Ric	an, etc.)		Spec	
110-110												White
15. DECEDENT'S EDUC (Specify only highest grade		16a	Give kind of	work done di				16b. K	IND OF BUSI	INESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Ilfe. Do NOT u	se retired.)				Во	okkee	per		
12												
17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NAM	NE (First, Mid	dle, Maiden S	Sumame)		
Carl F. Boor						Els:	ie F	Kline				
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street and	d Number of	r Aural A	oute Number,	City or Town,	, State, Zip	Code)	
Oscar Cecil			PO Bo	ox 27	5, W	illia	amsp	ort,	MD 21	795		
20a. METHOD OF DISPOSITION 1	val from State		CE AND DATE		TION (Nam	ne of		DATE	20c. LOC	ATION —	City or To	own, State
4 Donation 5 Other (Specify)	- 1			(ner place)								
21. SIGNATURE OF FUNERAL SERVICE LICE	Rona]	Ld Wade	e, Dir	22. N	NAME AND	ADDRESS	OF FAC	St	ate A	Anato	omy]	Board
100001/11	I Must	1 1	1/27/9:	2 6	E Exa	- 7.	·					
			1/2//	9 0	DOW.	Balt:	THIOI	est,	Baito.	י עויוי	Z 1 Z U	1
23. PART I Enter the diseases or o	amplications the	t caused the							Balto.			
23. PART I. Enter the diseases, or conshock, or heart failure. L	omplications that	t caused the	deeth Do i									Approximete interval Between
IMMEDIATE CAUSE (Fine)	omplications that	t caused the	deeth Do i									Approximete
snock, or neart failure. L	emplications that lat only one cou	it caused the	deeth Do i									Approximete interval Between
MMEDIATE CAUSE (Finei disease or condition	omplications that lat only one ceu	t caused the	deeth Do i		the mod	e of dying	g, such					Approximete interval Between
MMEDIATE CAUSE (Finei disease or condition	omplications that lat only one ceu	t caused the	deeth Do i		the mod		g, such					Approximete interval Between
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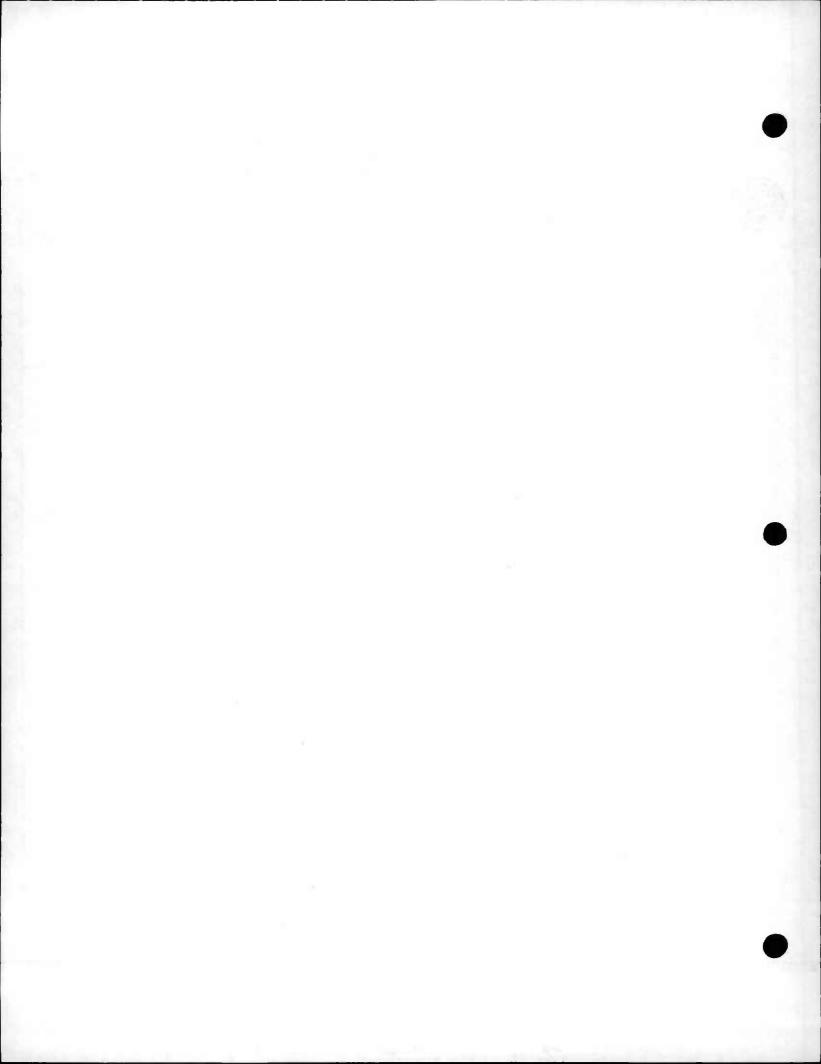
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

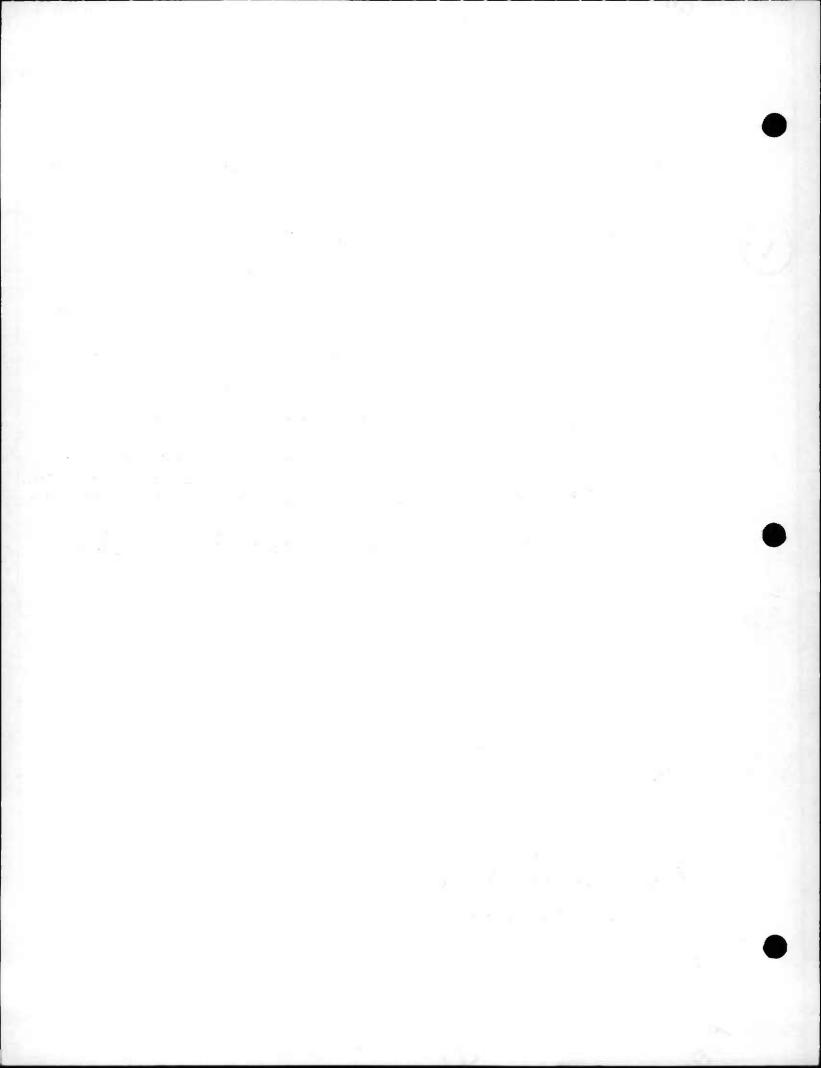
IMPORTANT: If them 28 is marked, or Item 23 shows eny Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



		1. DECEDENT'S NAME (First, Mid WILLIAM			СОНЕ	:N						2. DAT MON	E OF DEATH DA	199	YEAR	TIME OF DEATH
should		4. SOCIAL SECURITY NUMBER 164-14-174; 90. FACILITY NAME (If not institu		6. AGE ('in yrs. lest 72	birthday) YRS.		DAYS	HOURS OR LOCATE	MIN.	12	e of Birth oth, Day, Year) 2–12–19:	20	Country)	ACE (State or Foreign	
1, 2, 3 s	стов	SINAI HOS RESIDENCE OF DECE					40.00			MOR:	E			<u> </u>		
3	L DIRE	MARYLAND 100. STREET AND NUMBER	B. COUNT	Y			10c. CIT	y, town o	BALT	IMORE					×	Od. INSIDE CITY LIMITS? YES 2 NO
ン	FUNERAL	4119 KE	NSHAV	W AVE.					10	10g. CITIZEN (USA
215-0020 attending physicia se as the berial-tr	B	11. MARITAL STATUS 1X Never Married 2 Mei 3 Widowed 4 Divorced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES	2 N	MED O		tf yes, sp		n, Mexica	n, Puerto	iN? (Specify Yee o Rican, etc.)	or No—	Black, V Specify:	American Indian, white, atc.
D 2121 spital or afte ed for use a	APLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12)	phest grade	CATION completed) College (1-4 or 5 +	+)	(Giv life.	CCOL	vork done se retired.)	during mo	ost of worki	ng	16	U.S.	GOVE		T
क दिन्	BE COMPL	17. FATHER'S NAME (First, Middle BENJ)	MINA	COHEN							HER'S NA		Middle, Maiden	Sumeme) LIPI	MAN	
be retained ge 5 should e notified	5	190. INFORMANT'S NAME (Type/ MR. FRANK CO											mber, City or Town		Code)	
e 6 may rector, pa		20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 2 Donation 5 Other (Sp.				PLACE A netery, cren HAR		UDA		4/	30/9	3		CATION — CI PPER	-	
AL death death fune		21. SIGNATURE OF FUNERAL SI		//	No	457-		22.		ND ADDRE						ROS., INC. MD 21215
24 hours at filled in by ion, or remother		shock, or heart failure. List only one cause on each line.											Approximats interval Batween Onset and Death			
ficate be execuply physician and ne prior to burner traumatic	CERTIFICATION	Sequentially list conditions if sny, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	8	c	A CONSEQUENCE OF):											
		PART II. Other significant	condition	dns contributing to	daath b	ut not re	sulting i	n tha un	derlyin	g cause (given in	Part I. 24a. WAS AN AUTOPSY		24b. W	ERE AUTOPSY FINDINGS	
requires that seen signed by of Health an shows any	I: MEDICAL												PERFOR		AM CC OF	ALLABLE PRIOR TO OMPLETION OF CAUSE DEATH? YES 2 NO
N: The law ficate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER? 1. YES 2 NO	EDICAL	HOSPITAL:	Z =====			OTHER	₹:	LACE OF D		· ·				
NG PHYSICIAN: The fler this certificate sath with the State marked, or item	ву рну	27. MANNER OF DEATH 1 Natural 5 Pen	ding atigation	28e. DATE OF (Month, De	INJURY	attent 3	28b. TIM		28c. INJ WO	PURY AT ORK?			er (Specify) ESCRIBE HOW IN	JURY OCCU	JRED	
OR ATTENDING ORECTOR: After hours after death tem 28 is mai		3 Suicide 8 Cou	ld not be rmined	28e. PLACE Of building,	F INJURY atc. (Spec	— At hom	nė, ferm, s	treet, fact	ory, offic	•		281. LO C/t)	CATION (Street a y or Town, State)	nd Number o	r Rural Rout	e Number,
4 4 5 =	COMPLETE	29e. CERTIFIER (Check only 2 MEDICAL	NG PHYSI	ICIAN: To the best of	my knowl	ledge, des	th occurre	nd at the t	lme, date	end place	, end due	to the cr	euse(e) end men le end plece, and	ner ee atated	i, ceuse(a) ar	nd menner ee stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE C	29K SIGNATURE AND TITLE OF	Corle	M	D					C . M .					onth, Day, Year)	
/	Ē	J-(ARDN)	RSON WH	KE, M	SE OF DEA	11	27) (Туре, 1 Ре	Print) Pnn	Str	eet	, Bá	alti	imore,	Mar	ylan	d 21201
Ø		31. DAY AND (Month, Day, Year)	93	32. REGISTRA	R'S SIGN	ature Aanda	ec.									



mit. Pages 1, 2, 3 should

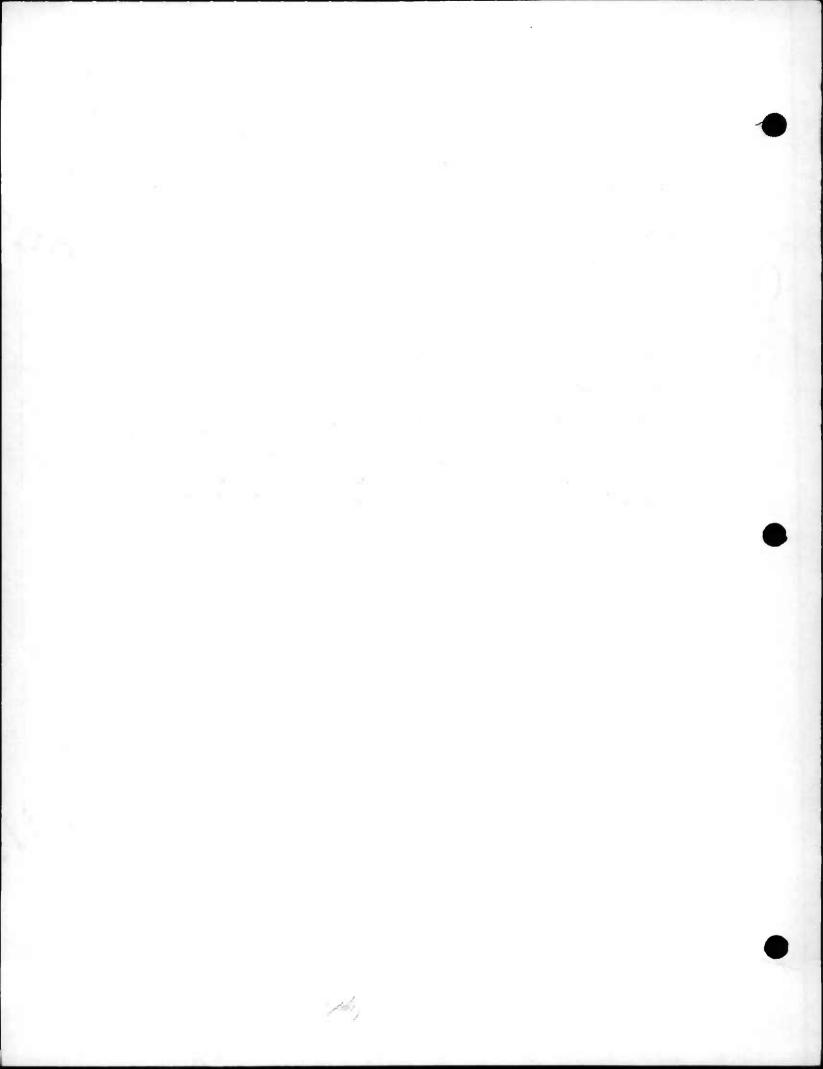
BALTIMORE, MARYLAND 21215-0

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as move filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICATE OF	DEATH	P	REG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3	. TIME OF DEATN
	FLORENCE	J	CARD	IN		MONTH	'Z	-	YEAR	12:20 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(in yrs last birthday)	7 7 4	IF UNDER 24 HRS.	7. DATE OF I			100	LACE (State or Foreign
	212-44-1992	1 □ M 2X F	92 YRS.	MONTHS DAYS	HOURS MIN.	(Month, De 12/2			Country)	LACE (State or Foreign YLAND
OR	9a. FACILITY NAME (If not institution, give s SINAI HOSPITAL	itreet and number)		BALTIM	OR LOCATION OF DE			9c. COUNT		
5	RESIDENCE OF DECEDENT									
DIRECTOR	MARYLAND BALT	'IMORE		TY, TOWN OR LOCA LTIMORE	TION				- 1	Od. INSIDE CITY LIMITS? YES 2X NO
	100. STREET AND NUMBER 11 SLADE AVE., A	PT. 708		10	H. ZIP CODE	 -		10g. CITIZE USA		AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 ☐ Never Married 2 ☑ Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 PNO	If yes, sp	CENDENT OF NISPAN Decify Cuban, Maxica	an, Puerto Ricar	pecify Yea n, etc.)	or No- 1	4. RACE - Black, Y	– American Indian, White, etc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		<u> </u>	S 2 NO Specify		1 (2)		Specify:	
H	15. DECEDENT'S EDU- (Specify only highest grade	cation completed)	16a. DECEDENT'S	S USUAL OCCUPATE work done during mo use retired.)	ON ost of working	16b. KIN	D OF BUS	INESS/INOU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOUSEW			AT	HOME			
BE CON	17. FATHER'S NAME (First, Middle, Last) SAMUEL KLEIN				18. MOTHER'S NA ANNA	ME (First, Middl		Surname) UNKNO	WN)	
TO B	19a. INFORMANT'S NAME (Type/Print) MR. JACOB L. CARD	IN			and Number or Rural I					
	29a, METHOD OF DISPOSITION	201	D. PLACE AND DATE		E., APT.					D 21208
	↑☐ Burial 2 ☐ Cremetion 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	oval from State cen	metery, crematory or o	other place)		OATE		CATION — CH		
	21. BIGNATURE OF FUNERAL SERVICE UC	CENSEE	OHEB SH		4/30/93 NO ADDRESS OF FA	CIUTY	BAL.	TIMOR	E, M)
	· Stu Lens	in.		SOL L	EVINSON REISTERT	& BROS			MD	21215
	23. PARTUEnter the diseases, or o	complications that cause	d the deeth. Do	not enter the mo	de of dying, suc	h as cardiec	or respir	atory errer	rt.	ZIZIO Approximate
	shock, or heart failure. I	List only one cause on e	ach line.		- Contract of the contract of		District of			Interval Between Onset and Death
	disease or condition resulting in death)	SEI	PEis							Onset and Death
	resulting in death;		A CONSEQUENCE O	F):						
z		DEC	usi tu	s wec	ERS					İ
5	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE O							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	c								
F	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE O	f):						
Ä	Testiting in death, CAST	d,								
	PART ii. Other significent condition	na contributing to death b	eut not resulting	in the underlyin	a ceuse diven in	Dort I 24s	. WAS AN A	ITOBEV	T 245 W	THE ALLESS OF THE PARTY OF THE
PHYSICIAN: MEDICAL	MILD DEM		at not rooting	ill tile wildory	A conse Airen in		PERFORM	MED?	AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE
ED		44 1 1 1 1 1 1				- 10	YES 2	JN6		F DEATH?
2						— I		-	1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL								Щ.	
<u>5</u>	EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (Che			5. /	f.	51 0
+×S	1 YES 2 NO 27. MANNER OF OEATH	1 Inpetient 2 ER/Outp		4 - Nursing Hom	ne 5 🗆 Residence			>1MA1	102	prital
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b, TIM	JURY WO	URY AT DRK? YES 2 NO	28d. OEŞCRIE	E NOW IN.	JURY OCCUI	RED	
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, :	street, factory, offic	•	28f. LOCATION City or Tox	N (Street an wn, State)	id Number or	Rural Rout	le Number,
4	29e. CERTIFIER									
COMPLETED	(Check only T CERTIFYING PHYSIC	CIAN: To the best of my knowless: On the basis of examination								nd menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUM	IBER	T	29d. OATE S	IIGNEO (M	lonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type	Drint)						
	BENITO PATARO				BALTIN	MORE BAJ				
	MAY 4 1993	Givia Davidson	fandelle							



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 2124

-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

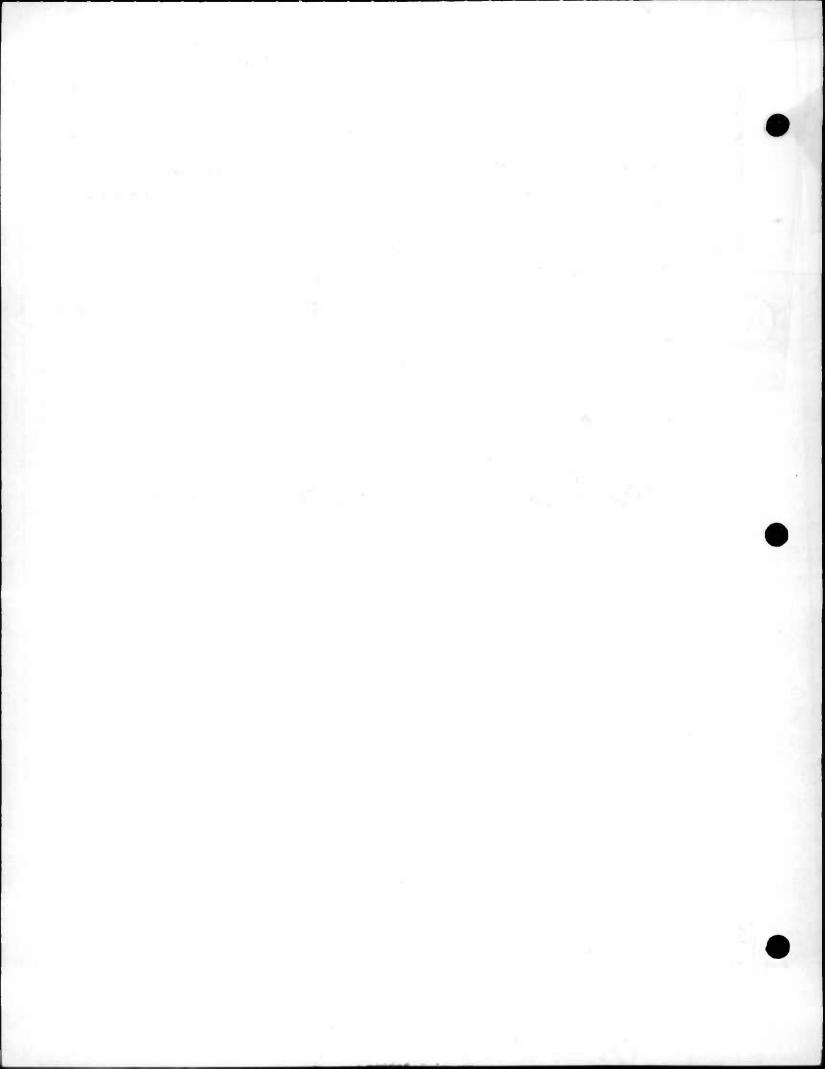
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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MAY

1993

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF	HEALTH AND	MENTAL HY	GIENE	33 ·	PERT PRE
	1. DECEDENT'S NAME (First, Middle, Last)	MARY		D. COH		2. DATE OF DI		YEAR 3.	TIME OF BEATH
	4. SOCIAL SECURITY NUMBER 213-34-2454	1 M 2 F O	yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day)	8703	6. BIRTHPL/ Country)	MD
TOR	9a. FACILITY NAME (If not Institution, give str	ptx		0	or Location of D	DEATH		TY OF PEAT	
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	ATION				d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	1190 W. NORTHERN	PARKWAY, APT	•#703		21210			EN OF WHA	T COUNTRY?
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 2 NO Speci	an, Puarto Rican,	etc.)	I4. RACE — Black, W Specify:	American Indian, hita, atc. WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of v itte. Do NOT us	vork done durina m	ION lost of working	16b. KIND	OF BUSINESS/INDU	STRY	
COMP	12 17. FATHER'S NAME (First, Middle, Lest)		HOUSE	TFE	18. MOTHER'S N.	AME (First, Middle,	OMF. Maiden Surname)		
B	JACOB GOLDS 19a. INFORMANT'S NAME (Type/Print)	TEIN				RA (U	NKNOWN)		
2	MR. ALAN W. COF		1190	W. NOR	THERN PAI		y or Town, State, Zip (PT • 703 , BA		MD.21210
	20a. METHOD OF DISPOSITION 1	val from State	PLACE AND DATE OF	her place) LOH CON	GREGATION	1 5/2/93	BALTO.		State
	Ma J	Danes	ė	SOL	LEVINSON REISTER	& BROS.	FUNERAL	HOME	(21215)
	PART I. Enter the diseases, or so shock, or heart failure. Li	mplicatione that ceused i	the death. Do n	ot enter the m	ode of dying, suc	ch as cerdiec o	r reepiratory arre	st,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A C	13						Onset and Death
NO	Sequentially list conditions,	Pnu	mme.	N)					
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C		,					
CERTIFICATION	that initieted events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF): 					
AL AL	PART II. Other significant conditions	contributing to death but	not resulting i	n the underlyin	ng cause given in		MAS AN AUTOPSY PERFORMED?	AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE
: MEDIC						_ '	YES 2 NO	OF	OEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	neck naky nae)			
S		HOSPITAL: 1 Inpetient 2 ER/Outpet	ient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence		-th/)		
Ť	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN.	JURY AT		HOW INJURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(YES 2 NO				
	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY — building, etc. (Specify	- At home, farm, s	treet, factory, offic	CO .	281. LOCATION City or Town	(Street and Number of n, State)	Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CHOCK Only 0 MEDICAL EXAMINER:	AN: To the best of my knowled On the basis of examination a	ige, death occurre	d at the time, date	end place, end dud death occured at the	to the cause(s) e	and manner ae stated	l. cause(s) and	d manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ulta, m	0 2-	172	29c. LICENSE NU	MBER 2	29d. DATE	SIGNED (MO)	nth. Day. Year)
Ĕ	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	~~	Print)	2272				
	31. OATE FILEO (MONTH, Day, Year) MAY 4 1993	32. REGISTRAR'S SIGNAT	Pondade						



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

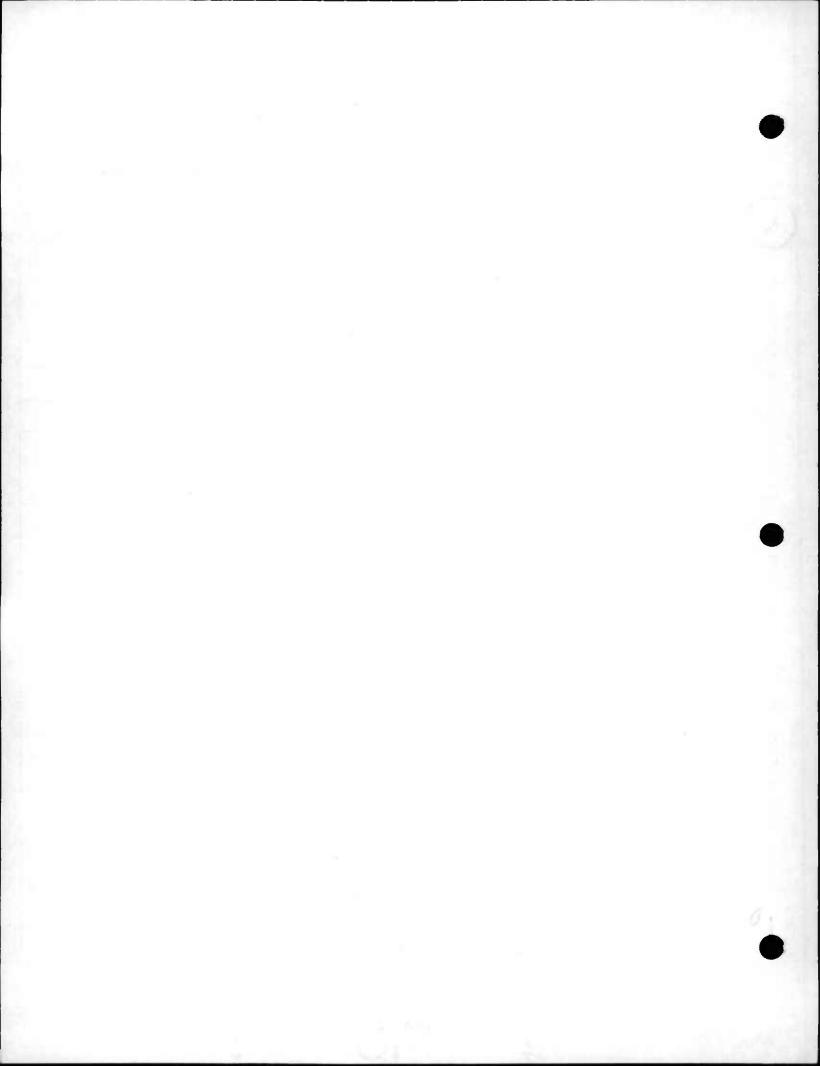
	1 - STATE REGISTRAR		CE	RTIF	ICATE (ÖF	DEATH	W.C.14 47	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) LINDA E	STELLE		CRO				2. DAT	E OF DEATH	AY	YEAR 993	3. TIME OF DEATH
7	4. SOCIAL SECURITY NUMBER 422-16-1736	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER 1 YE	EAR	IF UNDER 24 HRS. HOURS MIN,	7. DAT	E OF BIRTH oth, Day, Year)		6. BIRTI	
OR BO	9a. FACILITY NAME (If not institution, give s	street and number)			96. CITY, TO PASA		R LOCATION OF DE		0-05-19	9c. CO	JNTY OF D	L. EATH RUNDEL
DIRECTOR	10a. STATE 10b. COUNT MARYLAND ANNE	ARUNDEL			Y, TOWN OR L SADENA		ION					10d. INSIDE CITY LIMITS? 1 □ YES 2 ▼ NO
FUNERAL	106. STREET AND NUMBER 1055 KINGS ROAD					101.	ZIP CODE 21122			10g. Cf1	U.S	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XXDIvorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2X N	MED (O	If ye	16, spe	ENDENT OF HISPAN ocity Cuban, Mexica 2 X NO Specify	in, Puerto	IN? (Specify Ye Rican, etc.)	s or No—		E — American Indian, k, Whita, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2 N	College (1-4 or 5+)) (Gi	ive kind of t Do NOT u	USUAL OCCU work done during se retired.)	ng mos	st of working	5	STATE (HUMAN F	F MA	RYLA	ND
BE CON	17. FATHER'S NAME (First, Middle, Lest) THOMAS J.	HOLLIS	1		owen c	ی جر	18. MOTHER'S NAME TO TA		Middle, Maiden		HIS-INC	
2	19a, INFORMANT'S NAME (Type/Print) MRS . RAMONA A . L	OVELACE					OAD, PAS					122
	20a. METHOD OF DISPOSITION 1	TOMBMENT	cemetery, crei	matory or o	OF DISPOSITION (their place)				15		City or To	wn, State RK, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	XXL.	Me) .			OND AVEN					RAL HOME IE,MD.21061
	23. PART . Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sma.	te on eech line.	el	CA		Lun		rdiec or resp	iratory a	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (d	OR AS A CONSEC	DUENCE O	F):			J				
N: MEDICAL	PART II. Other algorificent condition	e contributing to	deeth but not re	esulting	in the under	riying	cause given in	Part I.	24s. WAS AN PERFO	MEDY) 24b	WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 ND	HOSPITAL:			OTHER:		ACE OF DEATH (Che		one)			
	27. MANNER OF DEATH	1 Inpatient 2 I	NJURY	28b. TIM			IRY AT	_	er (Specify) ESCRIBE HOW	NJURY OC	CURED	
'n	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At hor		M 1	□ Y	ES 2 NO	28f. LO	CATION (Street	and Numbe	r or Rural F	Route Number,
LE I ED	4 Hamicide determined								y or Town, State;			
COMPLE	0/M) 2 MEDICAL EXAMINE	ER: On the same of ax) and manner as stated.
D BE	296. SIGNATURE AND VITLE OF CENTIFIE	han	1	4	\geq		29c. VICENSE NUM	51	5203	29d. DA	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	amfa	i Ro	27) (Type,	/ \	1	ader	19	170	1	21	122
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE		1							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, (

BALTIMORE, MARYLAND 21215-0020

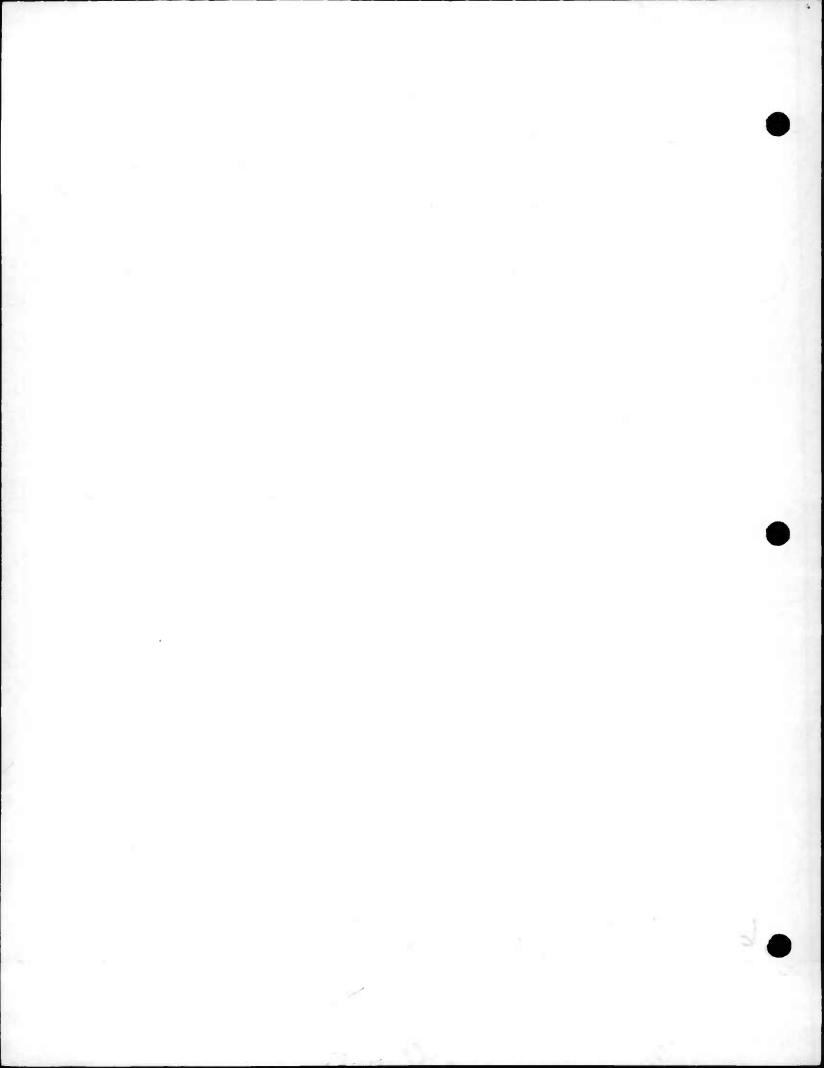
DHMH-18 Rev 1/89



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State D	Пеш
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	REGISTRAR		CE	RITE	CATE OF	DEAL	П	REG. NO.		
l (1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF DEATH		3. TIME OF DEATH
	ETHEL	MARY		CI	LARKE			DS OI	9.	3 ^{AR} 04:15 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 2		DATE OF BIRTH		BIRTHPLACE (State or Foreign
1	213-34-4822	1 🗆 M 2 🗀 🔀	0.0	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 04-24-190		Country) MASSACHUSETTS
	9s. FACILITY NAME (If not institution, give s	street and number	88		9b. CITY, TOWN	OR LOCATION				
Œ			300T AMT/	217				1		Y OF DEATH
DIRECTOR	NORTH ARUNDEL HO	SPITAL ASS	SOCIATIO	JN	GLEN	BURNI	E		<u>A</u>	.A. COUNTY
B	10a. STATE 10b. COUNT	Y		10c, CITY	TOWN OR LOCA	TION				10d. INSIDE CITY
등	MARYLAND ANN	E ARUNDEL			GLEN BUE					LIMITS?
	10e. STREET AND NUMBER	I III ON DEE								1 TYES 2 NO
RA		ID C LI			10	, ZIP CODE				N OF WHAT COUNTRY?
FUNERAL	402 CENTRAL AVENU					21061			U.S.	Α.
교	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	EVER IN U.S. ARM	ED)	13. WAS DEC	ENDENT OF	HISPANIC C	ORIGIN? (Specify Yes uerto Rican, atc.)	or No- 14	. RACE — American Indian, Black, White, etc.
8≺	3 Widowed 4 Divorced	IF YES, GIVE WAR			1 TYES	2 🖄 NO	Specify:	outro rincust, etc.)		Specific
		1			1					WHITE
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	completed)	(G/ve	a kind of wo	JSUAL OCCUPATION OF COME done during me	ON st of working		16b, KIND OF BUS	INESS/INDUS	TRY
۳,	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT use	· ·					
Ž	12	NONE		HOMEN	1AKER			OWN	HOME	
8	17. FATHER'S NAME (First, Middle, Last)					16. MOTHE	R'S NAME ((First, Middle, Maiden	Surname)	
8		LIAM M	MacLELLA	AN		IDA		WINTE	RS	
2	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING /	ADDRESS (Street a	and Number o	r Rural Route	Number, City or Town	, State, Zip Co	ode)
-	MR. ALVIN H. CLAF	KE, JR.	10	0120	DEER VI	EW PC	INT,	WEXFORD,	PA.	15090
	20a. METHOD OF DISPOSITION 1/3/Burlet 2 Cremation 3 Rem		20b. PLACE AN	D DATE OF	F DISPOSITION (No	ime of	1		ATION — City	y or Town, State
8	4 Donation 5 Other (Specify)	CARL HOW STREE	GLEN H	atory or oth	er plece) N MEMOR]	AL PA	ARK	5/5/ GLE	N BURI	NIE, MD.
	21. SIGNATURE OF FUNERAL SERVICE U	CONSER			22. NAME AI			ry		
	► /) \(\sqrt{V}\)	Si								NERAL HOME
_		racco			1 SECO	ND AV	7E., S	S.W., GLEN	BURN:	IE, MD. 21061
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that cause	aused tha deal	th. Do no	ot antar tha mo	da of dylng	g, such as	cardiac or respir	atory arrest	
	IMMEDIATE CAUSE (Final	_	on quen mig.							Intarval Between Onset and Death
	disease or condition resulting in death)	· AT R	Le CI	0.1	Cu int	ere				
1	resolding in death)	d	-	-						i
- 11		DUE TO (OF	R AS A CONSEQU	JENCE OF)	1:					
z		_								
NOIL	Sequentially list conditions,	b. DUE TO (OF	AS A CONSEOU	ENCE OF)						
CATION	if sny, leading to immediata cause. Enter UNDERLYING	b. DUE TO (OF	AS A CONSEOU	ENCE OF))				
IFICATION	if sny, leading to immediate	DUE TO (OF		ENCE OF)	er s					
RTIFICATION	if sny, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OF	R AS A CONSEQUE	IENCE OF)	er					
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	if sny, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OF	R AS A CONSEQUENT AS A CONSEQU	JENCE OF)	er c		ven in Pari	t I. 24a, WAS AN /	WTOPSY	24b. WERE AUTOPSY FINDINGS
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PHYSICIAN: MEDICAL	if sry, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OF OUE TO)))))))))))))	R AS A CONSEQUENT AS A CONSEQU	SENCE OF)	26. PL OTHER: 4 Nursing Hom OF 28c. INJ RY WO	ACE OF DEA	ATH (Check of dence 8 - 28c	PERFORI 1 YES 2	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL.	if sry, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation	DUE TO (OF DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. D. D. D. D. D. D. D. D. D. D. D. D.	R AS A CONSEQUENT AS A CONSEQU	PURINCE OF) PURINCE OF) PURINCE OF) PURINCE OF) PURINCE OF) PURINCE OF)	26. PL OTHER: 4 Nursing Hom OF M 1 1	ACE OF DEA	ATH (Check of dence 8 286	PERFORI 1 YES 2 Only one) Other (Specify) d. DESCRIBE HOW IN	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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COMPLETED BY PHYSICIAN: MEDICAL	if sry, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OF DUE TO	R AS A CONSEQUENT AS A CONSEQU	DOA DOA TIME INJU	26. PL OTHER: 4 Nursing Hom OF 28c. INJ M 1 WO reef, factory, office	ACE OF DEA	NTH (Check of dence 8 28c) NO 28f and due to the last the time.	PERFORI 1 YES 2 Other (Specify) d. DESCRIBE HOW IN L. LOCATION (Street at City or Town, State) The cause(e) and ments, data and place, and	MEO? NO UURY OCCUR No Number or in the country of the country occur.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RUED Rural Route Number, suse(a) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	if sry, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Investigation Suicide Could not be determined Description CERTIFYING PHYSI (Check only one) MEDICAL EXAMINE	DUE TO (OF DUE TO	R AS A CONSEQUENT AS A CONSEQU	DOA DOA TIME INJU	26. PL OTHER: 4 Nursing Hom OF 28c. INJ M 1 WO reef, factory, office	ACE OF DEA	NTH (Check of dence 8 28c 28c 28f	PERFORI 1 YES 2 Other (Specify) d. DESCRIBE HOW IN L. LOCATION (Street at City or Town, State) The cause(e) and ments, data and place, and	MEO? NO UURY OCCUR No Number or in the country of the country occur.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO RED
BE COMPLETED BY PHYSICIAN: MEDICAL	if sry, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural or Pending Investigation 3 Suicide of Could not be determined determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OF DUE TO	R AS A CONSEQUENT AS A CONSEQU	DOA DOA INJURA STATE OF THE STA	26. PL OTHER: 4 Nursing Hom OF 28c. INJ RY WO 1 1 1 1 I at the time, data I in my opinion, d	ACE OF DEA	NTH (Check of dence 8 28c) NO 28f and due to the last the time.	PERFORI 1 YES 2 Other (Specify) d. DESCRIBE HOW IN L. LOCATION (Street at City or Town, State) The cause(e) and ments, data and place, and	MEO? NO UURY OCCUR No Number or in the country of the country occur.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RUED Rural Route Number, suse(a) and manner as stated.
E COMPLETED BY PHYSICIAN: MEDICAL	if sry, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural Investigation 3 Suicide 8 Could not be determined determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	DUE TO (OF DUE TO	R AS A CONSEQUENT AS A CONSEQU	DOA DOA DO CONTROL OF THE PARTY	26. PL Tha undarlying 26. PL OTHER: 4 Nursing Hom OF 28c. INJ RY M 1 WO Treef, factory, office Lat the time, data , in my opinion, d	ACE OF DEA	ATH (Check of dence 8 28c	PERFORI 1 YES 2 Other (Specify) d. DESCRIBE HOW IN LOCATION (Street ar. City or Town, State) the cause(e) and mente, deta and place, and	MEO? NO UURY OCCUR No Number or in the country of the country occur.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RUED Rural Route Number, suse(a) and manner as stated.
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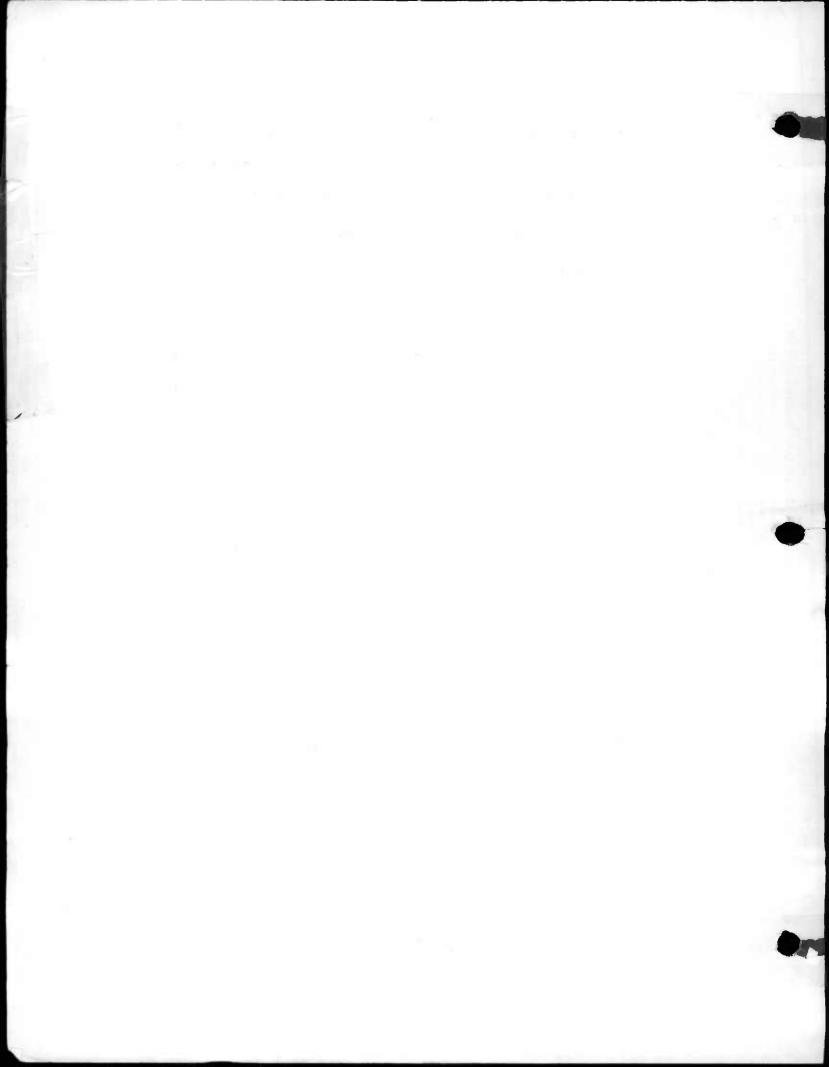
DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
medical examiner must	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner musi
or removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
ed in by the funeral director,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
mours after death. Page 6 m	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death, Page 6 m
DALLINON	DIVISION OF VITAL RECORDS, T.O. BOX 13146,

1 - STATE REGISTRAR		CERTIFIC	CATE O	DEATH	REG. NO	D.		
1. DECEDENT'S NAME (First, Middle, Last) John R.	Callin				2. DATE OF DEATH MONTH 2,	T 993	YEAR 3	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-30-6160 1 ☑	8. AGE (In yrs	_	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH Dec.,	.933	8. BIRTHPL F Country)	ida
9s. FACILITY NAME (If not institution, give street and 3950 New Secti				or Location of Di 71eys Qu		9c. COU	Balt	imore
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Md. Balt	imore	10c. CITY,	TOWN OR LOC	ation 71eys Qu	arters		- 1	IOd. INSIDE CITY LIMITS?
100. STREET AND NUMBER 3950 New Sec		-		Of. ZIP CODE	220	10g. CIT		IAT COUNTRY?
11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U.S PRCES? 1 YES 2 YES, GIVE WAR OR DATES	i. ARMED	If yes,	ECENDENT OF HISPAI	NIC ORIGIN? (Specify Y	ne or No	14. RACE - Black,	American Indian, White, atc.
15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) 1 2 t h 1 2 t h	ge (1-4 or 5+)		ISUAL OCCUPA ork done during in retired.)	nost of working	16b. KIND OF B	h St		
17. FATHER'S NAME (First, Middle, Last) John N. Calli	.n				ME (First, Middle, Maide .ude R .	,	ster	
190. INFORMANT'S NAME (Typo/Print) Edna Callin					Road Ball			ID. 21220
20e. METHOD OF DISPOSITION (C Burtal 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify)	m Ctata Offi	er nisce)	s of 1		/4/93 I		City or Town	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	neral ,	Jome		and address of Fa		300)Mace	Ave.21221
23. PART I. Enter the diseases, or compile shock, or heart failure. List or iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		NSEQUENCE OF	Re.				rest,	Approximate interval Batween Onset and Death
PART II. Other significant conditions cont	ributing to death but r	not reaulting in	the underly	ing cause given in	Part I. 24a. WAS / PERFo	N AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	PITAL:		OTHER:	PLACE OF DEATH (C)	, ,			
27. MANNER OF DEATH 1 Natural 5 Pending	Rea. DATE OF INJURY (Month, Day, Year)	nt 3 DOA DOA 1NJU	OF 28c.	NJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. DEŞCRIBE HOV	/ INJURY O	CCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined	tse. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st			281. LOCATION (Stree City or Town, Sta		er or Rural Ro	ute Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the control of the control								and manner so stated.
296. SIGNATURE AND TITLE OF CENTIFIES	mho	1		29c. LICENSE NU	MBER 55/	29d. DA	TE SIGNED	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COM THE THE THE THE THE THE THE THE THE THE	PLETED CAUSE OF DEATH RBRCL 22. REGISTRAR'S SIGNATU	(ITEM 27) (Type,	Print)	naklor	59 D	- "	2	237
10		40.0						



8. BIRTHPLACE (State or Foreign

Indiana

3. TIME OF DEATH

7:30 P.m

REG. NO.

30

93

2. DATE OF DEATH

7. DATE OF BIRTH

03/24/43

04

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

164-34-8534

Margaret

5. SEX

1 🗌 M 2 💢 F

Ann

6. AGE (In yrs. last birthday)

50

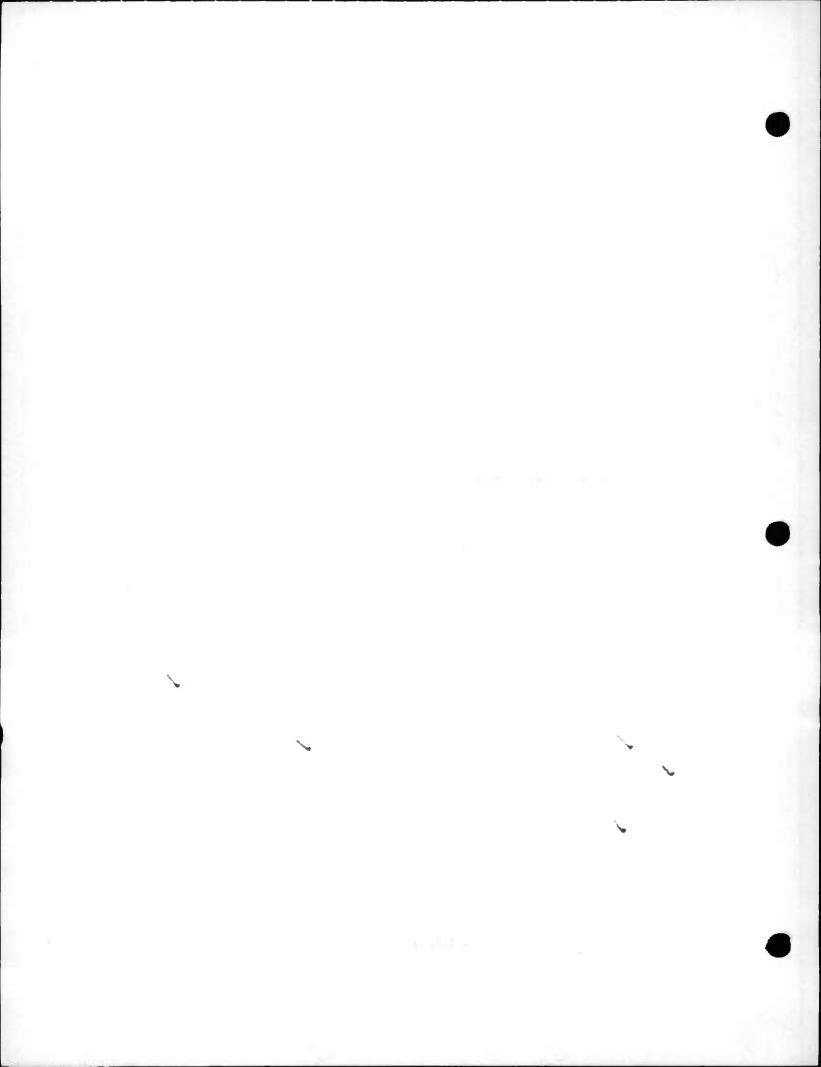
IF UNDER 1 YEAR IF UNDER 24 HRS.

Donatiu

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-002

purit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH FUNERAL DIRECTOR 423 London Court Westminster Carroll RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Westminster 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 423 London Court 21157 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married hours after death. Page 6 may be retained by the hospital or attending pad in by the funeral director, page 5 should be detached for use as the by IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced Specify: White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple. 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th.Grade Minister/Clergy Spiritualist Church 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Charles Jones BE Alberta Grav notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Scott A. 14947 Cherry Wood Drive Laurel, MD Donatiu 20707 þe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Steta must Metro Crematory, Inc. 5/3 Baltimore, MD 21228 21. SIONATURE OF PHNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md, Inc. E 299 Frederick Rd. Balto., MD George MacNabb in by the ir removal. 21228 medical 23. PART I. Enter the diseases, or complications that caused the daeth. Do not entar the moda of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on eech line. Interval Between 6 filled IMMEDIATE CAUSE (Finel n and completely filled to burial, cremation. Onset and Death the diseese or condition_ ancer ung Omonth HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE DF): has been signed by the attending physician a Dept. of Heatth and Mental Hygiene prior to 123 shows any Injury, or other traums If any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not reculting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO 1 TES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PHYSICIAN: r this certificate has h with the State De arked, or Item 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 1 TES 2 NO OTHER 1 Inpatient 2 ER/Outpatient 3 DOA me 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural After the death v 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 3 Suicide L DIRECTOR: A thours after d them 28 is 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 PM 2 MEDICAL EXAMINER: On the basis of axa stigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner sa stated 29b. SIGNATURE AND TITLE OF CERTIFIER 28c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 361 05/03/92 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Satish A. Shah 1030 Fairfield Road Gettysburg, M.D. PA 17325 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) MAY 0 4 1993



YEAR

3. TIME OF DEATH

2. DATE OF DEATH

DIVISION OF VITAL

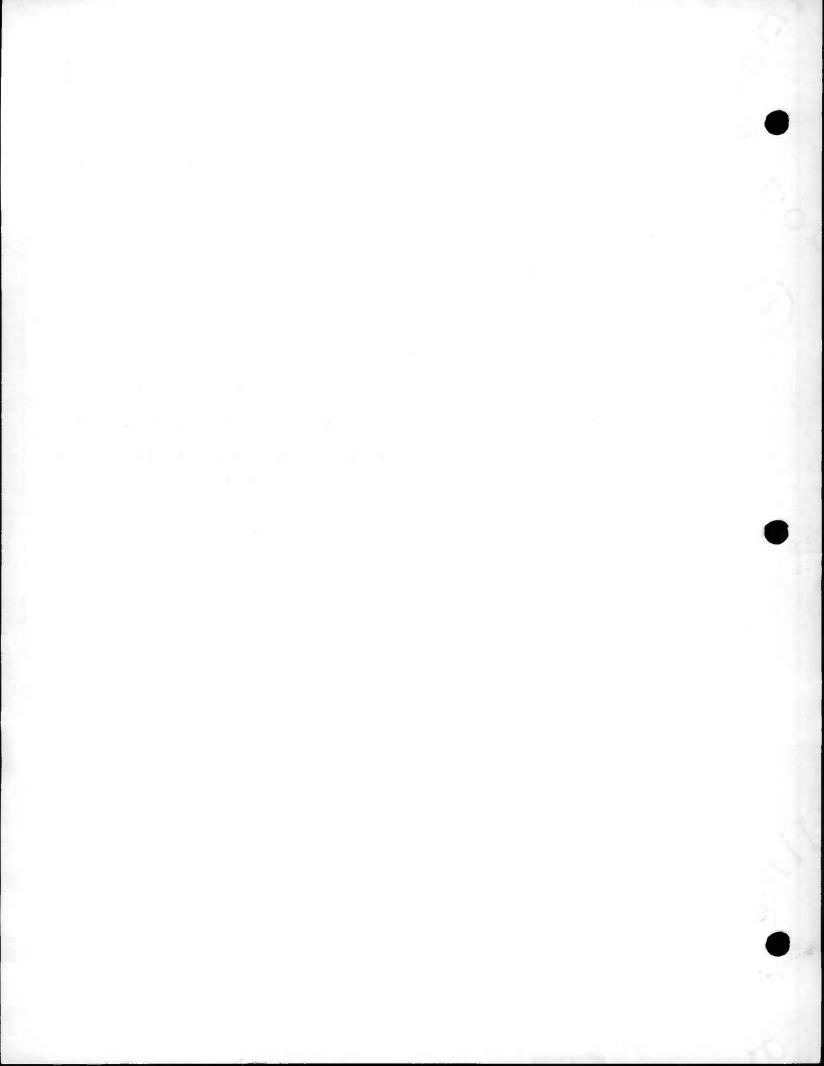
RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21

DIMOND 04 29 1993 0410 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS MARCH 27,1904 NEW JERSEY 1 XM 2 F 212-01-2838 89 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 TES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2331 OLD COURT ROAD- APT. 108 USA 21208 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Marri secify Cuban, Maxican, Puarto Rican, 1 TES ZA NO В Specify: Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 MANUFACTURER REPRESENTATIVE CONSUMER PRODUCTS once, 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) TUBE DIMOND SARAH **GOLDBERG** BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS RUTH DIMOND 2331 OLD COURT RD, APT. 108 BALTIMORE, MD 21208 ě 20s. METHOD OF DISPOSITION

107 Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must OHEB SHALOM MEMORIAL PARK 4-30+93 REISTERSTOWN, MD 21. SIGNATURE DE-FÜNERAL BERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ea cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final **Onset and Deeth** ş disease or condition PULMONARY EDEMA resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) VaI CHF traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CHRONIC A FIB CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST ö Injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS any AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 | YES 2 | NO Corenary orlers 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) Item HOSPITAL: OTHER: 1 YES 2 NO 1 Denpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) ő 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural м 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28 18 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide II Item 29a. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated, MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER BE George Karller mo 29d. DATE SIGNED (Month, Day, Year) D16189 4-29-93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6565 N.CHARCLES St. Sunt 615. TOWSON UFORGE MOPA 21204 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAY Julia Davidson 1993

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

nal-transit permit. Pages 1, 2, 3 should

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

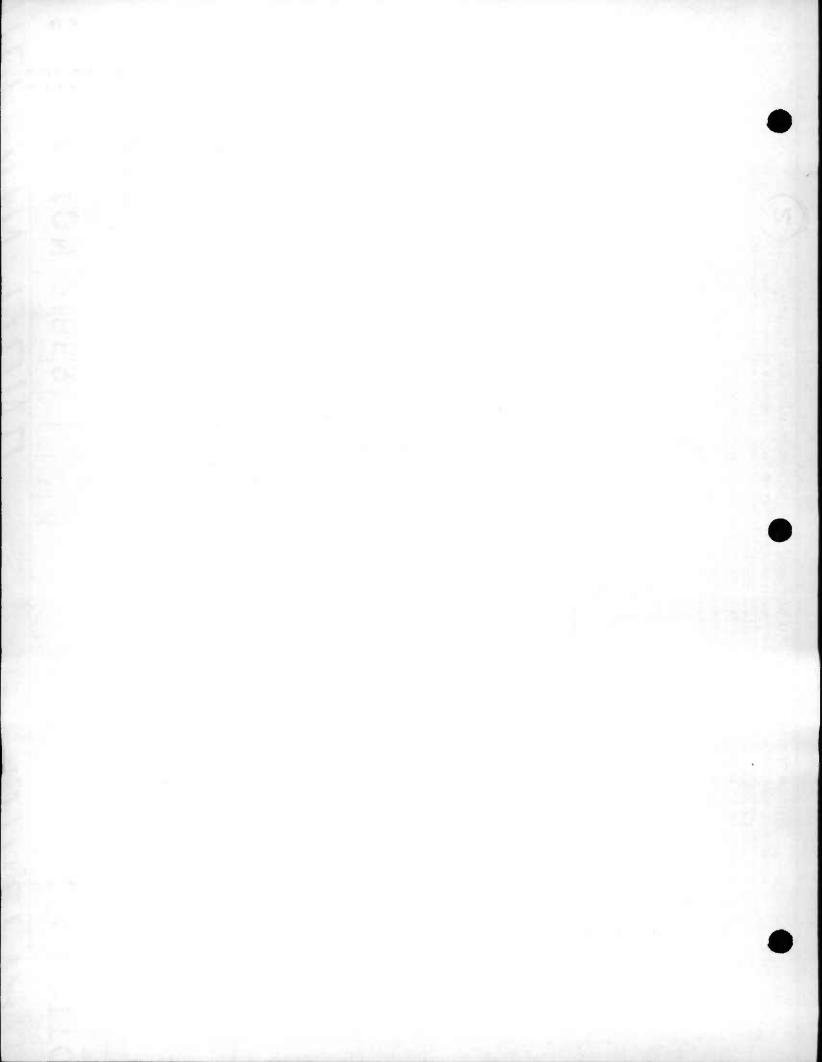
	REGISTRAR		CERTIF	ICATE O	F DEATH		NO.			
-	1. DECEDENT'S NAME (First, Middle, Last)	050400				2. DATE OF OEA		YEAR 3. TIME OF	-	
		BERHARD-				5		3 9-1	5 PM	
	and the second s		(In yrs. last birthday) 1 YRS.	MONTHS DAYS		7. DATE OF BIRT (Month, Day, Y	01	8. BIRTHPLACE (State Country) MARYLANT	or Foreign	
_	9a. FACILITY NAME (If not institution, give stree	it and number)		9b. CITY, TOW	OR LOCATION OF D	EATH	9c. COUN	TY OF DEATH		
DIRECTOR	LIBERTY MEDICAL	L CENTER		BALT	IMORE					
띭	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION		-	10d. INSIDE	CITY	
	MARYLAND			BALT	MORE			1 YES	? 2 🔲 NO	
BY FUNERAL	100. STREET AND NUMBER 4448 NEWPORT	AVENUE			101. ZIP CODE 21211		10g. CITIZ	USA	₹Y?	
Y FU	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 X NO	II yes,	ECENDENT OF HISPA specify Cuban, Maxic ES 2 X NO Speci	an, Puarto Rican, et	fy Yes or No—	14. RACE — American Black, Whita, atc. Specify:	Indian,	
	15. DECEDENT'S EDUCAT	FION	44- 0505051110					WHI	[E	
	(Specify only highest grade cor	mpleted)	18a. DECEOENT'S (Give kind of life. Do NOT u	work done during		16b. KINO C	F BUSINESS/INOU	STRY		
COMPLETED	10TH	College (1-4 or 5+)	FLOR	IST			WHOLESAL	E		
	17. FATHER'S NAME (First, Middle, Last) AUGUST EBERHARD'	Т			1	AME (First, Middle, M NOWN	aiden Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	t and Number or Rural	Route Number City	or Town State Zin (Code		
5	MARY EBERHARDT		100		RT AVENU					
	20a. METHOO OF DISPOSITION 1 Surial 2 Cremation 3 Remova	of from State 20b	PLACE AND DATE netery, cremetory or o REEN MOU	of Disposition	Nama of		AT (TITMOD)		TD	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN		REEN MOU		AND ADDRESS OF F		ALTIMORE	E, MARYLAN	AD.	
	· a Glan	- Seite !	h	Α.	ALAN SEI	TZ, JR.		HOME ORE, MD. 2	21211	
	23. PART i. Enter the diseases, or com	npilcetions that coused	the deeth. Do	not enter the r	node of dying, suc	th es cerdiec or	respiratory stre	st, Appro	ximate	
	shock, or heert feliure. Lis IMMEDIATE CAUSE (Finsi disease or condition	0		_				Onset	ai Between and Death	
	resulting in death) s	OUE TO (OR AS	CONSEQUENCE O	F):				un	knowa	
NO	Sequentially list conditions, b, -									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):						
TE	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE O	F):						
CER	d									
DICAL	PART II. Other significent conditions of	in part			ing ceuse given in		AS AN AUTOPSY REFORMED?	24b. WERE AUTOPS		
500	Melasto	1, 40	un co	ncel		1 🗆 Y	ES 2 NO	COMPLETION OF DEATH?		
ME	deligh	won						1 🗌 YES 2	□ NO	
NA I	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	heck only one)				
PHYSICIAN:		IOSPITAL:	atlant 3 DOA	OTHER:	ome 5 🗆 Raaldence		()			
E	27. MANNER OF GEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. I	NJURY AT YORK?		IOW INJURY OCCU	JREO		
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, ify)	ntree1, factory, of	lice	281. LOCATION (S City or Town,	treet and Number of State)	r Rural Route Number,		
PE	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowl	ledge, death occurr	ed at the fime, d	te and place, and du	to the cause(s) an	d manner as atates	ı.		
SON	one) 2 MEDICAL EXAMINER: (death occured at the	time, data and pla	e, and due to the	cause(a) and manner	as stated.	
BE	298. SIGNATURE AND TYPLE OF CENTURER	House	= office	ER	29c. LICENSE NU		29d. OATE	SIGNEO (Month, Day, Y	bar)	
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print) CENT	ER	0				
	31. DATE FILED (Month, Day, Year)	2600 LIB 32. REGISTRAR'S SIGN	ERTY F	1 FIGHTS		BAL	rimole,	MD 212	215	
	MVA U 4 1003	Ali Kandan Y								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

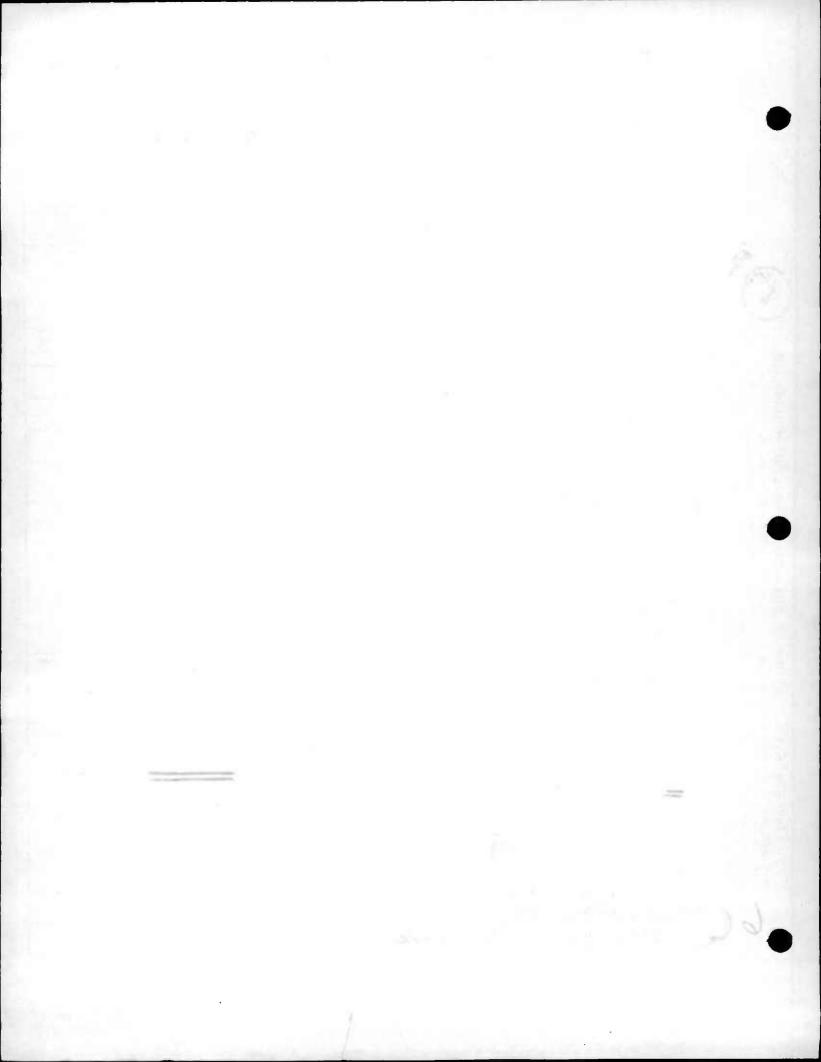
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR			EKIIF	ICALE	UF	DEAL	П	HEC	3. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		· · ·						2. DATE OF DE	ATH DAY		YEAR	. TIME OF DEATH
- 1	Geneilie	le M.	Evelet	<i>h</i>				_	04	24		93	3:30 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1	DAYS	HOURS 2	4 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-30-03		Country)		
	231-82-7565 9e. FACILITY NAME (If not institution, give s		9b. CITY, TOWN OR LOCATION OF DEATH						New York				
5	Livingston Woolt												
5	Livingston Healt RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY												
E		10c. CITY, TOWN OR LOCATION						LIMITS			IOd. INSIDE CITY		
اد	Virginia 100. STREET AND NUMBER	Falls Church							10a, CITIZ		X YES 2 NO		
FUNERAL DIRECTOR	1303 Gibson Plac	22046											
<u>N</u>	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S.	J.S. ARMED 13, WAS DECENOENT OF HISPAN					ORIGIN? (Spec	city Yea o	- American Indian, White, etc.		
BY	1 Never Merried 2 Married 3 XWIdowed 4 Divorced	NO If yes, specify Cuben, Maxican, 1 ☐ YES 2 🔀 NO Specify:											
	15. DECEDENT'S EDU	DECEDENT'S USUAL OCCUPATION					16b, KIND OF BUSINESS/INDUSTRY				LLE		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	(Give kind of work done during most of working life. Do NOT use retired.)					IOU. KIND	Or BOSII	NE33/INDU	SINI			
됩	12	memaker					Home						
Š	17. FATHER'S NAME (First, Middle, Last)						16. MOTHE	ER'S NAM	E (First, Middle,	Maiden St	umame)	-	
BE	Daniel J. McCaff	erty							ario				
2	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number o	or Rural Ro	ute Number, City	or Town,	State, Zip (Code)	
	Laurie Stackpole			11 Ba					Washi	ngt	on. N	1D 20)744
	1) Buriel 2 Cremetion 3 Rem	oval from State	other	plece)									
	21. SIGNATURE OF PUNETIAL SERVICE LIC	CENSEE	_ 56.	Jame	22. N	IME A	D ADDRESS	S OF FACE	ur Murp	hv l	Fo 11	Ch	roh
	William A	Hali	sak		Ft	ıneı	al Ho	ome,	1102 V	V. B:	road	St,	Falls Churc
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the	caused the	death. Do i	not enter	the mo	de of dyln	g, such	as cardiac o	reepira	atory arre	et,	Approximate interval Between
	IMMEDIATE CAUSE (Final										Onset and Death		
	disease or condition resulting in desth)	ED	Vige	15							4 weeks		
_	disease or condition resulting in desth) a. PERFORATED VISCUS DUE TO (OR AS A CONSEQUENCE OF): 4 Wee,												
ا فِ	Sequentielly list conditions, if any, leading to immediate										1		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	C				.,							
	that initiated events resulting in death) LAST	DUE TO	OR AS A CONS	SEQUENCE O	F):								
E	d												
	PART II. Other algnificant condition	e contributing to	death but no	t resulting	in the unc	derlyin	g cause gl	ven in P		MAS AN A			WERE AUTOPSY FINDINGS
MEDICAL										YES 2 [COMPLETION OF CAUSE OF DEATH?
									_			'	YES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL					-					,		-
2	EXAMINER?	HOSPITAL:	□ EB/Outpetlant	2 🗆 804	OTHER	:	ACE OF DE						
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE O	F INJURY	28b. TIA	E OF	28c. IN.	URY AT	-	28d, DESCRIBE		JURY OCC	URED	
ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, I	Day, Year)	IN.	JURY M		YES 2	NO					
	3 Suicide 6 Could not be		OF INJURY — At, etc. (Specify)	home, farm,	street, facto	ory, offic			28f. LOCATION City or Town	(Street en	d Number o	or Runal Ro	ute Number,
ETE	4 Homicide determined									120			
COMPLETED	29s. CERTIFIER (Check only one)												
S	2 MEDICAL EXAMINE		examination end/	or investigation	on, in my of	pinion,	leath occure	d at the t	lme, data and p	lace, and	due to the	ceuse(s)	and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIE	R/ /					29c. LICEN	NSE NUMI	BER		29d, DATE	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH "	TEM OT /See	Drinet.		Do	27 :	341		7	.96	2
	R.M. NEDZ BALA		. TA .	- Em erj (nypi	e e see	1.1	rd.	Gen	& WAS	·W.	Lad.	-1-	2011
	31. DATE FILED (Month, Day, Year)		MR'S SIGNATUR	111111	10	<i>JU 1</i>	-6.1	ren	, ovy	182 3	11/1500	d- (174
	MAY 0 4 1993	guna D	evidon-V	unace									



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the city of the country of the count	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by the nurs after death with the State Dent of Health and Mental Horrison notor to hurtal compation, or semonal	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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2011	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 172 hours after death with the State Dent of Health and Mental Humison prior to build cremation, or semenal	E
70.7	the OR	8
-	RECT IIIS 3	m 2
1	P D	=
5	2 K	_

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC			MENTAI	HYGIENE REG. NO.	93	12800		
1. DECEDENT'S NAME (First, Middle, Last)	MICHAEL	AY EVNITZ			2. DATE MONTH	OF DEATH DAY		YEAR 2 20 R N		
4. SOCIAL SECURITY NUMBER 215-34-1930 90. FACILITY NAME (If not institution, give	1 M 2 🗆 F	44 YRS.	F UNDER † YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH I, Day, Year)	948	BIRTHPLACE (State or Foreign Country) MD		
(RESIDENCE) 695			OWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH							
MD .	Y		TIMORE				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 6950 BROOKMILL 11. MARITAL STATUS	RD., APT.#1-I		101. ZIP COOE 21215 109. CITIZEN OF WHAT COUNTRY? USA							
1Xiever Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify: 1 YES 2 NO Specify:							
15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	18e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo etired.)	ON st of working	16b. KIND OF BUSINESS/INDUSTRY					
17. FATHER'S NAME (First, Middle, Last) (LATE) HYMAN	EVNITZ	MAIL	CLERK	18. MOTHER'S NA	AME (First, M		rname)	RITY ADMINISTR		
MRS, ALMA EVNITZ				and Number or Rural	Route Numb	er, City or Town,	State, Zip C	ode)		
20, METHOD OF DISPOSITION 1 X Surfal 2 Commission 3 Them 4 Donation 5 Other/Specify 21. SIGNATURE OF FUNERAL SERVICE LI	novel from State	CHIZUK	SPOSITION (Name of 5/2/93 DATE 20c. LOCATION — City or Town, State CHIZUK AMUNO) CONGREGATION (BALTO., MD.							
Agelney L. X	tillman		SOL :	LEVINSON REISTER	& BR	RD. B	AT.TO.	.MD. (21215)		
PART Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Only one cause on	eech line.	enter the mo	de of dying, suc	h as card	lec or respira	tory arrea	t, Approximate Intervel Between Onset end Death		
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant condition	ns contributing to deeth	but not resulting in t	he underlying	g cause given in		1. 246. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 Input lent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 V Residence 6 Other (Security)										
27. MANNER OF OEATH Injection 1 Injection 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH Netural 5 Pending (Month) Day, Very (Month) Day, Very 1 YES NO NURY 1 YES NO AUTO-EROTICIS										
Suicide 8 Could not be determined	4/100	Ayo ID								
(Check only 1 CERTIFYING PHYS one) 2 [] MEDICAL EXAMINE				esth occured at the	time, date e			euse(s) end menner ee stated.		
ACOUNTY OF CENTRIES OF CENTRIES OF CENTRIES OF PERSON WE	DAUTO Medi	EATH (ITEM 27)	7()	0 0 0 0 8	MBER	2	ed. OATE S	GNED (Month, Day, Year)		
SHALEU 2 GROWN A. 31. OATE FILIPO (Month, Day, Year)	32 MEGISTRAR'S SIG	. Change	8 3/2	67			4	,		
MAY 4 1993	Siena Pavido	n-Randelle								



notified at must be examiner medical the traumatic event, or other

CERTIFICATION

BY PHYSICIAN: MEDICAL

COMPLETED

BE

2

2 Accident

3 Suicide

8 Could not be

6

marked,

69

28

Hem

IMPORTANT: IL

FUNERAL DIRECTOR: After t within 72 hours after death

THE FINE

223

DIRECTOR

FUNERAL

BY

COMPLETED

2

93 12801 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 'S NAME (First, Middle, Last) 2. DATE OF DEATH CISENFELD 3. TIME OF DEATH 250 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE /St DAYE 219-32-4184 1 M 2 - F OCT. 20 1910 POLAND 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN SINAI HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE BALTIMORE 1 TES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 2511 SUMMERSON ROAD 21209 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yae or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES Y NO Specify: 14. RACE — American Indian, Black, White, etc. IF YES, GIVE WAR OR DATES Specify: WHITE 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION ecify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) 12 **GROCER** FOOD 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname **JOSHUA** EISENFELD SHEVA (UNKNOWN) 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. GENIA EISENFELD SUMMERSON RD., BALTO., MD. (21209) 20a. METNOD OF DISPOSITION
1

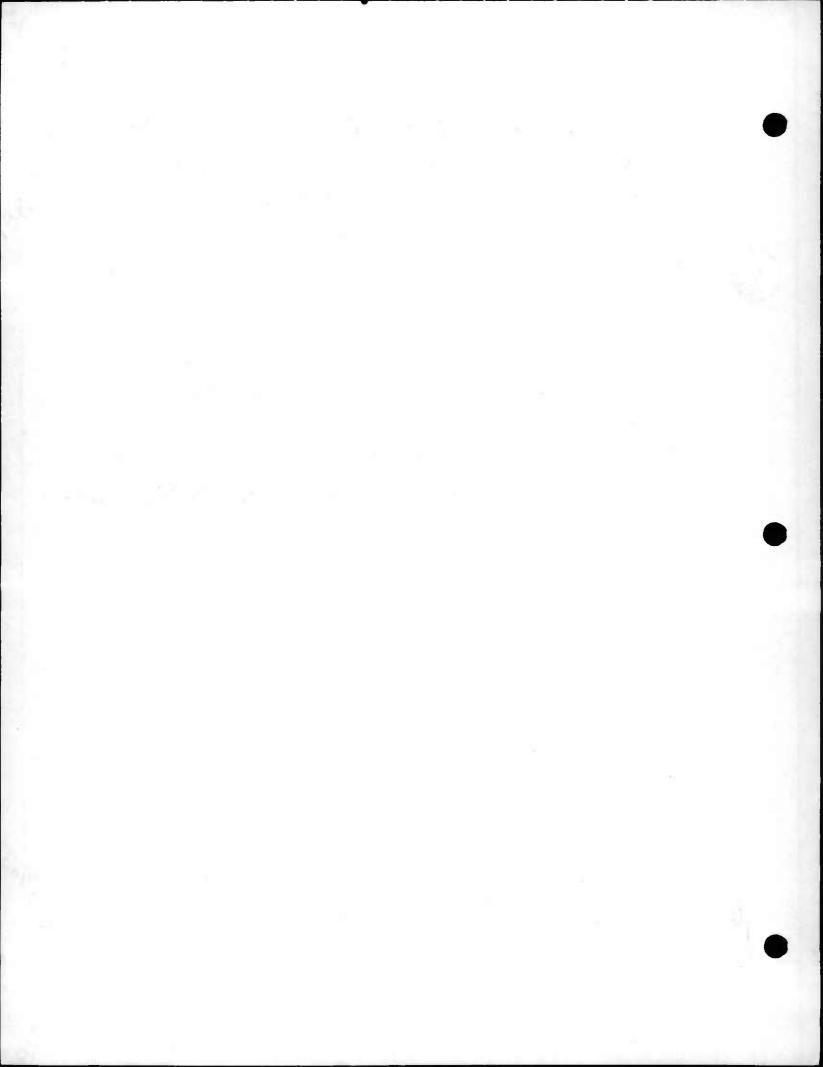
M Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 5/2/93 DATE 20c. LOCATION - City or Town, State Ametery, crematory or other pieces
LUBAWITZ NUSACH ARI (NER Donetlon 5 Other (Specify) TAMID) ROSEDALE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICES 22. NAME ANO ADDRESS OF FACILITY SOL LEVINSON & BROS. FUNERAL HOME 6010 REISTERSTOWN RD., BALTO., MD. (21215) 23. PARTM. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** shock, or heart feilure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition_ resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) trolce AS (WE Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMEO? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) OTHER: 1 🗌 YES 2 🚙 1 Impatient 2 ER/Outpatient 3 DOA ne 5 🗆 Rasidence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Netural

28e. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) and menner as stated. occured at the time, date end place, and due to the cause(e) and menner as stated 3 9 3 10 0 AND ADDRESS OF DATE FILED (Month)

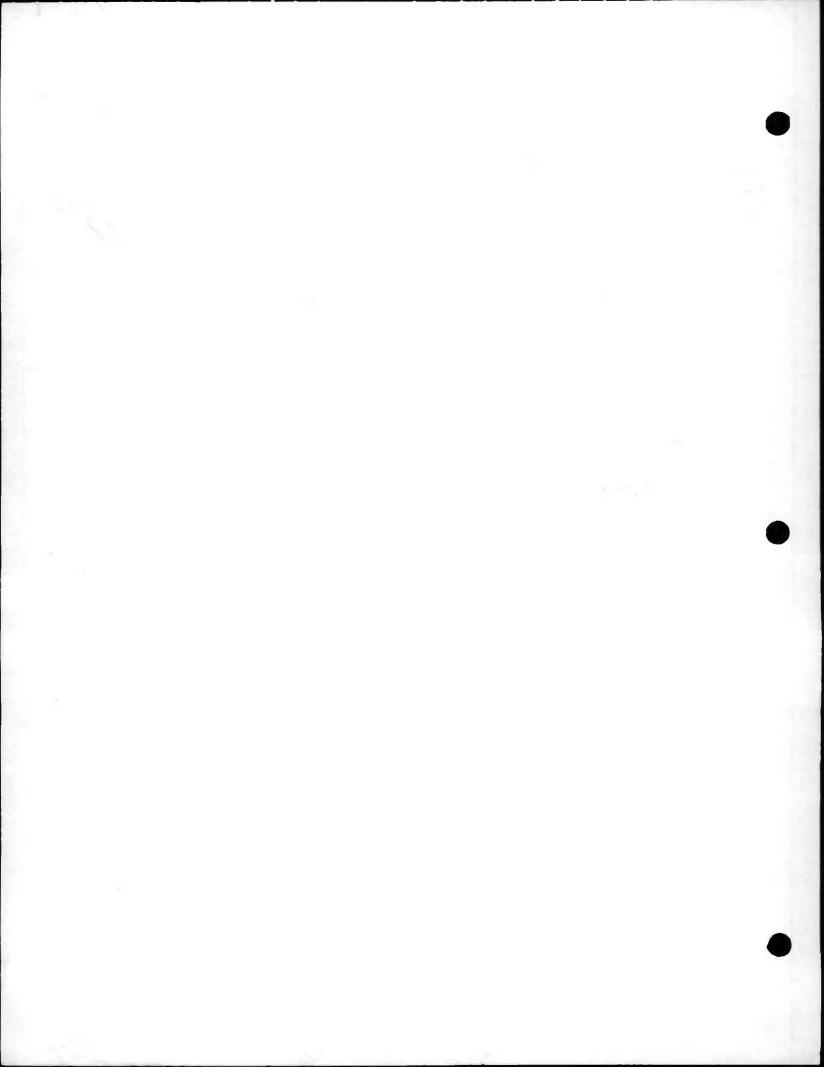
1 YES 2 NO

32. REGISTRAR'S SIGNATURE 1993

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)



	REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL	HYGIEN REG. NO	-	3	12802			
9	1. DECEDENT'S NAME (First, Middle, Last) Albert	Melcar	Epp	ps			2, 1	93	YEAR	3. TIME OF DEATH			
-	214-44-1873	M 2 🗆 F	(In yrs. lest birthday) 47 yrs.	F UNDER 24 HRS. HOURS MIN.	Jun.11, 1945 6. BIRTHPLACE (State or For Country) Maryland								
TOR	99. FACILITY NAME (If not institution, give street 818 N. Collington RESIDENCE OF DECEMENT	gton Ave. Baltimore								9c. COUNTY OF DEATH			
DIRECTOR	10a, STATE 10b, COUNTY			TOWN OR LOCAT	ION		10d. INSIDE CITY MITS? 1 YES 2 NO						
FUNERAL	1400 E. Madison Av	21205											
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No- If yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 YES 2 O Specify: Black											
COMPLETED	(Specify only highest grade com	5. DECEDENT'S EDUCATION thy only highest grade completed) tary (0-12) College (1-4 or 5+) COCK 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						SINESS/INDI	JSTRY				
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mi	iddle, Maiden	Surname)					
BE (John Albert Epps					lyn E							
2	190. INFORMANT'S NAME (Type/Print) Evelyn Blackwell				nd Number or Rural F			n, State, Zip	Code)				
	20a. METHOD OF DISPOSITION				n AveBal		_	Mo		21215			
	1 Burisi 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	Irom State cen	PLACE AND DATE OF Other MC Carm	e ¹ Ceme	tery	DATE		cation — c					
	21. SIGNATURE OF FINERAL SERVICE LICENS	alehe		David	J. Webe	r				ster St.			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. DD not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									Approximate Interval Between Onset and Deeth 2 yews			
Ŋ.	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Par							AUTOPSY MED?		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO			
PHYSICIAN: MEDIC						PERFORMED? 1 YES 2 PAO				COMPLETION OF CAUSE OF DEATH?			
Š	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	ck only one)							
ž I	1 TES 2 1-ND 1	OSPITAL: Inpetient 2 ER/Outp		THER:	5 Residence	a 🗆 Other ((Specify)						
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (RY WO		28d. DESC	RIBE HOW II	NJURY OCCI	JRED				
	2 Accident Investigation 3 Suicide 8 Could not be detarmined detarmined City or Town, State) 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)							or Rural Ro	ute Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: Of	: To the best of my known the best of examination	ledge, death occurred	at the time, date In my opinion, de	and place, and due	to the cause	e(s) and man	ner as state	d. csuse(s)	and manner as stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER MICHAEL P. Boy 30. NAME AND ADDRESS OF PERSON WHO CO	le Mi	D .		29c. LICENSE NUM					Month, Day, Year)			
	Michael P. Boyu 31. DATE FILED MONTH DON HOAD 1993	M.D. 32. REGISTRAR'S SIGN Fune Dand	Johns		Hospita	1							



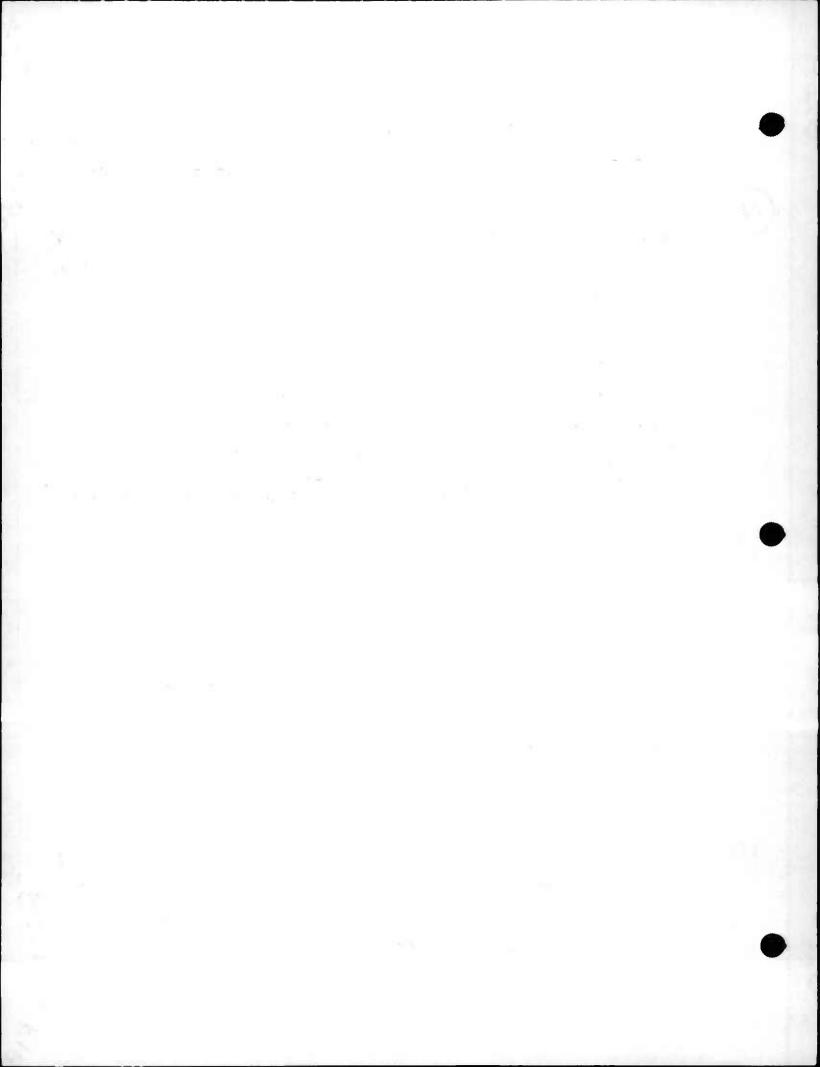
TO BE COMPLETED BY FUNERAL DIRECTOR	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the bunal-transit permit.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit.
or death. Page 6 may be retained by the hospital or attending physician.	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

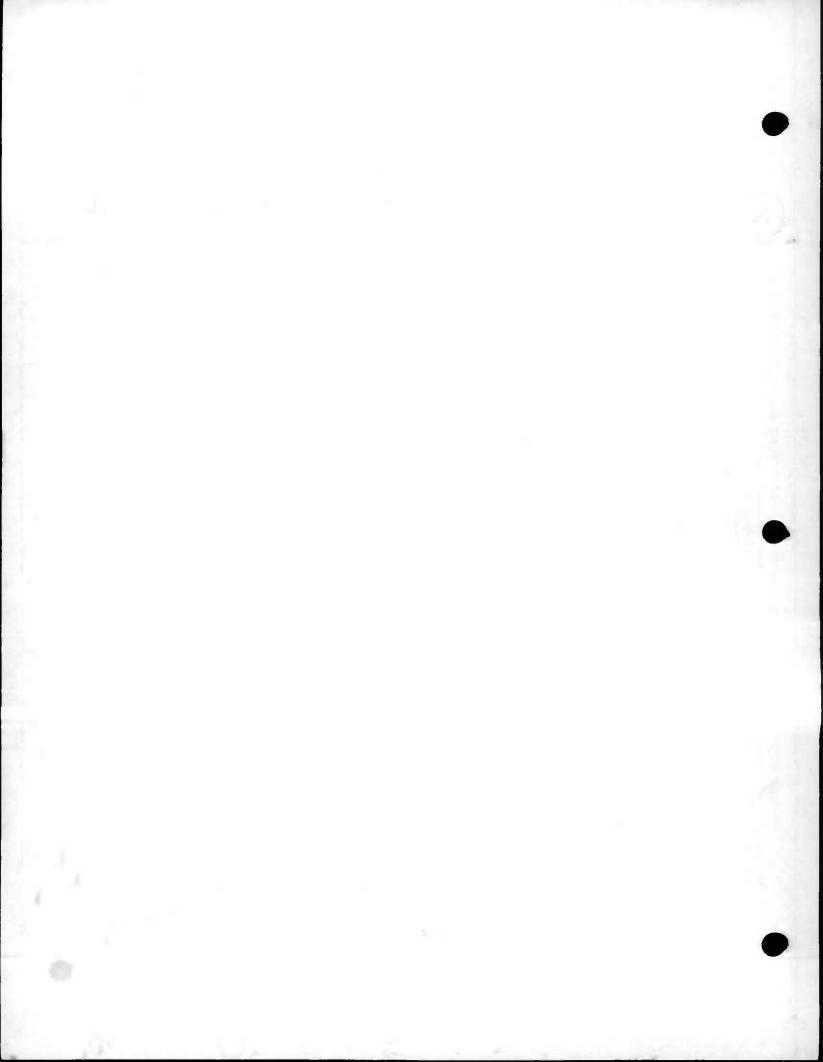
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. 1	10.				
	1. DECEDENT'S NAME (First, Middle, Last)	Ronald	l G.	Frank	2. DATE OF DEATH	DAY 29	YEAR 3.	TIME OF OEATN		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		IF UNDER 1 YEAR IF UNDER 24 I			B. BIRTNPL	ACE (State or Foreign		
	214-38-0134	1 M 2 A F	51 YRS.	ONTHS DAYS HOURS N	Month. Dav. Year.	(Month. Day. Year) Country) 7-31-1941 Maryland				
_	9e. FACILITY NAME (If not institution, give a			96. CITY, TOWN OR LOCATION	9c. COUNTY OF DEATH					
DIRECTOR	Francis Scott	Key Medical	Center	ter Baltimore City						
ច្ច	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10e, CITY	TOWN OR LOCATION			140	od. INSIDE CITY		
<u>۳</u>	Maryland	Baltimore	100.011,	TOTAL CONTINUE				INSIDE CITY INSIDE		
	10e. STREET AND NUMBER			10f. ZIP CODE		10a, CITIZI		T COUNTRY?		
FUNERAL	965 Dalton Aven	ue			21224			States		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF N	IISPANIC ORIGIN? (Specify		4. RACE	American Indian		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES		It yes, specify Cuban, N	laxican, Puerto Rican, etc.) Specify:		Black, W Specify:	/hite, atc.		
	15. DECEDENT'S EDUC	OATION .	T 100					White		
ETED	(Specify only highest grade	completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of working	16b. KIND OF	BUSINESS/INDU	STRY			
2	Elementery/Secondary (0-12) 6th Grade	College (1-4 or 5+)				011				
COMPL	17. FATHER'S NAME (First, Middle, Last)		inon	WORK 18 MOTHER	'S NAME (First, Middle, Maid	cal 16				
ш. II	Edward L. Frank				s Webster	on oumanne,				
0 8	19a. INFORMANT'S NAME (Type/Print)	-	19b, MAILING A	DDRESS (Street and Number or I		Town, State, Zip C	Code)			
=	Mrs. Joan A. Fra	ank		alton Avenue				21224		
	20g, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remains	20	b. PLACE AND DATE OF	DISPOSITION (Name of	DATE 20c		_			
	4 Donation 5 Other (Specify)		Cak Lawn	Cemetery	5/3/93	Baltim	ore.	Maryland		
1	21. SIGNATUME OF FUNERAL SERVICE LIC	ENSEE /		22. NAME AND ADDRESS (Funeral Hom					
Ĭ.	(hin)	V- Tol		7922 Wise	Avenue Dun	dalh	Manuel	R, INC.		
	23. PART I. Enter tha diseasee, or o	omplications that cause	ed the deeth. Do no	enter tha mode of dying,	auch as cardlec pr re	piratory arre	Bt,	Approximate		
	ahock, or heert failure.	Liat Dniy ona cause Dn	each line.					interval Between Onset and Death		
		Presumul	2 Pulmon	49 Enbelow				÷d.		
			A CONSEQUENCE OF):	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
5	Sequentially liet conditions,	b								
HILICALION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):							
7	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
	resulting in death) LAST		=======================================					İ		
5	-									
3	PART II. Other eignificant condition	a contributing to death	but not reaulting in	the underlying cause give	n in Part i. 24s. WAS	AN AUTOPSY ORMED3	AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO		
5	Knee surgery				1X YES	2 Copper		MPLETION OF CAUSE DEATH?		
¥					' `		1[YES 2 NO		
Ž	25. WAS CASE REFERRED TO MEDICAL									
2	EXAMINER?	HOSPITAL:		28. PLACE OF DEAT	H (Check only one)					
PHYSICIAN: M	1 TYES 2 NO 27. MANNER OF DEATN	1 Impatient 2 ER/Out	patient 3 DOA 4	Nursing Home 5 Reside	1					
2	1 Netural 5 Pending	(Month, Day, Year)	INJUF	OF 28c. INJURY AT WORK? M 1 TYES 2 NO	28d. DEŞCRIBE HOY	V INJURY OCCU	RED			
ā	2 Accident Investigation 3 Suicide	28e. PLACE OF INJUR	Y — At home, farm, str		281. LOCATION (Stre	at and Mushau a	Burnt David			
9	4 Homicide 8 Could not be detarmined	building, etc. (Spe	ecify)	, , , , , , , , , , , , , , , , , , , ,	City or Town, Sta		norar noute	e Number,		
4	29a. CERTIFIER CERTIFYING PHYON	CIAN: Yo the heat of my line.								
COMPLETED				at the time, date and place, and In my opinion, death occured a				of manner as etated		
	29b. SIGNATURE AND TITLE OF CERTIFIER									
	Refer F YTT	a mx 1	12110	29c. LICENSI		29d. DATE	SIGNED (Mo	onth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) /Type P		20	1 4	129	93		
	Adam T. La		thas Hopk		Bullmon	n. A				
	31. DATE FILED (Month, Day, Year)	832 REGISTRAR'S SIG	NATURE	Versing	りというからん	MD	-			
	MAY U 4 1993	Sicha Davidson	-Cande BR							

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200	1. DECEDENT'S NAME (FIRST, MAR 10		DORA	MARIO I	FUNDO	ORA		<u> </u>		2. DATE OF E	DEATH DA	v 0-	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		5, SEX	8 AGE /In um las	(In yrs. last birthday) IF UNDER 1 YEAR			IF UNDER		5-	7. DATE OF BIRTH & BIRTHPLACE			9 17	
	052-24-3	136	1 X XM 2 □ F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	3/24/17		B. BIRTHPI Country) CUD	8. BIRTHPLACE (State or Foreign Country) CUD d		
-	9a. FACILITY NAME (If not in						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D						тн		
DIRECTOR	Good Samaritan Hospital						Baltimore N/A					N/A			
) <u>D</u>							TY, TOWN OR LOCATION						10d. INSIDE CITY		
E E	Maryland		N/A			Bal	time	ore				LIMITS?			
A	10s. STREET AND NUMBER						10	. ZIP COD	€			10g. CIT		AT COUNTRY?	
띨	1510 Glen		21239						USA						
FUNERAL	11. MARITAL STATUS 1 □ Never Married 2√√ Married 1. Never Married 2√√ Married 1. Never Married 2√√ Married 12. WAS DECEMENT EVER IN U.S. ARMED FORCES? 1 □ YES X X NO						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RJ						14. RACE -	- American Indian, White, etc.	
B	1 Never Married 2VV 3 Widowed 4 Divo		1XXYES 2 □ NO Specify: Specify: White							White					
臣	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working														
COMPLETED	Elementary/Secondary (0	+)	Barber			Hotel									
8	17. FATHER'S NAME (First, M.	13.7						18. MOT		ME (First, Middle		,			
BE	Marcos F		1							rancis					
5	19a. INFORMANT'S NAME (7) Xiomara Ma			(1)						Balti				d 21239	
	Xiomara Mason 1510 Glen Eagle Road Baltimore, Maryland 21239 Commercial Commer														
	21. SIGNATURE OF FUNERAL	L SERVICE LA	1/1/	Dux	3	22.	NAME A	ND ADDRE	SS OF FAC	Mitche	11 4	iodo	fold	Homo	
Ц	Dennis	and the second second second	en Xenak		640) 6	500	York	Roa	d Balt	imor	e, M	aryla	nd 21212	
	23. PART i. Enter the di shock, or he	seases, or eert failure.	complications that List only one ceu	it caused the deuse on each line	ath. Do	not enter	r the mo	de of dy	ing, such	as cardiec	or respin	atory an	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Fin	iel -	100	, 0										Onset and Death	
	resulting in death) - a. A Cute Pullin on City Edella														
_	disease or condition a. A Cute Pullummary Collina Due to (or as a consequence of): Sequentially list conditions b. Cardia Failure														
ō	Sequentially list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):														
S	cause. Enter UNDERLYi CAUSE (Disease or Inju	NG	с											1	
CERTIFICATION	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSEC	DUENCE O	NF):									
H			d											-	
	PART ii. Other significe	nt condition	s contributing to	deeth but not r	esuiting	in the u	nderiyin	g ceuse (given in I	Part I. 24a	. WAS AN			PERE AUTOPSY FINDINGS	
MEDICAL										_ 10	YES 2	. /		OMPLETION OF CAUSE OF DEATH?	
W														YES 2 NO	
ä															
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:			OTHE	_	ACE OF D	EATH (Che	ick only one)					
ΥS	1 YES 2 NO		1 (2 Inpatient 2 28e. DATE OF		DOA 28b. TIN				esidence	8 Other (Sp.					
BY PI	1 Netural 5	Pending Investigation	(Month, D			JURY M	_	PRK?	NO	28d. DESCRIE	SE HOW IP	JURY OC	CURED		
	3 Suicide 6	Could not be	28e. PLACE O building,	of INJURY — At ha	me, farm,	street, tsc	tory, offic	•		28t. LOCATION City or Tox	N (Street e wn, State)	nd Number	r or Rural Roo	ite Number,	
<u>L</u>	-													1	
COMPLETED	(Check only		CIAN: To the best of												
8				xamination end/or	investigate	on, in my o	opinion, c				place, and	due to th	ne cause(s) i	and menner as stated.	
BE	296. SIGNATURE AND TITLE	OF CENTRIE	2010					29c. LICI	ENSE NUM	BER		29d. DAT	E SIGNED (A	fonth, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CALL	SE OF DEATH (ITF	M 27) (Turns	p. Print)							5-2	-7.3	
	Mathemas	Jest	155-3E	REMI	47	ACC	PRIV	CIR	CLE	# 301	10	hSE7	V, Hi	21286	
	MAY 0 4 19	93	Gidia Viewel	AR'S SIGNATURE	2									(9)	



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIFI	CATE O	F DEATH		REG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, Last)	ł.					2. DATE OF		and the same	3.	TIME OF DEA	ETH:
	Mary	Lee	Forno	ff			ADZI	1 2	(C. 1)	An .	7:30	D #
	4. SOCIAL SECURITY NUMBER	s, sex	ft. AGE (In yes	The second secon	IF UNDER 1 YEAR		7. DATE OF	витн	8.6	BIRTHPLA	CE (State or I	Foreign
	214-36-6209	1 [] M 2 [0] F	59	YRS.	MONTHS DAYS			20,19	- 0	lountry)	land	CHANGE OF THE PARTY OF THE PART
DIRECTOR	136 New Castle Lane Elkridge Elkridge Howard											
DIRE	Maryland How			- 775373	TOWN OR LOC	ATION					LIMITS?	
=	Maryland How tow street and number	aru	151	cridge	IOI. ZIP CODE			_	YES 2 5			
FUNERAL	136 New Castle					21227			S A	A A		
B	11. MARITAL STATUS t Never Married 3(C Married 3 Widneed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED	NNIC ORIGIN? (1 Inn. Puerto Rice In.	ipecity Yes n, etc.)	Block, Wi	American ind	lien,			
밀	15. DECEDENT'S EDI (Specify only highest grad		16a.	DECEDENT'S L	SUAL OCCUPA	TION root of working	16b, Kil	NO OF BUS	INESS/INDUST			
COMPLETED	Elementary/Secondary (0-12)		not of work done during most of working NOT use named) Home									
8	17. FATHER'S NAME (First, Middle, Last)	cer	THOME 18. MOTHER'S MAME (First, Mickelly, Malcher Sumanue)									
BE C	Harry Pence	A STREET, STRE	E. Mi		Sumanney							
2	19a, INFORMANT'S NAME (Type/Prost)			19th MAILING A	ODRESS (Street	t and Number or Pure			State, Zip Code	19)		
-	Harold G. Fornof:	£				tle Lane	. Elkr					1:
- 1	1 □ Burlel 2 ② Cremation 3 □ Ren 4 □ Donation S / Oyler (Specify)		en Mour			5/3	5/3 Baltimore, Maryland					
- [21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GATY L. Kaufman Funeral Homes										James	
	23. PART 1. Enter the diseages, or	1		-	5695	Main St.	Elkri	dge,	Maryla	nd 2	1227	
NOL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Augustially list conditions, or consequence or consequence or conditions, or consequence or conditions, or consequence or conditions, or consequence or conditions, or consequence or conditions, or consequence or conditions, or consequence or conditions, or consequence or conditions, or consequence or conditions, or conditions, or consequence or conditions, or conditions, or consequence or conditions, or											
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.											
EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AI PERFORM 1 □ YES 2 ②								RMED? AVAILABLE PRIOR		TO CAUSE	
AN	25. WAS CASE REFERRED TO MEDICAL				26.1	PLACE OF DEATH (C)	back only one)					
25	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	ER/Outputient	3 D DOA	OTHER:	me 5 IX Residence	-					
Y PHYSICIAN: M	27. MANNER OF DEATH 1 X Natural 5 Pending Investigation	28s. DATE OF (Month, Ou		-	JURY OCCURED	D						
TED BY	2 Accident Investigation 3 Succide 6 Could not be 4 Homicide defermined	28s. PLACE Of building, o	ice	28f. LOCATION (Street and Number or Rural Routs Number, City or Town, State)								
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of o	my knowledge, amination and/o	death occurred or investigation,	at the time, dar	te and piece, and du	to the cause(e) and mann place, and	ner as stated.	ee(s) and	manner as a	stated.
TO BE	286 SIGNATURE AND PITLE OF GERTIFIE	29d. DATE SIGN							NED (Mon			
	30. NAME/AND ADDRESS OF PERSON W	O COMPLETED CAUS	E OF DEATH (IT			Drive,	Towern	Wan	wland '	2120	1.	
I	MAY 0 4 1993	32. REGISTRAF	R'S SIGNATURE			2-210,		P.TerT	J MONITOR A	- 120	4	
	111 0 - 1000 /	7	and and and	-								

TO THE MOSPITAL, OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burishmant permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burish, ceremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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the chief series terres they are

	A.	mit. Pages 1, 2,3 should	
BALTIMORE, MARYLAND 21215-0020	CIAN: The law requires that the death certificate be executed within 24 hours effer death. Page 6 may be retained by the hospital or attending physician.	lied in by the funeral director, page 5 should be detached for use as the burial-transit per, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,/3 should within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	TANT: Il liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Max YEAR MARIE MOLLER FOOT 1993 7:30 AH 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS MOURE 1 - M 2 X F 5-22-1898 283-48-2591 94 YRS. MD. 9a. FACILITY NAME (If not institution, give street and number)
WILSON HEALTH CARE CENTER 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MONTGOMERY GAITHERSBURG RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MONTGOMERY GAITHERSBURG MD. 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g CITIZEN OF WHAT COUNTRY? U.S.A. 20877 301 RUSSELL AVE. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican

1 YES 2 NO Specify: 1 Never Married 2 Marr BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 4 MUSIC TEACHER OWN BUSINESS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) HARRY MOLLER BE ANNIE STEWART 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 17512 OLD BALTIMORE RD. OLNEY, MD. 20832. ANNE F. PALECHEK 20a, METHOD OF DISPOSITION

1 M Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of 20c. LOCATION — City or Town, State DATE LOUDON PARK CEM. 4 ☐ Donation 5 ☐ Other (Specify) 5/6 BALTO., MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS CO. 4905 YORK RD. BALTO, MD. 21212. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert feilure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Finel** Onset and Deeth disease or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if eny, leeding to immediata cause. Entar UNDERLYING brecase wit CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 ZMO OF DEATH? 1 YES 2 NO PHYSICIAN: 3) tertoniste 25. WAS CASE REFERRED EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER: me 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investiga M BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, stc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER

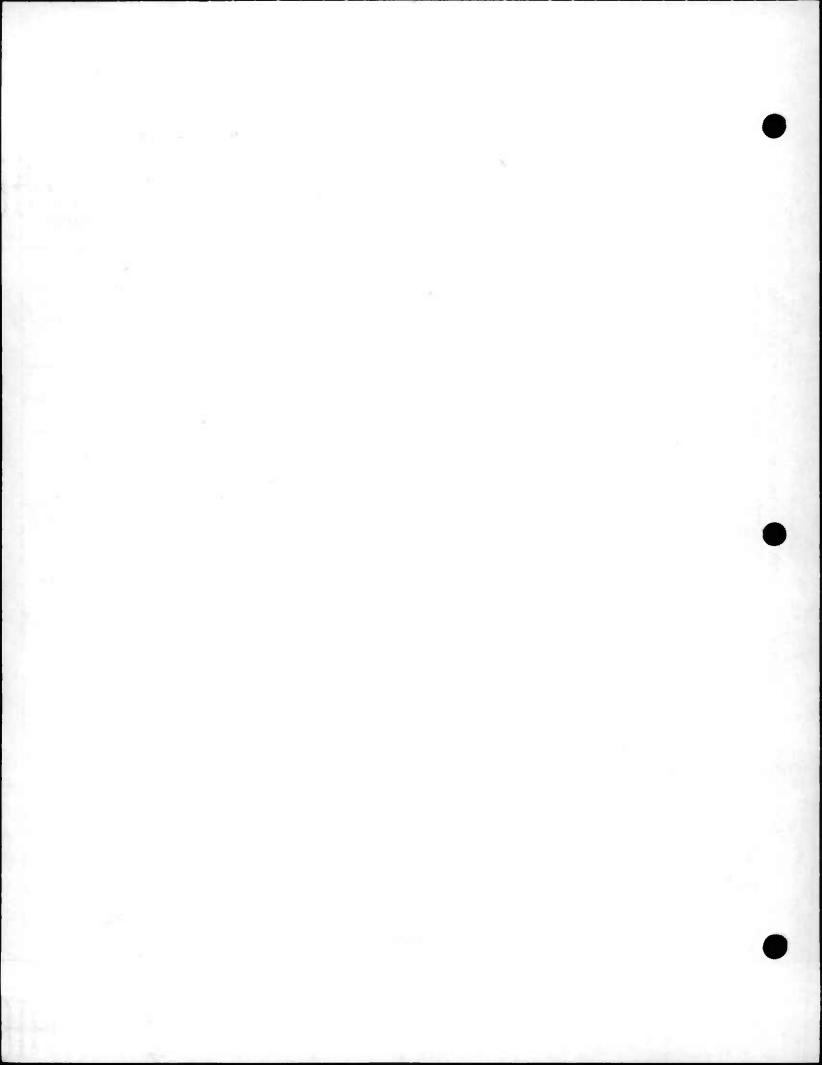
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 19b. SIGNATURE AND TITLE OF CERTIFIES 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 05745 2 Viers Mill Rd. Rockville 809

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IMPORTANT: If

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	STATE OF STA
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		FOR	STATE OF MARYL	AND / DEPAI	RTMENT O	F HEAITH AND	MENTAL HYGIE		3 1	2001
1		1 - STATE REGISTRAR				OF DEATH	REG. N			
)		1. DECEDENT'S NAME (First, Middle, Lest) MARJ J	ANE F	FRIE	DMA	H	2. DATE OF DEATH MONTH	7 9	YEAR 3. TIM	1 29 PH
- 10	ě	4. SOCIAL SECURITY NUMBER 216-05-9778	5. SEX 8. AGE	(In yrs. last birthday) 82 YRS.	MONTHS DA		7. DATE OF BIRTN (Month, Day, Year) 11-11-		Country)	(State or Foreign
7	_	Sa. FraiLITY NAME (If not institution, give st	reet and number)		9b. CITY, TO	WN OR LOCATION OF D		-	Y OF OEATH	
13	DIRECTOR	SINAL HOSPIT	AL		BA	LTO.				
- B	REC	10e. STATE 10b. COUNTY		10c. CI	Y, TOWN OR L	OCATION				NSIDE CITY
兵.		MD.				BALTO.				IMITS? TES 2 \(\) NO
physician. burial-transit permit, Page	FUNERAL	100. STREET AND NUMBER 2715 A. HANS	ON AVE.			101. ZIP CODE 2120	9		S.A.	OUNTRY?
physician e burial-trar	BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes	DECENDENT OF HISPA s, specify Cuban, Maxic YES 2 NO Specif		on or No— 1	4. RACE — Am Black, White Specify:	i, atc.
the hospital or attending detached for use as the once.		15. DECEDENT'S EDUC	ATION	14- DECEMENT	LIBUAL COCH					HITE
al or atte	ETE	(Specify only highest grade Elementary/Secondary (0-12)		16a. DECEOENT'S (Give kind of life. Do NOT u	work done during	most of working	18b. KIND OF B	USINESS/INOU:	STRY	
the hospital detached fi	COMPL	llyrs.		ноп	SEWIF	E	H	OMEMA	KER	
the hose detach	8	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, Middle, Maide	n Surname)		
should be	H	JOHN MCCREARY 19a, INFORMANT'S NAME (Type/Print)		10000000000			NNIE FEI			
5 should notified	٩	STEVENS MORTU	ARY				AT.TOONA		16602	
nay be		20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Ramo	20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town.							
age 6 ma director, p		4 Donation 5 Other (Specify)		ALTO R	ESTE	CEM.	4/30 B	LAIR	CO., P	A.
death. Pag tuneral di L.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22, NAM	HENDY	W. JENKI	NC S	SUNS	CO.
ter de tu the fu yal.		William K.	Vaca III			4905 Y	ORK RD.	BALTO	.,MD.	
hours after death. Page 6 may be retained by ed in by the funeral director, page 5 should be, or removal, or removal. medical examiner must be notified at		23. PART I. Entar tha diseases, or c shock, or heart failure. I	omplicationa that cause list only one cause on e	d the death. Do each line.	not enter tha	mode of dying, suc	th as cardiac or rea	piratory arres		Approximate nterval Between
24 fill on the state of the sta		IMMEDIATE CAUSE (Final disease or condition resulting in death)	ISCHE	MIC	Bou	JEL				Onset and Death
8 9 4			OUE TO (OR AS	A CONSEQUENCE O	F):		55455			
and o bur	ON	Sequentially list conditions,		A CONSEQUENCE O		ik Di	SEASE			
or t	CAT	If any, leading to immediate cause. Enter UNDERLYING		ast -	DA	MAST	ECTOM	4		
death certificate attending physical attending physical ental Hygiene pri	CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):			1		
leath certification attending mail Hygiel y, or oth	SER	resulting in death) EAST	l•							
		PART II. Other aignificant conditions	contributing to death b	out not resulting	in the under	ying cause given in		N AUTOPSY ORMEO?	24b. WERE	AUTOPSY FINDINGS BLE PRIOR TO
quires that the signed by the Heafth and ows any In	MEDICA						1 YES			ETION OF CAUSE
been sign t, of Heal	M								1 🗆 Y	ES 2 NO
has b Dept.	AN	25. WAS CASE REFERRED TO MEDICAL		-		3. PLACE OF DEATH (CA		-		
SICIAN: The certificate h the State l	SICI	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	Nome 5 Residence				
PHYSICIA this certi with the ted, or	PH	27. MANNER OF DEATN	28s. OATE OF INJURY (Month, Day, Year)	28b. TIR		INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCU	RED	
DING PHYS After this death with s marked	BY	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO				
OR ATTENDING OIRECTOR: After nours after death tem 28 is ma	9	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spe	/ — At home, farm, cify)	street, factory,	office	28f. LOCATION (Street City or Town, State		Rural Route Nu	ımber,
OIRECT NOURS &	Ē	29a. CERTIFIER								
절절점=	OMPL		CIAN: To the beat of my known: R: On the beats of examination							anner es stated.
THE HOSPI THE FUNEF filed within PORTANT:	0	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU			SIGNEO (Month,	
TO THE Do THE POR FIND	O BE		COMPLETED CAUSE OF DE	m	my	SH 9	1609	> 4	-/27	193

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31. DATE FILEO (Month, Day,

Ybar)

1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Julie Viewidon Hande

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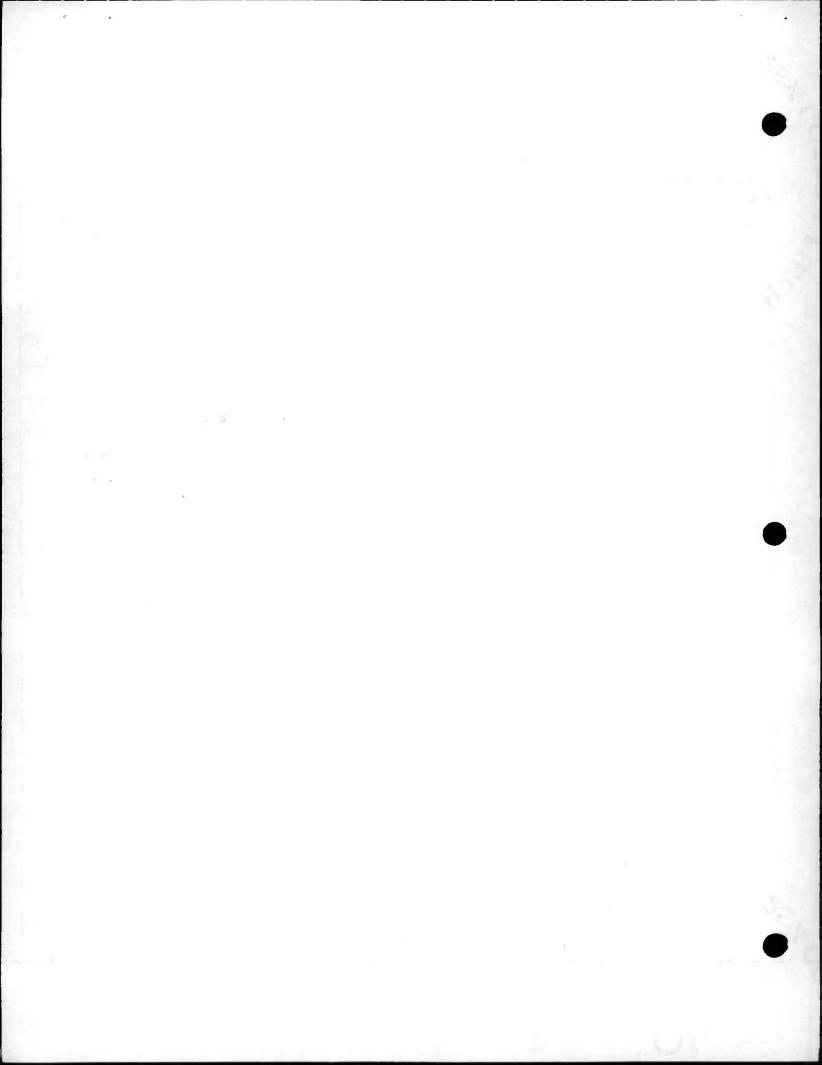
	1 - STATE STATE UF MA	RYLAND / DEPAR CERTIFI	CATE OF DI		REG. NO.	Ė	
	1. DECEDENT'S NAME (First, Middle, Last) Julius Julius C. FAMBRO	C. Fambro			DATE OF DEATH MONTH DAY	5 9	3. TIME OF DEATH
100	4. SOCIAL SECURITY NUMBER 5. SEX 6. 252 - 20 - 5394 1 M 2 - F	AGE (In yrs. last birthday)		JRS MIN.	DATE OF BIRTH (Month, Day, Year)	18	BIRTHPLACE (State or Foreign Country)
JR.	9a. FACILITY NAME (If not institution, give street and number) Mercy Medural Center		Battimos	CATION OF DEATH		Bc. COUNTY	11 1
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			1110	inclend	1,54	More
DIRECTOR	mayland Beiltmore		altimer	e			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1234 E. North Ave	we	101. ZIP	120	2	10g. CITIZEN	OF WHAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT, E FORCES? 1% FYES, GIVE WAR 2 / 42	YES 2 NO	If yes, specify	ENT OF HISPANIC (Cuban, Mexican, P NO Specify:	ORIGIN? (Specify Yes werto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: BLack
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION ork done during most of	unding	16b. KIND OF BUS		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	Retii	e retired.)	working			
S	17. FATHER'S NAME (First, Middle, Last)			MOTHER'S NAME	(First, Middle, Maiden S	Sumame)	
BE (John Fambro			Mary	Weave		
5	190. INFORMANT'S NAME (Type/Print) Sheila Murdock		ADDRESS (Street and M 36 E. Nort				
	20a. METHOD OF DISPOSITION Durial 2 Cremation 3 Removal from State	20b. PLACE AND DATE O	F DISPOSITION (Neme of				or Town, State
- 1	4 Donation 5 Other (Specify)	Calverton	National			verton	, N.Y.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	lev		Brother	rs Funera l. Balto.		
1	23. PART I Enter the diseases, or complications that c	nused the death. Do no					Approximate
	IMMEDIATE CAUSE (Final	31 T					Interval Between Onset and Death
	resulting in death) DUE TO (OI	state (Une C	ancer			1 year
Z	Sequentially list conditions,		9				
ATIC	if any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF):				
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OF	AS A CONSEQUENCE OF):				
E	resulting In death) LAST						
	PART II. Other significent conditions contributing to de	ath but not resulting in	n the underlying car	ise given in Par	1 i. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS
DIC					1 TES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL					-		1 _ YES 2 _ NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE	OF DEATH (Check of	only one)		
rsic			OTHER: 4 Nursing Home 5	☐ Residence 6 ☐	Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation				d. DEŞCRIBE HOW IN	JURY OCCURE	ED
		JURY — Al home, farm, st . (Specify)	treet, factory, office	26	1. LOCATION (Street ar City or Town, State)	nd Number or R	Bural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the best of exam						use(s) end menner as stated.
B	296. SIGNATURE AND THELE OF CERTIFIER	D		LICENSE NUMBER			ONED (Moreth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF THE PROPERTY OF THE PRO	OF DEATH (ITEM 27) (Type,	Print)	1170	V J	2	1113
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S						
	MAY 0 4 1993 Julia Davi	doon-Randall					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pleas be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



93 12809 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH **GEORGE** BOYD В. 05 93 45 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign -IF UNDER 24 HRS. 1 M 2 - F 214-90-6189 Balte. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE SHOCK TRAUMA RESIDENCE OF DECEDENT 10a STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY md 1 E TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2120 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 2 L.NO aftending phy BALTIMORE, MARYLAND 21215-00 BY 3 Widowed 4 Divorced funeral director, page 5 should be detached for use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INQUSTRY (Give kind of work done life. Do NOT use retired.) requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or Elementary/Secondary (0-12) College (1-4 or 5+) neto Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First notified at BE (19b. MAILING ADDRESS (Street # 9 Pe 20a SETHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (No 20c. LOCATION must arial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY 1206 W. North been signed by the attending physician and completely filled in by the r. of Health and Mental Hygiene prior to burial, cremation, or removal. medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory afrest, Approximata shock, or heart fellure. Liet only one ceuse on each line. Interval Batwean IMMEDIATE CAUSE (Finel **Onset and Death** the disease or condition invier albohuma tead resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE CERTIFICATION Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initieted events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 injury. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE YES 2 NO OF OFATH? VES 2 NO PHYSICIAN: HOSPITAL DR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. ITANT: If Item 28 is marked, or Item 23 is 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | FR/Outpatient 3 | DOA OTHER: 1 TYES 2 NO me 5 - Residence 8 - Other (Specify) 4 Nun 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED MOTORCYCLE 28c, INJURY AT WORK? 1 Natural
2 Accident 5 Pending Investigation 9:50P 05/01/93 1 YES 2 X NO DRIVER ON BY 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and No. COMPLETED 6 Could not be 4 Homicide STREET 4700 garrison blvd. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner ea stated. TO THE HOSPITAL ITO THE FUNERAL ED BE filed within 72 him IMPORTANT: If It (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the ceuse(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE hut 05/03/93 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

Penn Street,

32. REGISTRAR'S SIGNATURE

relia Davidson Randa

31. DATE FILED (Month, Day, Year)

MΔY

1993

21201

Baltimore, Maryland

#20a,b, FilmG699 5/24/93 kam STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

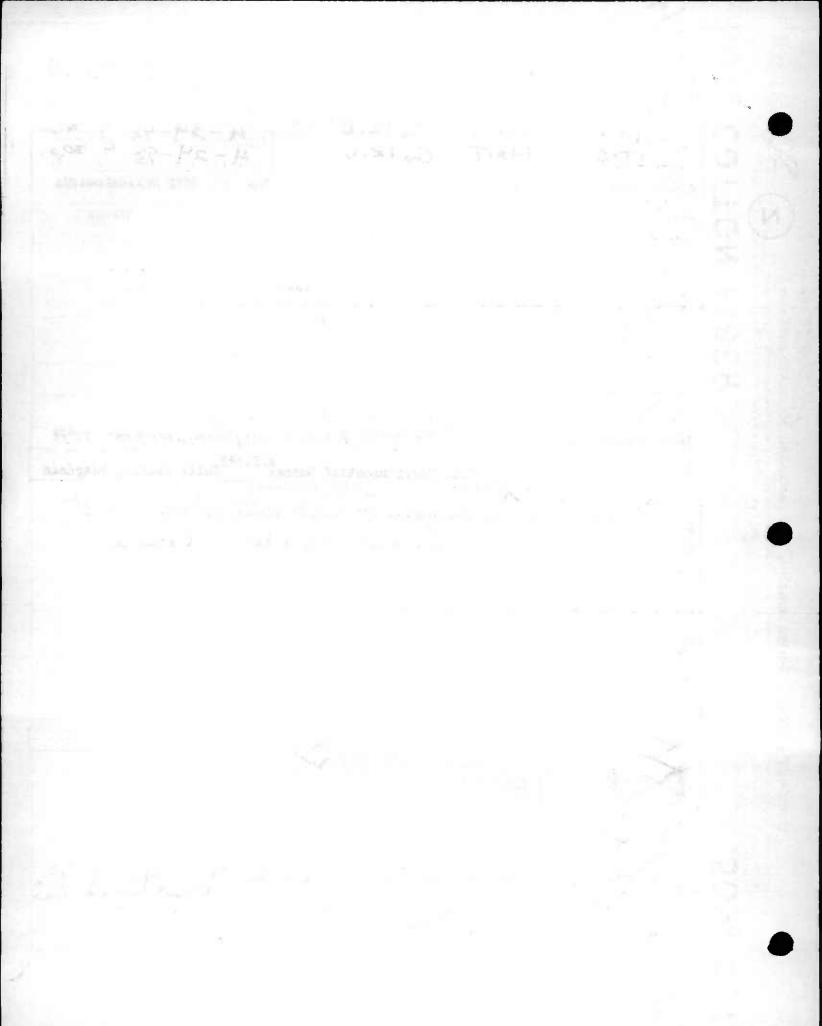
REGISTRAR		CI							
1. DECEDENT'S NAME (First, Middle, Lest)	1100	-	_			2. DATE OF E	DEATH DAY	YEAR	3. TIME OF DEATH
IDA	14VI)	60	KIN		14	-24-	-92	9:301
4. SOCIAL SECURITY NUMBER 015-10-0474	5. SEX 8.	AGE (In yrs. las		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan.	(Year) 1912	Country	achusetts
9a. FACILITY NAME (If not institution, give	street and number)	01		9b. CITY, TOWN	OR LOCATION OF E			JNTY OF DE	
8001 Eastern Aver	rue #103			Silve	r Spring			Mont	gomery
10a. STATE 10b. COUNT	Y		10c. CITY,	, TOWN OR LOC	ATION				10d. INSIDE CITY
Maryland Moi	rtgomery		Si	lver Sx	oring				LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				1	of. ZIP CODE		10g. CIT	TIZEN OF W	HAT COUNTRY?
8001 Eastern Aver	rue #103				2091	0		u.s.	A.
H. MARITAL STATUS	12. WAS DECEDENT E				ECENDENT OF HISPA			14. RACE	- American Indian, White, etc.
1 Never Married 2 Married 3 Widowed 4 N. Divorced	IF YES, GIVE WAR				ES 2 XNO Spec		i, etc.)		White
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Elementary/Secondary (0-12)	College (1-4 or 5+)	life		ork done during a retired.)	nost or worlang		n		
12			Cle	rk			Privat	e	
17. FATHER'S NAME (First, Middle, Last)							s, Maiden Surname)		
Morris Hait					Rebeco	a Shus	ter		
19a. INFORMANT'S NAME (Type/Print)		19	70/	ADDRESS (Street	and Number or Rure	Route Number, C	Olty or Town, State, Z.	ip Code)	. 1 00000
Jerry Kaminetzky							-		nd 20902
20s. METHOD OF DISPOSITION 1 [2] Burla! 2	noval from State	20b. PLACE other p	of Dispos	TION (Name of Capi	tol Hebri	4/25/9	Capito	Sity of John	its Md.
	CENSEE	10000		22, NAME	AND ADDRESS OF F	ACILITY			
21. SIGNATURE OF FUNERAL SERVICE LI				04'	· Habraus	Mamaki	al Lungs	al Ha	me, Inc.
23. PART I. Enter the diseases, or shock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause	on each lim	K	ot enter the n	Carroll S	ch as cardiac	NW, Was	hingt	Approximate Interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Flours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is merked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

gud 5/24.93 Kan

BALTIMORE, MARYLAND 21203-3146



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-lib be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burla, cremation, or removal.

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								(93	1281
	1 - FOR STATE REGISTRAR	STATE OF MARYL				HEALTH AND	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)					DEATH		U.		-274 000 000
	GERTRUDE Lavo	ONNE POWELL		GIL	LESPI	E	2. DATE OF DEATH	32	99n (NOTIME OF OEATH
	4. SOCIAL SECURITY NUMBER 409-44-5643	5. SEX 8. AGE	(in yrs. lest b	VRS. MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1	Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not institution, give st		-	9b. C	TY, TOWN	OR LOCATION OF D	<u> </u>	9c. COUNT	Y OF DEA	
TOR	NORTH ARUNDEL HO	OSPETAL ASSOC	CIATI	ON	GLEN	BURNIE			A.A.	CCUNTY
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND ANNE	ARUNDEL		10c. CITY, TOW GLEN	BURN					Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 5 ST. AGNES ROAD				10	21.060			S.A.	AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 XXMerried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	EO	If yes, sp	CENDENT OF HISPA pecity Cuban, Mexico 3 2 NO Specia	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	sa or No 1	4. RACE - Black, \ Specify:	- American Indian, While, atc.
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 9TH	CATION completed) College (1-4 or 5+) ONE	(Give IIIe. De	EDENT'S USUAL kind of work do to NOT use retire E MAKE	ne during mo d.)	ON ost of working	166. KIND OF B	CHILLENGALIK	STRY	
l m l	17. FATHER'S NAME (First, Middle, Last) NOAH OSBORNE LEDI	FORD				16. MOTHER'S NA NANCIE	ME (First, Middle, Maide JANE WALL	n Sumame) ACE		
TO B	19a. INFORMANT'S NAME (Type/Print) PAUL W. GILLESPIE	Ξ					Route Number, City or To)
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo			ODATE OF DISP		ame of	F /7 /	OCATION CH		
	4 Donation 5 Other (Specify)	ENSEE	CEDAR	HILL		ERY	1993	OOKLYN	•	
	Handl K	Umson	/				SINGLE			L номе E,MD.21061
	23. PART i. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final	omplications that caused list only one cause on e	tha daati ach iina.	h. Do not an	ar the mo	oda of dying, suc	h as cardiac or rae	piratory arres	st,	Approximata interval Between
	disease or condition resulting in death)	MYOC	ARD	11L /	NFA	RCTION	/			MMEDIA
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A	CONSEQUE	ENCE OF):	N SC	CLEROS	rs			20 961RS
_	PART ii. Other aignificant conditions	contributing to death b	ut not raa	uiting in the	undariyin	g cause given in	Part i. 24a. WAS A	N AUTOPSY ORMED?		ERE AUTOPSY FINDINGS MILABLE PRIOR TO
MEDICA							1 _ YES	2 (D) NO	CC Di	OMPLETION OF CAUSE F DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26 04	ACE OF OEATH (Ch				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ationt 3	OTH 4 II N	ER:					
	27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY				28c. INJ WO	URY AT DRK?	a ☐ Other (Specify) 2ad. DESCRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	At home.	, farm, street, f	actory, offic	8	28f. LOCATION (Stree City or Town, State	and Number or	Rural Roul	te Number,
COMPLET		IAN: To the best of my knowl								vd manner se steled
	29b. SIGNATURE AND TITLE OF CERTIFIER									
TO BE	Leons le	my and				29c. LICENSE NUM	16	29d. DATE 5		onth, Day, Year)
_	30. NAME AND ADDRESS OF PERSON WHO									

TED CAUSE OF DEATH (ITEM 27) (Type, Print)
25 HOSPITA, DRIVE/GLEN BURNIE, MARYLAND 2106.

LEON 31. DATE FILED (Month, Day, Year)

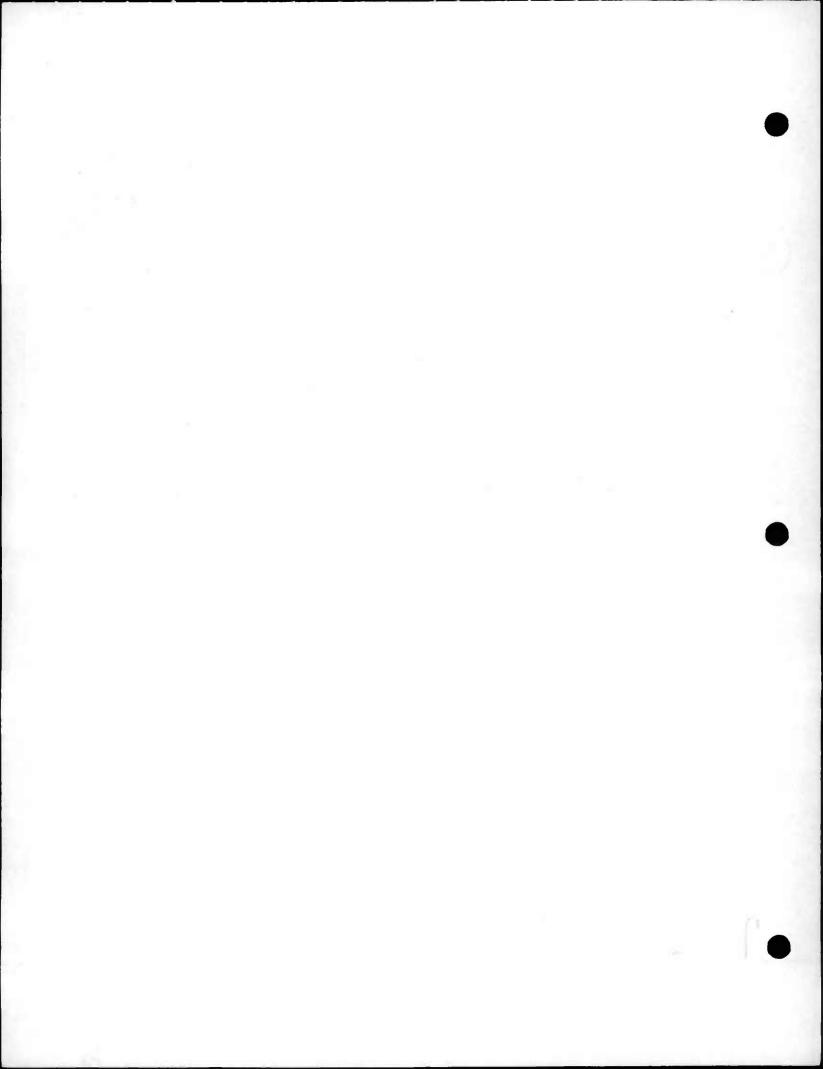
PERRY,

1993

3/25

32. REGISTRAR'S SIGNATURE

M.D./



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	V
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.)
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s 1, 2, 3 should
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

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	FOR ITEMS: 23	STATE OF I	MARYLAND / DEF	ARTMENT OF	f per M	EO G-699 MENTAL HYGIFI	VF.		
	REGISTRAR		CERT	IFICATE O	F DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						DAY	YEAR 3. TIME O	F DEATN
	Dexter 4. SOCIAL SECURITY NUMBER	A .	8. AGE (In yrs. last birtho	Green (ay) IF UNDER 1 YEAR			30 1	1993 180	
	213-62-2847	1 X M 2 F	38 YR	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)		S. BIRTHPLACE (Sta Country)	ite or Foreign
	9a. FACILITY NAME (If not institution, give s	street and number)		9b, CITY, TOW	N OR LOCATION OF O	3-10-55	9c COUN	MD TY OF DEATH	
8	2704 E. Prestor	Stree	+	Bal+	imore		3	o. bean	
ᇈ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			CITY, TOWN OR LO					
DIRECTOR	MD			Baltimor				10d. INSIC	PE CITY TS? 2 NO
	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUN	
FUNERAL	2711 Woodland	Ave.			21215		1 09	SA	
Ę	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDEN	T EVER IN U.S. ARMED	13. WAS D	ECENOENT OF NISPAN specify Cuban, Mexica	VIC ORIGIN? (Specify Year)		14. RACE — Americ Black, White, at	en Indien,
B	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES	1 🗆 Y	ES 2 NO Specif			Specify: Bla	
0	15. DECEDENT'S EDU (Specify only highest grade	CATION	18e. DECEDEN	IT'S USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INO		CK
	Elementary/Secondary (0-12)	College (1-4 or 5	F)	of work done during of use retired.)	most of working				
COMPLETED	12th		Unemp	loyed					
_	17. FATHER'S NAME (First, Middle, Lest) John E. Green					ME (First, Middle, Maider L. Prid			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAII	ING ADDRESS (Street		Route Number, City or Tox	9	Ondo	
5	Donnie Green		271			/Baltimo			5
	20a, METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Ram	oval from State		TE OF DISPOSITION		OATE 20c. LC	CATION C	ity or Town, Stata	
	4 Donation 5 Other (Specify)		Bartting	ore place em			ltim	ore, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	()	22. NAME	AND ADDRESS OF FA	CILITY			
_ 1	Ulleson	OXC	/	WM	C.MARCH	F.H./110	1 E.	NORTH	AVE.
	23. PART I. Entar the diseases, or o shock, or heert failure.	compilcations that List only one cau	t caused the deeth. I	o not enter the r	node of dying, euc	h as cardiec or resp	iratory arre	eat, App	roximate rvai Between
1 1	IMMEDIATE CAUSE (Finel disease or condition								et end Death
	resulting in death)	a. ACUT	E NARCOTI	C AND C	OCAINE	INTOXICA	TION		
2		h	,					İ	
CERTIFICATION	Sequentielly ilst conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQUENC	E OF):					
2	cause. Entar UNDERLYING CAUSE (Disease or Injury	c							
	that initieted events resulting in deeth) LAST	00E 10	(OR AS A CONSEQUENC	E OF):					
핑		d							
¥	PART II. Other significent condition	s contributing to	death but not resulti	ng In the underly	ing cause givan in	Part I. 24a. WAS AP PERFO		24b. WERE AUTO	PRIOR TO
MEDICA						I XES	NO III	OF DEATH?	ON OF CAUSE
						-		1 NES	2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER? 1 TYES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3 DO	OTHER:	ome 5 Besidence				
РНУ	27. MANNER OF DEATN	28a. DATE OF		TIME OF D 28c. I	NJURY AT YORK?	28d. DESCRIBE NOW	INJURY OCC	URED	
B	1 Natural 5 Pending 2 Accident Investigation	FUUND	4/30/93 0	undm 1□	YES 2XXNO	UNKNOWN			
<u>a</u>	3 Suicide 8 XXCould not be 4 Homicide determined	building,	F INJURY — Al home, far etc. (Specify)		fica	28t. LOCATION (Street City or Town, State	and Number of	or Rural Route Numbe	STON
E	An OFFICIAL	FOUN				RALTIMOR			
COMPLET	(Check only one) 1 CERTIFYING PHYSI one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of a	my knowledge, death occurrence and/or investig	curred at the time, di	death occured at the	to the cause(a) and me	nner as state	d.	
	296. SIGNATURE AND TITLE OF CERTIFIER		A	,on, at my opinion	29c. LICENSE NUM				
BE (Denni	1 1-1	list we		O.C.M.		≥ 0.5	01 199	
٤	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM 27)	Type, Print)	1 O.C.M.	i.	1 03	01 199	, ,
ı li		1/							



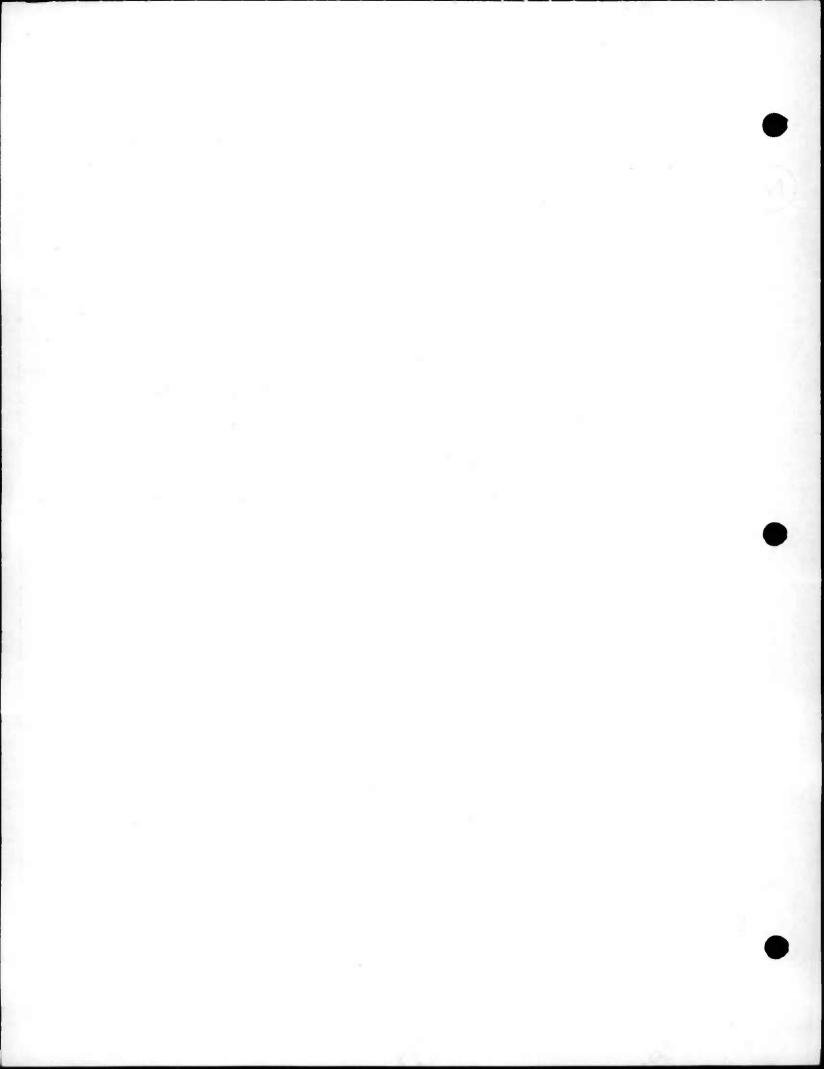
MAY 0 4 1993

32. NEGISTRADIS SIGNATURE

GUNE DEN GENERALISTA

21201

Street, Baltimore, Maryland



permit. Pages 1, 2, 3 should

page 5 should be detached for use as the burial-transit

funeral director,

DAL	leath	fune
â	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune in 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VILAL RECORDS, P.O. BOX 56/60,	8	DIR
4	A	72
	F	EE.

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

B. Shah

Udayan

31. DATE FILED (Month, Day, Year)

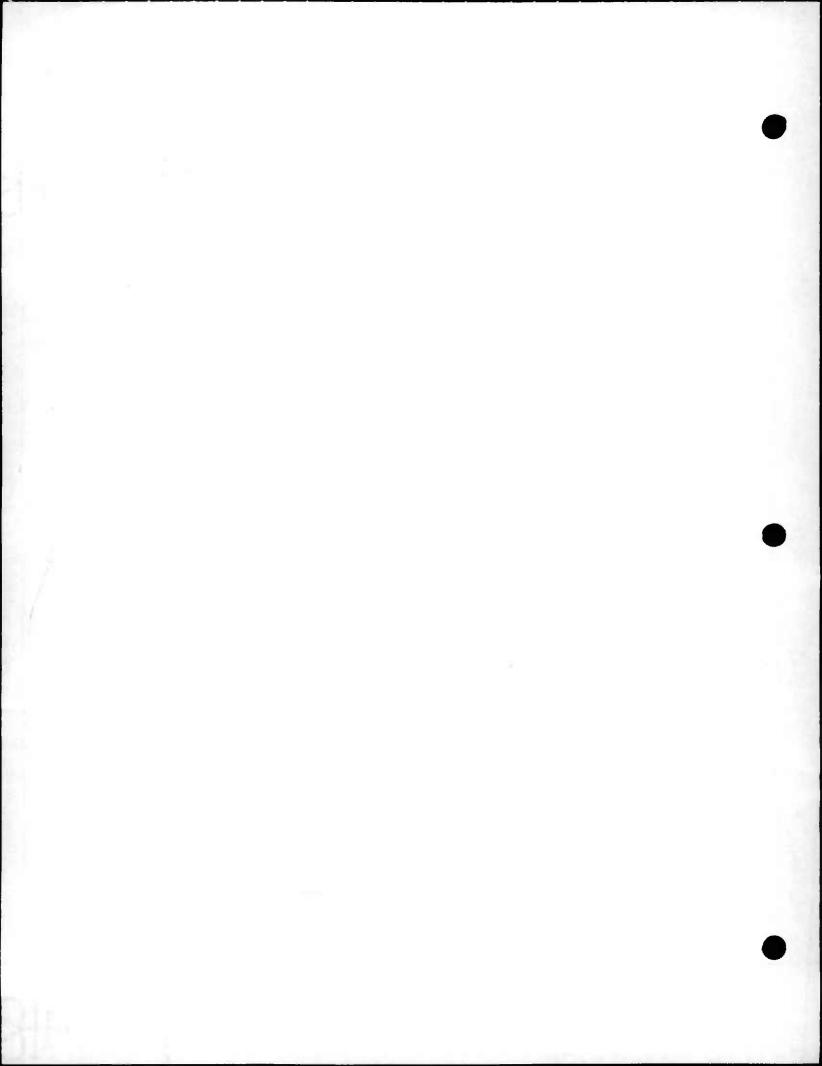
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 993 5P

8. BIRTHPLACE (State or Foreign Country) JOHA 7-11-MAY 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) | IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 9-7-23 216122844 1 M 2 | F DAYS YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOWARD (OUNTY DIRECTOR OWARD RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10s. CITIZEN OF WHAT COUNTRY? spardo ane USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If weal assectify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu 1 YES 2 PNO Specify: BY Specify: White 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY ry/Secondary (0-12) College (1-4 or 5+) WALLUT GEOVE FARM FARM MANGER EPADE School 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maid HARRY E. notified at 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route 2 1403 MARY E. must be 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 DATE 05/04 20b. PLACE AND DATE OF DISPOSITION Name of 20c. LOCATION - City or To MEN. GARDED 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Blian HAIGHT F.H. BOX the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death Repisato 1
DUE TO (OR AS A CONSEQUENCE OF) disease or condition resulting in death) tacture traumatic event, SCPSIT / CC DUE TO OR AS A CONSEQUENCE OF): / constrmotic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Me fostance MARIC CAUSE (Disease or injury of Health and Mental Hygiene p DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST purm-10 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 9 unerun grande band 1 YES 2 NO OF DEATH? 1 YES 2 NO After this certificate has bee death with the State Dept. c 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 1 Impatient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending 1 Natural BY 1 YES 2 NO 2 Accident TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deal IMPORTANT: If item 28 is m 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 29s. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cr ared at the time, date and place, and due to the ceuse(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) S 5/2 17.0 Kerla 5/1173

M.D 307, Medial service Blog,

3350 William Are BUANO 21224



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rtion,	the
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ith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
Hygiene p	r other
nd Mental	injury, o
Health a	WE any
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Dept	23
State	Hem
the state	0
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MAY 0 4 1993

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_	1 - FOR STATE REGISTRAR	STATE OF MAR		RTMENT OF I		MENTAL HYGIEN	-	
	1. DECEDENT'S NAME (First, Middle, Last)	- Jean, Ja	acquelin			2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-12-9106		MGE (In yrs. lest birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give s		00 ms.	9b. CITY, TOWN	OR LOCATION OF DE	01/22/2	9c. COUNTY	aryland OF DEATH
TOR	Howard County	General I	Hospital	Co	lumbia		Hos	And
DIRECTOR	10a. STATE 10b. COUNTY			TY, TOWN OR LOCA	tonsvil	1e		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	5 7401			f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1105 Dlong Roa				2122			SA
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Noverced	12. WAS DECEDENT EV FORCES? 1 X 1 IF YES, GIVE WAR O	OR DATES	If yes, sp	DENDENT OF HISPAN sectly Cuben, Mexican 2 (X) NO Specify.	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDUC		WW II	S USUAL OCCUPATI	011			White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		work done during me		18b, KIND OF BU	SINESS/INDUST	RY
MPL	12th Grade		Bevera	ge Cont	roller	Hotel/	Meeti	ng Complex
	17. FATHER'S NAME (First, Middle, Last)	orrh i 1 1				ME (First, Middle, Meiden		
BE	James Tan 19a. INFORMANT'S NAME (Type/Print)	leyllili	19b. MAJUN	G ADDRESS (Street		da Poffe		
유	Nancy Rexrode					onsville		21228
	20a. METHOD OF DISPOSITION 1 General 2 X Cremation 3 General 4 Donation 5 Other (Specify)	oval from State	29b. PLACE AND DATE	OF DISPOSITION (No	ame of	05/3 Ra	1 t i mo	or Town, State re, MD 21228
	21. SIGNATURE OF EUNERAL SERVICE CE	ENSEE	11	22. NAME A	ND ADDRESS OF FAC	ciety of	L MA	Tno
	George E. M	lac Nabb	_	299 F	rederic	k Rd. Ba	. Mu, ilto	MD 21228
	23. PART I. Enter the diseases, or c shock, or heart failure.	omplications that car	used the death. Do					Approximata
	MANEDIATE CAUSE (Floor							Interval Between
	allocates of contention	/ /						Onset and Death
	resulting in death)	a. Complice Due to (OR	AT LOS	Thomas 1	BeTAS7	ATIC C	olow (A)	Onset and Death
N	110 110000000 1000	a. Complice Due to lor. COLOR	AS A CONSEQUENCE OF	From 1	ReTAST	ATIC C	CANO	Onset and Death
ATION	Sequentially list conditions, if sny, leading to immediate	020	AS A CONSEQUENCE OF	From Property of the Control of the	ReTAST	ATIC C	CAN	Onset and Doeth
IFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO (OR	1 CAN	CER OF):	ReTAST	ATIC C	CAN	Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	DUE TO (OR	AS A CONSEQUENCE O	CER OF):	BeTAST	ATIC C	CAN	Onset and Death
CAL CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO (OR OUE TO (OR	AS A CONSEQUENCE O	PER DED:			AUTOPSY T	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
1 - 1	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR OUE TO (OR	AS A CONSEQUENCE O	PER DED:		Part I. 24a. WAS AN	AUTOPSY HMED?	24b. WERE AUTOPSY FINDINGS
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR OUE TO (OR	AS A CONSEQUENCE O	PER DED:		Part I. 24a. WAS AN	AUTOPSY HMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR OUE TO (OR OUE TO (OR d	AS A CONSEQUENCE O	OF): In the underlyin		Part I. 24e. WAS AN PERFOR	AUTOPSY HMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 Mg	DUE TO (OR OUE TO (OR	AS A CONSEQUENCE O	OF): In the underlyin 26. PI	g cause given in i	Part I. 24a. WAS AN PERFOR	AUTOPSY HMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 M9 27. MANNER OF DEATH 1 Stitural 5 Pending	DUE TO (OR OUE TO (OR OUE TO (OR S contributing to deal	AS A CONSEQUENCE O	26. P/ OTHER: 4 Nursing Horn ME OF 28c. IN. WC	g cause given in i	Part I. 24a. WAS AN PERFOR	AUTOPSY AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 M9 27. MANNER OF DEATH 1 Situral 5 Pending Investigation	DUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR B. CONTRIBUTING to deal HOSPITAL: Comparison of the comparison of the	AS A CONSEQUENCE OF THE PROPERTY AND THE	26. P/ OTHER: 4 OF Wallery MY 1	g cause given in i	Part I. 24a. WAS AN PERFOR 1 VES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AUTOPSY AMED? NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Other investigation	DUE TO (OR OUE TO (OR	AS A CONSEQUENCE OF THE PROPERTY AND THE	26. P/ OTHER: 4 OF Wallery MY 1	g cause given in i	Part I. 24a. WAS AN PERFOR 1 YES 2 / / / / / / / / / / / / / / / / / /	AUTOPSY AMED? NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 M9 27. MANNER OF DEATH 1 Other significant condition 2 Accident investigation 3 Suicide 6 Could not be determined 296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR OUE TO (OR	AS A CONSEQUENCE OF AS A C	OF): In the underlyin 26. Pi OTHER: 4 Nursing Hon ME OF JURY M 1 street, fectory, office	g cause given in i	Part I. 24a. WAS AN PERFOR 1 VES 2 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the ceuse(e) end mainime, data and place, en	NJURY OCCURE	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Livel Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Televral 5 Pending investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR OUE TO (OR	AS A CONSEQUENCE OF AS A C	26. Pi There: 1 Unite underlyin 26. Pi OTHER: 1 Unite underlyin A United the underlyin ME OF Use Use Use Use Use Use Use Use Use Use	g cause given in i	Part I. 24a. WAS AN PERFOR 1 VES 2 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the ceuse(e) end mainime, data and place, en	NJURY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR OUE TO (OR	AS A CONSEQUENCE OF AS A C	26. Pi There: 1 Unite underlyin 26. Pi OTHER: 4 Unusing Hon ME OF JURY M 1 United Honor Street, fectory, office red at the time, date on, in my opinion, of	g cause given in i	Part I. 24a. WAS AN PERFOR 1	NJURY OCCURE and Number or Ri nner as stated, and due to the car	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO BO BO BO BO BO BO BO BO BO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Televral 5 Pending investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR OUE TO (OR	AS A CONSEQUENCE OF AS A C	26. Pi There: 1 Unite underlyin 26. Pi OTHER: 4 Unusing Hon ME OF JURY M 1 United Honor Street, fectory, office red at the time, date on, in my opinion, of	g cause given in i	Part I. 24a. WAS AN PERFOR 1	NJURY OCCURE and Number or Ri nner as stated, and due to the car	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Livel Route Number,

Sery C. Mcall. George E. Mac Nabb

Cremation Society of Md, Inc. 299 Frederick Rd. Balto., MD 21228

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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun

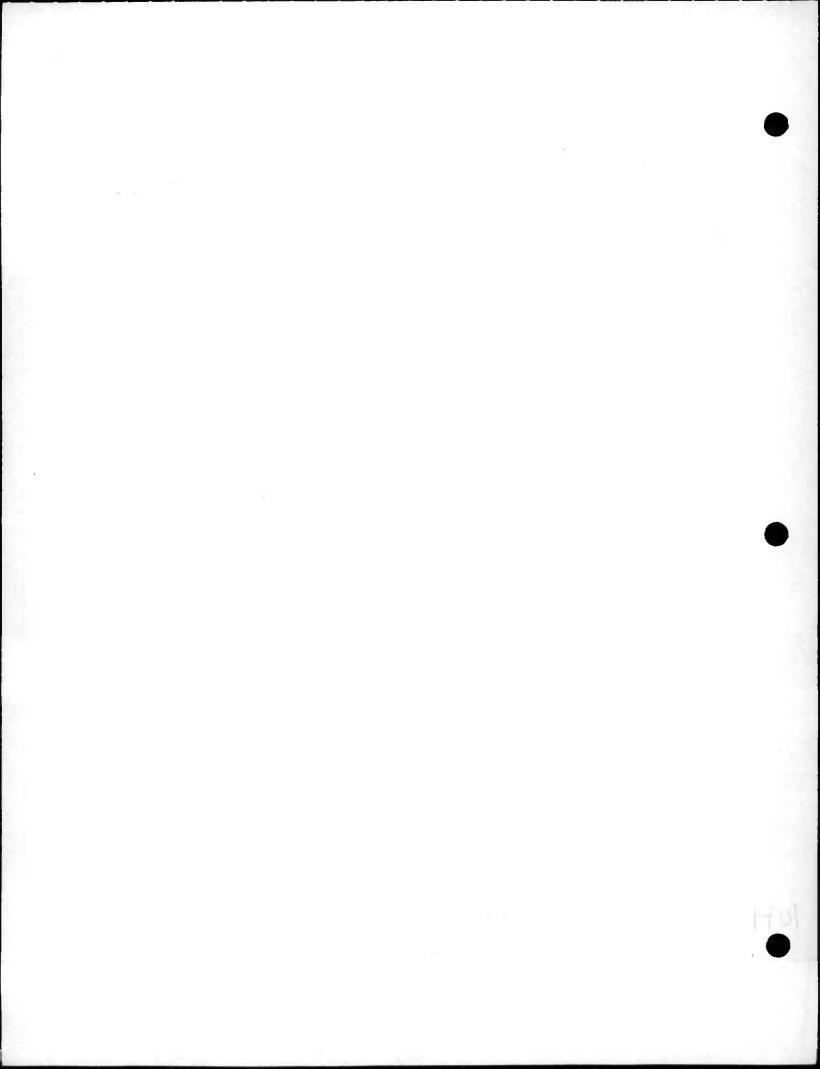
	1 - STATE REGISTRAR	SINIE OF I	CE	RTIF	ICATE	OF DEA	TH	MENIAL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, La.	st)			IOAIL	OI DEA		2. DATE O). 		3. TIME OF DEA	TH
	Julia White Hastings								MONTH DAY YEAR			2:15	Р.м
d	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.				IPLACE (State or I		
- 8	212-32- 9102	1 □ M 2 🔯 F	79		AYS HOURS	MIN.	(Month,	Day, Year)	01.2	Countr	γ)	10.7	
1	9a. FACILITY NAME (If not institution, give	4.4	13	_	AL CITY TO	OWN OR LOCAT		July	30,1			sachuset	cts
œ			**					ATH		9c. CO	UNTY OF D	EATH	
5	Meridian Long G	reen Nursi	ng Home	_	Bart	imore (Jity						
Ä	10e. STATE 10b. COU			10c. CIT	Y, TOWN OR	LOCATION						10d. INSIDE CIT	ν
ă	Maryland Bal	ltimore Co	untv	Т	owson						- 1	LIMITS?	
4	10e. STREET AND NUMBER	rozmoze vo	undy		WBOII	101. ZIP COD	E			10n CI	TIZEN OF W	WHAT COUNTRY?	NO NO
FUNERAL DIRECTOR	330 Stevenson La	ene Ant A	-/1			2120	/.					S.A.	
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.ARI	MED	13. WA							- American Ind	ll-on-
F	1 Never Married 2 Married	FORCES? 1	YES 2 N	0	If y	es, specify Cube	n, Mexicar	n, Puerto Ric	en, etc.)	01110-	Black	t, White, etc.	ian,
ВУ	3 Widowed 4 Divorced			On Dales			эресну.				Specify: WHITE		2
	15. DECEDENT'S E (Specify only highest gre	DUCATION ade comoleted)	16e. DEC	CEDENT'S	USUAL OCCI	JPATION		16b. K	IND OF BU	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +	Hfe.	Do NOT u	se retired.)	ing most of worki	ng						
MP		4yrs.	Hom	nemal	rer					N	/A		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAM	ME (First, Mic	ldie, Maiden	Surname)			-
BE (Walter Augustus	White				Anı	nie F	rance	s Ha	rdon			
2	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	AODRESS (S	treet and Numbe	r or Rural A	loute Number	City or Tow	n, State, Zi	ip Code)		
F	Ralph S. Hasting	35	33	30 St	evens	on Ln.	Apt.	A-4	Tows	on. 1	Marvl	and 212	04
	20a. METHOD Q5 DISPOSITION 1 Burial 2 Cremation 3 Re		20h PLACEAL	NDDATE	OF DISPOSITION	N (Name of		DATE	200 10	CATION	Oh T.	and the same	
- 1	4 Donation 5 Other (Specify)	imoval from State	cemetery, crem	natory oco	ount C	emeter	v 05/	03/93	Ba	ltime	ore.	Marylar	nd
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	an I	5	22. NAI	ME AND ADDRE	SS OF FAC	CILITY			020,	1102 / 1201	
	P 7 1 0 5 4	prin	+ Ken	1		itchell							
	John G. Rett				6	500 You	rk Rd	l. Bal	timo	re, l	Maryl	and 212	212
	23. PART I. Enter the diseasea, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory erreet, ahock, or heert fellure. Let only one ceuse on sech lina. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Culturasultar Caecultat mynth. Due to (or as a conscouence of): Sequentially liet conditions.												
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST Sequentially Sequence OF: Sequential Cauteurs Cerosia DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL	PART II, Other significant conditions Circle or Sandall Dennest	sed	a_ 1	lying cause of	esi	_ ,	PERFOR	IMED?	245.	WERE AUTOPSY P AMILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE		
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				N. PLACE OF D							
14S	1 ☐ YES 2 X NO	1 Impetient 2	ER/Outpatient 3			Home 5 🗆 Re	saldence 6	S [] Other /S	ipecity)				
	27. MANNER OF DEATH 1 1 Natural 5 □ Pending	38a, DATE OF (Movth, Da		286. TIM INJ	URY 28	WORK?		284. DESCR	IIBE HOW I	NJUNY OC	CURED		
B	2 Accident Investigation					☐ YES Z ☐	MO						
	3 Suicide 6 Could not b determined	dreet, factory,	ry, office 28f. LOCATION (Street and Number of Rural Route Number, City or Town, State)										
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY	SICIAN: To the beat of NER: On the beals of ax	my knowledge, deal	th occurre	n, in my opini	date and place on, death occur	, and due t	to the cause	(e) and man	ner as sta d dua to ti	ited. he cause(a)	and manner as s	rtated.
	296. SIGNATURE AND TITLE OF CERTIF	IER A		_	_	29c. LICE	NSE NUME	BER		29d. DAT	E SIGNED	(Month, Day, Year)	1
BE C	Walter K	Weln-	1-14	10		10-1	20	-		•	7 19	14 16	90
2	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)	10. (/ //	(17	15
	Walter Welzant,	M.D. 760	0 Osler	Driv	re, To	wson, M	1D. 2	1204					
	31. DATE FILED (MONTH, Day, Year) AND 4 1993												

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DHMH-16 Rav 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF HEALTH AND ATE OF DEATH	PEG NO				
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES E	DWARD	HAI	RDESTY	2. DATE OF DEATH	98AR 035TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 212-12-0372	5. SEX 6. AGE		UNDER 1 YEAR OF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-19-16	8. BIRTHPLACE (State or Foreign Country) MARYLAND			
TOR	98. FACILITY NAME (If not institution, give street and number) NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE 96. COUNTY OF ASSOCIATION A. A. A. A. A. A. A. A. A. A. A. A. A. A								
BY FUNERAL DIRECTOR	MARYLAND AND	v NE ARUNDEL		, TOWN OR LOCATION 10d. INSIDE LIMITS? N BURNIE 1 Ves 2					
VERA	100. STREET AND NUMBER 100 GARRETT ROAD			10f. ZIP CODE 21060		10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER I FORCES? 1 7 YES IF YES, GIVE WAR OR D WW	2 NO ATES	13. WAS DECENDENT OF HISP. If yes, specify Cuben, Maxi- 1 YES 2 NO Specific No. Spe	cen, Puerto Ricen, etc.)	r No 14. RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do .+OT use re	done during most of working	16b. KIND OF BUSIN	IESS/INOUSTRY			
OM	12 17. FATHER'S NAME (First, Middie, Last)	NONE	ASSISTANT		SUNBRITE AME (First, Middle, Maiden Sui	E CLEANERS			
BEC	EDWARD	HARDESTY	occupation and the second	GEORG		GARNER			
임	190. INFORMANT'S NAME (Type/Print) JEANETTE E. HARDI	ESTY		DRESS (Street and Number or Rura RETT ROAD GLE					
	20a. METHOD OF DISPOSITION 1 The Burlal 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State cen	PLACE AND DATE OF D	ISPOSITION (Name of		TION City or Town, State			
	21. SIGNATURE OF SUMERAL BEREVICE LIN	Sumb	ARTEAND VE	SINGLETON FU	NERAL HOME	NSVILLE, MD BURNIE, MD 21061			
	23. PART I. Enter the diseases, or a shock, or heart failure.	Cationa that cause List only one cause on e	I the death. Do not ach line.	enter the mode of ϕ_{γ} ,ng, su	ch as cardiac or respirat	tory arreat, Approximate Interval Between			
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	Replace	ALLO CONSEQUENCE OF:	mid doct	ii anue	Onset and Death			
TION	Sequentially list conditions, If any, leading to immediate								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FRIDWIGS								
MEDICAL			as nos romaning in o	is underlying cause given in	1 Part I. 24s. WAS AN AUT PERFORME	EO7 AWALABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			THE REAL PROPERTY OF					
SICI	EXAMINER?	HOSEVAL:		26. PLACE OF DEATH (Check pinty only). OTHER: □ Nursing Home 5 □ Residence 8 □ Other (Specify).					
	27. MANNER OF DEATH 1 Pending	25a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		284. DESCRIBE HOW INJU	MY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, streetly)						
COMPLETED				the time, date and place, and du		r as stated. Due to the cause(s) and menner as stated.			
띪	206/ SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NI		9d. DATE SIGNED (Movin, Day, Year)			
٩	// JORGE M. RAMIR	EZ, M.D./784	ATH (ITEM 27) (Type, Pric 5 OAKWOOD	ROAD,#205/GLE	N BURNIE, MA	RYLAND 21061			
MAY 4 1993									



Pages 1, 2, 3 should

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After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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his c	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed,
er th	at)	nar
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TO THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 is

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38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

CRAIN HWY

32 REGISTRAR'S SIGNATURE

1600

CHARLES WU

1993

31. DATE FILEO (Month, Day,

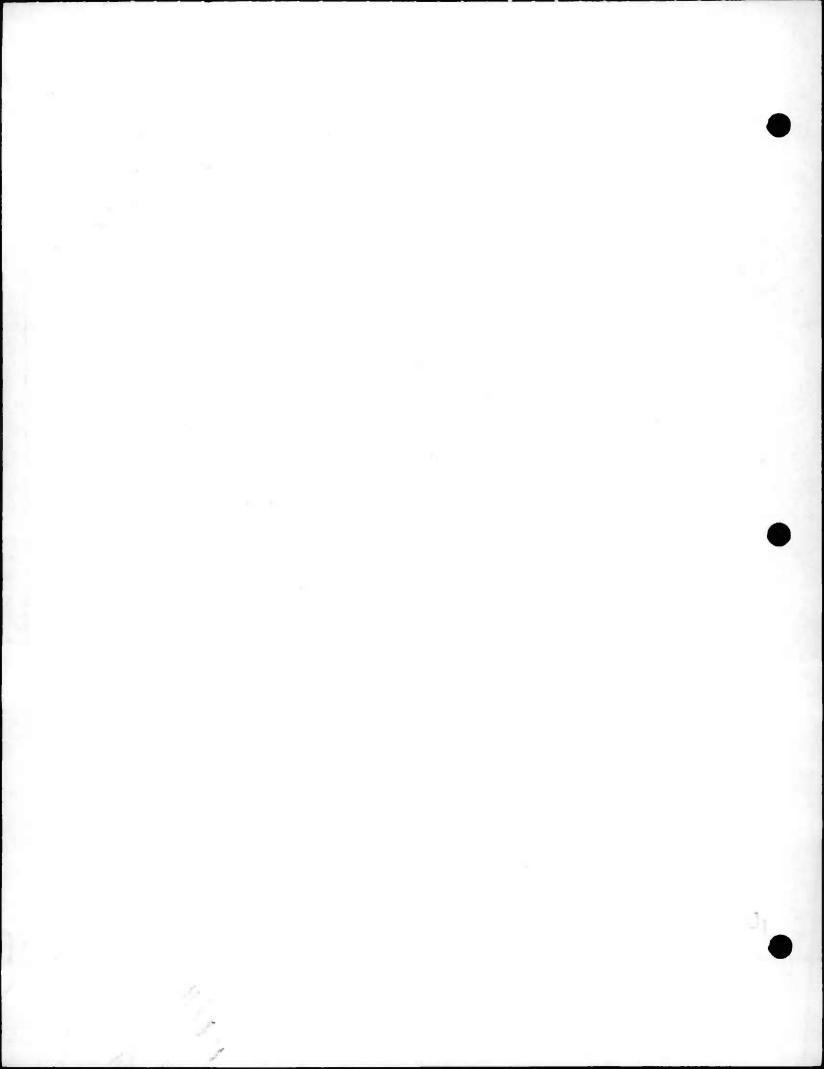
93 12817 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 29 1993 WALKER JR. JOSHUA HARVEY 04 A SOCIAL SECURITY NUMBER 5 SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 226-03-7081 1 XM 2 | F 75 YRS 09-23-1917 VIRGINIA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 90 COUNTY OF GEATH DIRECTOR 212 ROYAL ARMS WAY GLEN BURNIE ANNE ARUNDEL 10a. STATE 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 212 ROYAL ARMS WAY 21061 U.S.A. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 X Married WHITE BY 1 TES AXX NO Specify Specify 3 Widowed 4 Olvorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INOUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) SUPERVISOR LEVER BROTHERS UNKNOWN NONE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOSHUA WALKER HARVEY, SR. SUSIE BE ABBITT MARSHALT. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 212 ROYAL ARMS WAY, GLEN BURNIE, MD. 21061 ALICE F. HARVEY 20a. METHOD OF DISPOSITION

1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 4 Donation 5 Other (Specify) HAVEN MEMORIAL PARK GLEN BURNIE, MD 21060 21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME elest Tamie SECOND AVE. S.W. GLEN BURNIE. MD 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata lock, or heart failure. List Dnly Dna cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24s. WAS AN AUTOPSY COMPLETION OF CAUSE 1 TYES 2 NO OF OFATH? 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nurs ng Home 5 - Residence 8 - Other (Specify) 27 MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of an eath occured at the time, data and place, and due to the ceuse(a) and manner as stated. 29h. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d, DATE SIGNED (Month) 08

GLEN BURNIE, MD 21061

suite 306

DHMH-16 Bay 1/89



BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE UF M	CE	RTIF	ICATE	OF H	DEATH AN	ID ME	NTAL HYGIEN REG. NO.	Е -		1 2.0 . 0
	, 1. DECEDENT'S NAME (First, Middle, Last)	Elmira E.	Harris					2	DATE OF DEATH DATE OF STATE OF	19	993 3.	TIME OF DEATH
2	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last i	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 H		DATE OF BIRTN (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not institution, give s			Tho.	9b. CITY	TOWN C	R LOCATION O	F DEATI	4-2-1915	9c. COU	INTY OF DEAT	Md
TOR	708 Dolphin Str	eet				Bal.	timore					
DIRECTOR	10e. STATE 10b. COUNT	Y			Y, TOWN C		ION				10	Id. INSIDE CITY LIMITS?
2	Md 10e, STREET AND NUMBER			Bai	timor							YES 2 NO
FUNERAL	708 Dolphin Str	reet		101. ZIP COOE 21217 US A							IT COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES 2 NO							/hite, atc.		
Ë	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give	kind of v	USUAL OO work done o	CCUPATIO	N st of working		Baltimon			blic
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)			ing	Guar	^d		1	choo		DITC
	17. FATHER'S NAME (First, Middle, Last) Ellsworth Evan	S							(First, Middle, Malden : Jackson	Surneme)		
O BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street e	nd Number or R	ural Rout	te Number, City or Town	, State, Zip	Code)	
=	Myra Harris			70	8 Do	lphi	n Str	eet	Baltimo	re,	Md 212	
	294, METHOD OF DISPOSITION 1\(\tilde{A}\) Burlel 2 \(\tilde{C}\) Cremellon 3 \(\tilde{B}\) Rem 4 \(\tilde{D}\) Donation 5 \(\tilde{D}\) Other (Specify)	oval from State	206. PLACE AN cometery, cremi Arbut	DDATE (of Dispos ther place) Memor	nial rial	Park		oate 20c. Loc 5893 Arbu		City or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1 M Da	, (1.5	22, 1	NAME AN	D ADDRESS O	F FACILI	TY	<u>-</u>		
	- Blade	e W	ane.)		43	ch F/H 890	Wab	ash Avenu	ıe		
	23. PART I. Enter the diseases, or abock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Ova	Caused the deat ie on each line. Can OR AS A CONSECU	Ca	nc	the mod	de of dylng,	auch e	a cardlec or reapli	atory an	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially liet conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):											
PHISICIAN: MEDICAL	PERFORMED? 1 □ YES 2 NO							CO OF	RIE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATN	(Check	only one)			
2	1 YES 2 NO 27. MANNER OF OEATN	1 Inpatient 2 I		DOA 28b. TIM	4 🗆 Nura				8 Other (Specify)			
7	2 Accident S Pending Investigation	(Month, Day	(Year)	INJ	URY M	WO	ES 2 NO		28d. DESCRIBE NOW INJURY OCCURED			
- 1	280 PLACE OF INHERY At home days to the							t. LOCATION (Street & City or Town, State)	(Street and Number or Rural Route Number, , State)			
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	CIAN; To the best of n										id manner ee stated.
u I	296. SIGNATURE ANOTHTLE OF CENTIFIES	4					29c. LICENSE	NUMBE	7	29d. DAT	E SIGNED (MG	inth, Day, Year)
2	39 NAME AND ABORESS OF PERSON WH	COMPLETED CAUSE	OF OEATN (ITEM	27) (Type,	Print)	for	Ana	, ,	Ruth	wi	>	/
	31. DAYE FILED (Month, Day, Your) MAY 0 4 1993	32 MEGISTEN	S SIGNATURAN	dell.	1 - 1000	*	100	- 6	1			

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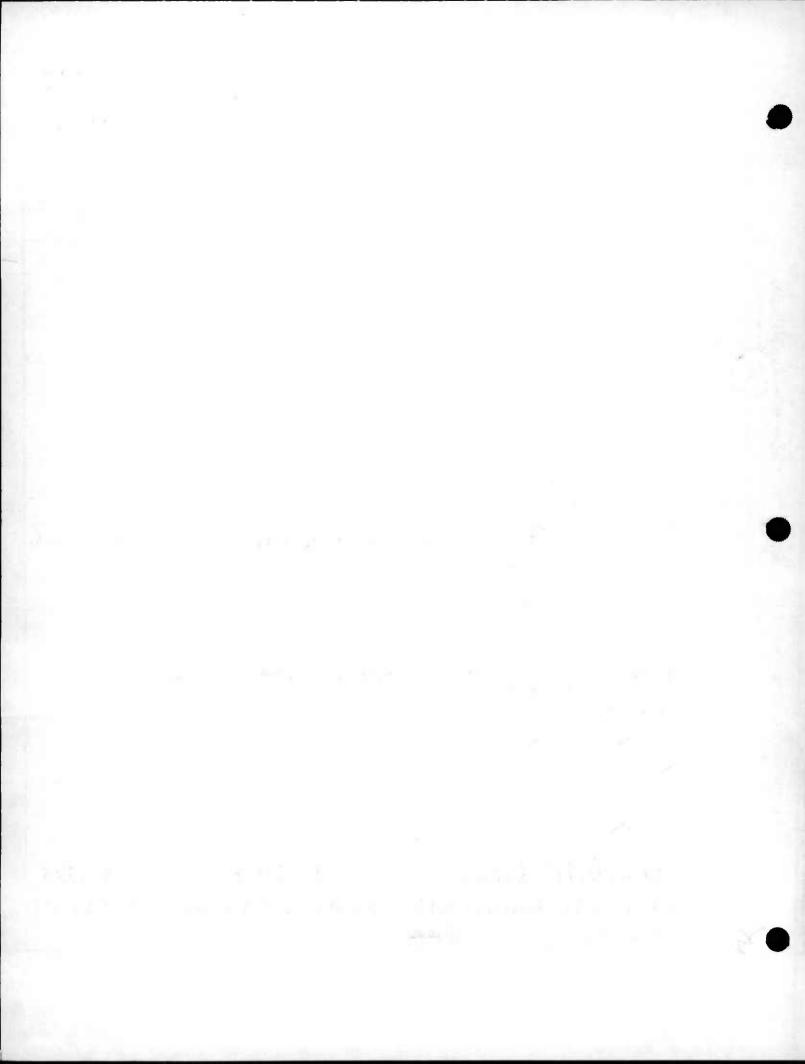
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Charles M 31. DATE FILED (MORITI, Day, Year) MAY 4 1993

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND C	DEPAR						YGIENI EG. NO.	9	3	12819
	1. DECEOENT'S NAME (First		V	Villiar	n E.	·Tor	165			2. DATE OF D	EATH DAY	,	YEAR	3. TIME OF DEATH
	CONCO		11 Iam	2		00.	100			05	0		93	1000 A M
	4. SOCIAL SECURITY NUME 577-32-45		5. SEX 1 🖾 M 2 🗌 F	6. AGE (In yrs. In	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI 0 6 - 2 2	Маг) 6			PLACE (State or Foreign Shington, D
1	9e. FACILITY NAME (If not in	-						R LOCATIO		EATH		9c. COU	NTY OF D	EATH
OR	Anne Arun		ledical	Center	r	Ar	nap	oli	S		- 1	Anı	ne A	Rundel
ᇈ	RESIDENCE OF DEC	10b. COUNTY	,		T 40 - 00	y Pour	OR LOCAT							
DIRECTOR	MD		Arunde	= 1	100		ter							10d. INSIDE CITY LIMITS? 1 YES 2 TO NO
FUNERAL	10e. STREET AND NUMBER						10f.	ZIP CODE	E			10g. CITI	ZEN OF W	WHAT COUNTRY?
E	3680 8th	Avenu	le				2	103	7			US	3A	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENOENT C	F HISPAN	NIC ORIGIN? (Sp	ecify Yee	or No —	14. RACE	E — American Indian,
B	1 🔀 Xiever Married 2 🗍 3 🗌 Widowed 4 🗌 Divo		IF YES, GIVE V	YES 2 WAR OR DATES	NO		if yes, spe	2 X NO	n, Mexica	n, Puerto Rican,	etc.)		Specif	k, white, etc. #y: White
	15. DEC	EOENT'S EDUC	CATION	16a, D	ECEOENT'S	USUAL O	CCUPATIO	N		16b. KIND	OF BUS	NESS/ING	USTRY	
ᇤ	Elementary/Secondary (0	ly highest grade 0-12)	College (1-4 or 5) (()	live kind of Do NOT u	work done se retired.)	during mos	st of working	ng					
린	10				ign 1	Mak∈	er			D.	O.T	. DO	3	
COMPLETED	17. FATHER'S NAME (First, M	fiddle, Last)		V= 31	-			18. MOTI	HER'S NA	ME (First, Middle,	Maiden S	iumeme)		
H	Henry E.	Jone	S					Lu	ucil	le V.	Tur	ner		
	19e. INFORMANT'S NAME (7	Type/Print)		19	b. MAILING	AOORES	S (Street or	nd Number	or Rural I	Route Number, Cit	y or Town	State, Zip	Code)	
임	Henry E.	Jones	Jr.		368	0 8t	h A	ve.	Edo	gewate	r,	MD	210	137
	20a. METHOD OF DISPOSIT	ION		20b. PLACE	AND DATE	OF DISPOS	ITION /Ner	me of		OATE			City or To	wn, State
	1 Donation 5 Other	(Specific)	Ival from State	Meti	ematory or o	ther place) L'EMa	tor	У		B	alt	imor	ce,	MD
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE A	N:		22.	NAME AN	D ADDRES	SS OF FA	CILITY				
- 1	by) lower	2/1/4	TALOUNDAY.	1 10						eral H				MD 21401
	23. PART I. Enter the di	iseased, or c	omplications tha	t\calushd the d	eath Do					Ave.				
	shock, or h	eart failure. I	Liat only ona cau	se on each lin	8.	iot aiitai	tria mot	de or uyi	ng, auc	n as cardiac c	or raspin	etory arr	eat,	Approximate interval Batween
	iMMEDIATE CAUSE (Fin disease or condition	nal	P	,	11		115	1	1.1	/		ı		Onset and Death
ı	resulting in death)	→	1. TYPEL	MONI	TIS OUT	M	ulh	ple	100	25, (OY	nop	Ism	unk	. 6 weeks
		_		(On AS A CONSE	OUENCE U	F):	,	,			0			
O	Sequantially list conditi		DUE TO	(OR AS A CONSE	OUENCE O	F):								
Ä	if any, leading to immediate cause. Enter UNDERLYING								j					
표	CAUSE (Disease or inju that initiated events	iry 🥈 '	OUE TO	(OR AS A CONSE	OUENCE O	F):								
CERTIFICATION	resulting in death) LAS	т	. —											!
빙			1.											
¥.	PART II. Other algolifica	int condition	a contributing to	death but not	reaulting	in the ur	nderlying	cause g	lven in	Part i. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Pulmone	1	mboliz	ation, 1	nul	iple	,50	200	C100	10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
A	Organia	c de 1	montia					•				1		1 YES 2 NO
ä	Huperto	MS IOY	1											
S	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL	HOSPITAL:					ACE OF O	EATH (Che	eck only one)				
Š	1 TES 2 NO			ER/Outpatient	DOA	4 Nur		5 🗆 Re	sidence	5 Other (Spec	city)			
PHYSICIAN:	27. MANNER OF DEATH	3	28a. DATE OF (Month, D		28b, TiM	E OF URY	28c. INJU			28d. OEŞCRIBE	E HOW IN	JURY OCC	URED	
Β¥		Pending investigation				М		ES 2	NO					
	3 Suicide 8	Could not be	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm,	street, faci	ory, office			281. LOCATION City or Tow	(Street ar	d Number	or Rural R	loute Number,
	4 Homicide	determined								- , o	ii, Giaio,			
COMPLETED	29e. CERTIFIER (Check only	TIFYINO PHYSIC	CIAN: To the best of	my knowledge, d	eath occurr	ed at the t	lme, date	end place,	end due	to the cause(e)	end mann	er as stat	ed.	
8) end menner ee stated.
U U	296. SIGNATURE AND TITLE							29c. LICE			Т			(Month, Day, Year)
0	(lan	es W	Kan	2900				DO	50	228		N	100	4 1003
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	SE OF DEATH (ITE	M 27) (Type	Print)		200))	-0		14		1,1111

DEATH (ITEM 27) (Type, Print), MD, 1833 A Forest Dr., Annapolis,



•	FOR STATE REGISTRA
i	1. DECEDENT'S I
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ы	.) -

	1 - STATE REGISTRAR		ATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) SARAN 13. SOA.	1501		2. DATE OF DEATH MONTH	9 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 M 1 M 2 M 2 M 2 M 2 M 3 M 3	77 YRS. MON		7. DATE OF BIRTH (Month, Day, Year) S. BIRTHPLACE (State or Fore Country)					
DIRECTOR	POPULITY NAME (IT NOT positivation, give street and number) POPULITY NAME (IT NOT positivation), give street and number) RESIDENCE OF DECEDENT	1405p	CITY, TOWN OR LOCATION OF DE	RE 90.00	OUNTY OF DEATH				
IREC	10e. STATE 10b. COUNTY		WN OR LOCATION		10d. INSIDE CITY LIMITS?				
	10s STREET AND NUMBER	Bal	timore 101. ZIP CODE	Land	1 TYPES 2 NO				
FUNERAL	1812 N. Calvert St.		Baltimo	re	U . S .				
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT ET FORCES? 1 FYES, GIVE WAR	YES 2 THO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puarto Ricen, atc.)	14. RACE — American Indian, Black, White, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work iffe. Do NOT use refi	EDENT'S USUAL OCCUPATION kind of work done during most of working o NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY						
MP	17 SATUED'S NAME (Cine Aliddle Local)								
	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middla, Meiden Surname	9)				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Street end Number or Rural I	Poute Number, City or Town, State,	Zip Code)				
ဍ	Joseph Powel		auretta Ave.		21223 Friend				
	201. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	20b. PLACE AND DATE OF DI		DATE 20c LOCATION	- City or Town State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2-14	2700 Edmon	dson Ave.	.001 //4.				
	Millem Millemen	raju	Baltimore,	Md. 21223					
	23. PART I. Enter the diseases, pr complications that complete shock, pr heart fellure. List only one cause immediate cause (Finel disease or condition resulting in death)	natory	failure	h ea cardiec Dr respiratory	errest, Approximete intervel Between Onset end Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. ALL COLLIS								
I: MEDICAL	PART II. Other significant conditions contributing to dec	th but not resulting in th	e underlying couse given in	Part I. 24e. WAS AN AUTOPS PERFORMED? 1 YES 2 YOU	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Che	ock only one)					
YSIC	1 YES 2 NO 1 Inpatient 2 ER		HER: Nursing Home 5 - Residence	6 Other (Specify)					
- I	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	URY 28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	26d. DEŞCRIBE HOW INJURY (OCCURED				
TED B	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, tarm, street, factory, office building, stc. (Specify) 26e. PLACE OF INJURY — At home, tarm, street, factory, office City or Town, State)								
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: Do the best of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ee stated.								
O BE	2016. SIGNATURE AND TITLE OF CERTIFIER	mover	29c. LICENSE NUN	18EF 6 1 29d. D	PATE SIGNED (Month, Day) 93				
-	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF TRIPLES AND TRIPLES CAUSE OF TRIPLES	DEATH (ITEM 22) (Typo Print	, Bons	coms t	tospital.				
	MAY 0 4 1993 Super State	SIGNATURE							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit armit. For 1, 3 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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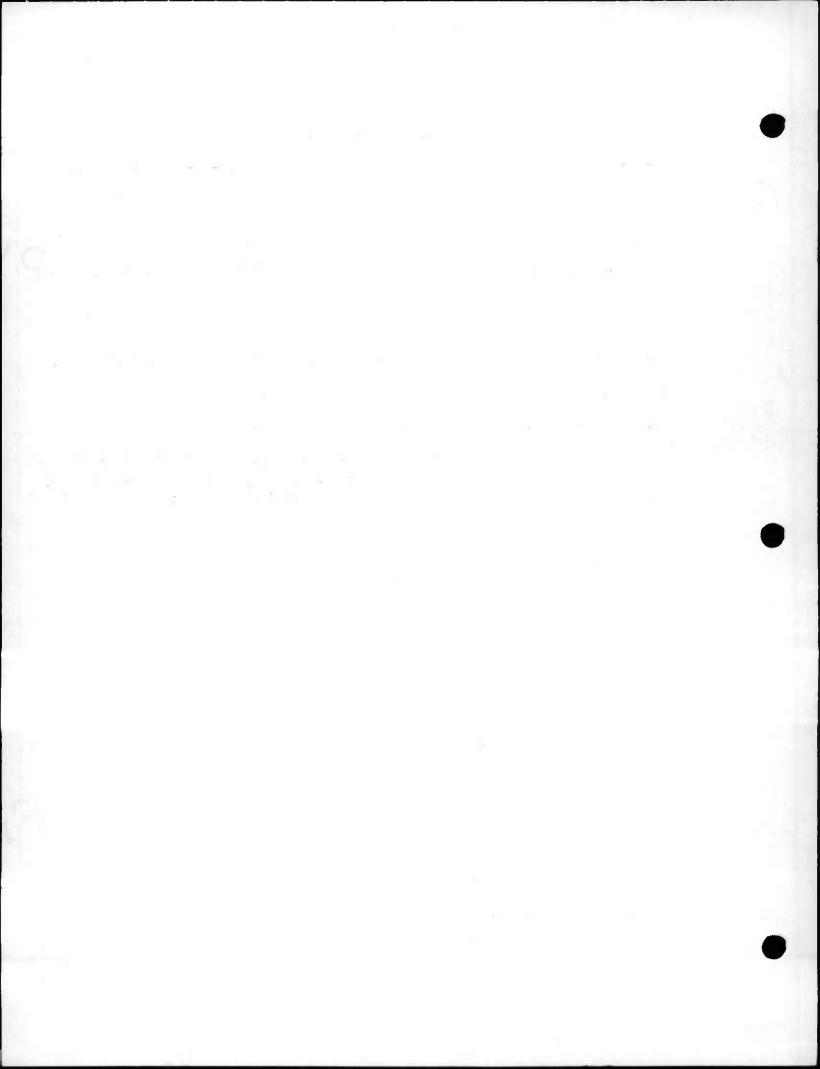
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1	18	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Page the first within 72 hours after death with the State Dear of Health and Mental Horlene prior to bunial committen or permanent.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN						
	DECEDENT'S NAME (First, Middle, Last)	William	Kerns, s	2. DATE OF DEATH	DAY YEAR 3. TIME OF DEATH							
3	4. SOCIAL SECURITY NUMBER 232 and 40 and 9830 90. FACILITY NAME (If not institution, give	1 × M 2 □ F 6	(In yrs. last birthday 3 YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 1 0 - 27 -	1929 We	ST Virginia				
DIRECTOR	THE JOHNS HOPKI	NS HOSPITAL		BALTIM	ORE CITY		9c. COUNTY OF DEATH					
	Maryland 100. STREET AND NUMBER	Baltimor		TY, TOWN OR LOCA	Dunda	lk	10e CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2X NO DF WHAT COUNTRY?				
FUNERAL	8311 Kavanagh R	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DE	2 CENDENT OF HISPAN	1222 HIC ORIGIN? (Specify Ye	Uni	ted States RACE - American Indian.				
B	1 Never Married 2 X Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDI	JF YES, GIVE WAR OR D	ATES 16a, DECEDENT	1 YE	pecify Cuban, Mexical S 2 1 NO Specify	<i>r</i> :		Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9th Grade 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relied.) Maintenance Electrician Bethlehem Steel Co.)											
8	17. FATHER'S NAME (First, Middle, List) ETNEST KETNS 190. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Street	Mae Lar	ME (First, Middle, Maider 11 D Route Number, City or Tox		(a)				
٩	Mrs. Rosalind Ke 20g METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rev	200	8311	Kavanag	h Road 1	Dundalk, N		d 21222				
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF TUNERAL SERVICE LI	Ho	OLU HU	Duda	ND ADDRESS OF FACE. RUCK FU	neral Home	of Dur	iver, Maryland				
	23. PART I. Enter tha diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):											
ERTIFICATION	Sequantially liet conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events DUE 70 (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
AL CER	PART II. Other significant condition	dns contributing to death b	out not reaulting	In the underlyin	g cause given in i	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDIC												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND	HOSPITAL:	anti-re a Classe	OTHER:	LACE OF DEATH (Che							
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	289. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c. IN	JURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	SD .				
	3 Suicide 8 Could not be determined	animing) and topol	city)			281. LOCATION (Street City or Town, State)	ural Route Number,				
COMPLEIED	(Check only 1 SecERTIFYING PHYS	2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated.										
0 26	30. NAME AND ADDRESS OF PERSON WI	. Hikiday		(ran	DZ& Z	14	≥ 4 3	O 93 1155				
	31. DATE FILED (MONTH, Day, 1984) MAY 0 4 1993	32 AEGISTRADES SIGN	ATURE	1.4	KINS HO	PITAL	PM	it also				
	MHI A # 1993	Janu 1201	- Porton									

DHMH-16 Rev 1/89



	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	Q	4: A	er de	60
	TE	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28
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	FOR	OTATE OF MADIA					(93 12822				
	1 - STATE REGISTRAR	STATE OF MARYLA		RIMENT OF FICATE OI		MENTAL HYGIE REG. N						
	DECEDENT'S NAME (First, Middle, Last)	Catherine k	ling	(Koenig		2. DATE OF DEATH		3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 218-62-1990		yrs. last birthday,	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)				
	9a. FACILITY NAME (If not institution, give str		O YRS.		OR LOCATION OF E	03	Maruland					
TOR	Ivy Hall Nursing	v of death Ltimore										
DIREC	100. STATE 10b. COUNTY Maryland	dle River		10d. INSIDE CITY LIMITS? 1 YES 2 NO								
FUNERAL DIRECTOR	100. STREET AND NUMBER IVY Hall 1300 WA					21220	Ur	n of what country?				
ВҰ	11. MARITAL STATUS 1 \(\infty \) Never Merried 2 \(\sum \) Merried 3 \(\sum \) Widowed 4 \(\sum \) Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2XXNO	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 2 X NO Speci	ANIC ORIGIN? (Specify Year, Puarto Rican, etc.)	es or No 14	RACE — American Indian, Black, White, atc. Specify: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of life, Do NOT	. 1		16b. KIND OF B		TRY				
MP	NOT KNOWN 17. FATHER'S NAME (First, Middle, Lest)		Dex	endant			ployed					
S	Ignatius E. King	i				AME (First, Middle, Meide Inna Trunk	n Surname)					
) BE	19e. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRESS (Street			wn Stata Zin Co	orie)				
5	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7857 St. Claire Lane Baltimore, Maryland 21222											
	20e, METNOD OF DISPOSITION 1 & Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of campaign) proprietory proprie											
	22. NAME AND ADDRESS, OF ESCUTY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Dundalk, Maryland2122											
	23. PART i. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiec or respiratory errest, ahock, or heart failure. List only one cause on each line. Approximate interval Between											
	disease or condition											
	resulting in death) a											
Z	assigntion reluminist.											
ERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING											
임	CAUSE (Disease or Injury											
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST d.											
2			t mat an outline	In the second of the								
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24e. WAS AN AUTOPSY PERFORMED? 24b. WEF											
E	1 Tes 2 No COMPLET											
2	1 YES 2 NO											
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE DF DEATH (C)	heck only one)						
YSI		HOSPITAL: 1 Inpatient 2 ER/Outpat	lient 3 🗆 DOA	OTHER: 4 Mursing Nor	ne 5 🗆 Rasidence	8 Other (Specify)						
	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE NOW						
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY - building, etc. (Specify N. H.O.M.	()			281. LOCATION (Street	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
Ä	290. CERTIFIER 1 CERTIFYING PHYSIC			and at the time			-					
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the base of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.											
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	Pass.			29c. LICENSE NU			IGNED (Month, Day, Year)				

5-3-9

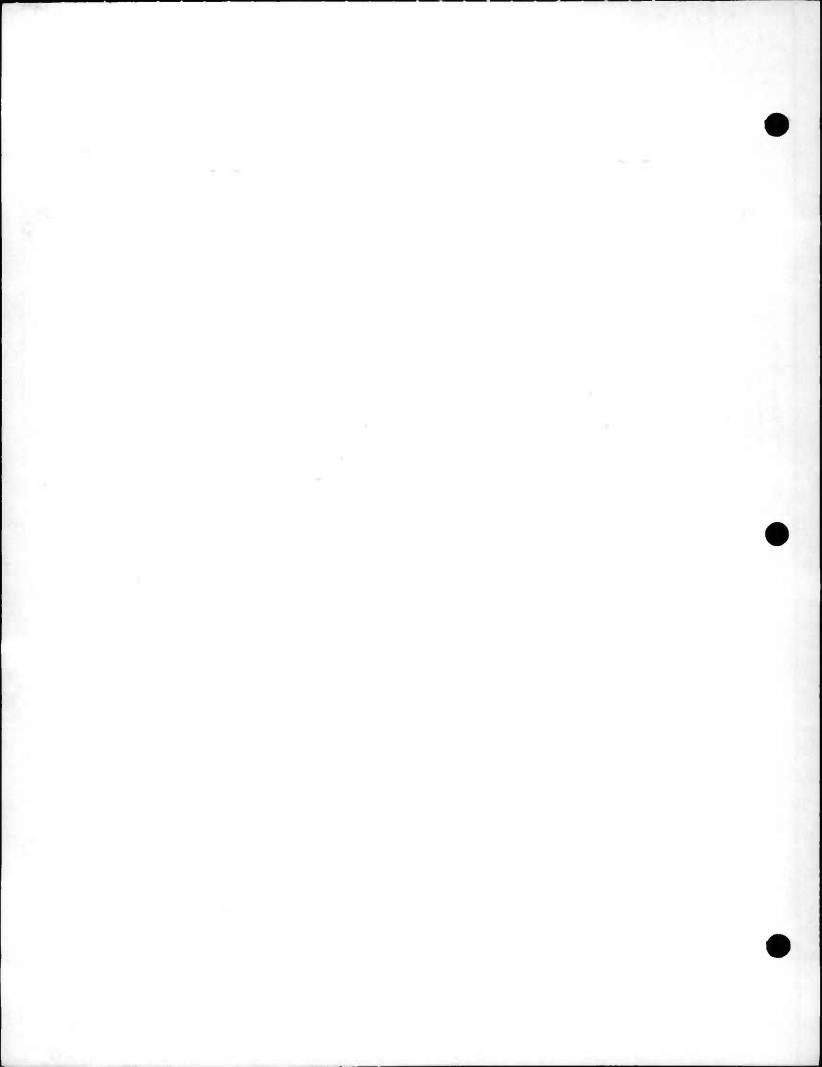
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 002966 n 29d. DATE SIGNED (Month, Day, Year)

300

31. DATE FILED (Month, Day,



2



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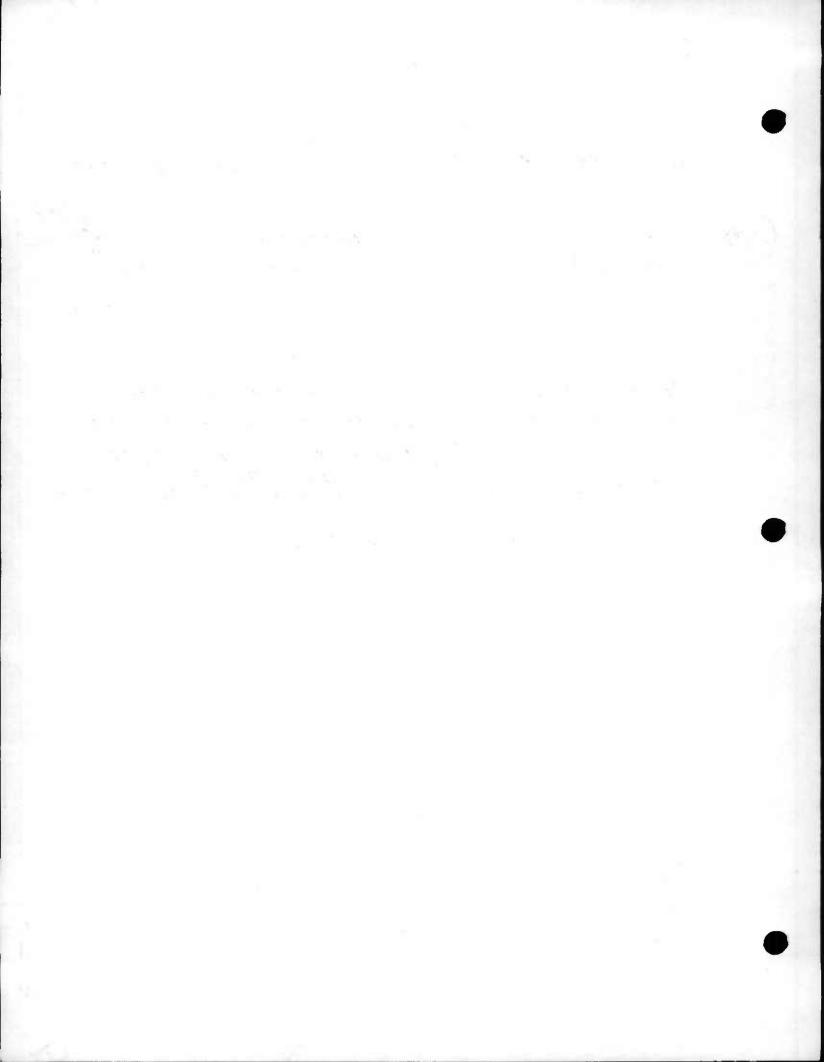
	1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEF CERT			DEATH A			YGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)			II IOA		DEATT		2. DATE OF	DEATH		3,	TIME OF DEATN	
	Ronald	N	lark		Ke	lly		05 02 1993			1:26 A. M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birtho	MONTH	DER 1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTN 8. B (Month, Day, Year) C				ACE (State or Foreign	
	219-90-8134	1 M 2 - F	28 YR	S.	I LAYS	HOURS	MIN.		. 0	64	2	Alb. Md.	
E .	9e. FACILITY NAME (If not institution, give s	treet end number)		96. CI	ITY, TOWN (OR LOCATION	OF DE	ATH		9c. COUNTY	Y OF DEAT	н	
6	4150 Mountwoo		В	Baltimore City									
HE C	10e. STATE 10b. COUNTY		10c.	CITY, TOW	N OR LOCAT	TION			10d. INSIDE				
PIRECTOR	Md				BAI	time	re	2			1	LIMITS? YES 2 NO	
3AE	10e. STREET AND NUMBER	96			101	. ZIP CODE				10g. CITIZE	N OF WHA	T COUNTRY?	
FUNERA	2119 Bolton					21	21	7		4	SA		
	1 Never Married 2 Merried	FORCES? 1	YES 2 NO	1	if yes, sp	ecify Cuban,	Mexicar	, Puerto Rican, etc.) Biac				American Indien, hite, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		1 🗌 YES	2 1110	Specify.	Specify Specify					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDEN	T'S USUAL	OCCUPATION OF	ON st of working		16b. KIN	D OF BUS	INESS/INDUS	TRY	7,2,0	
9	Elementary/Secondary (0-12)	College (1-4 or 5	He. Do NO)T use retired	d.)								
₽			MAIN	TANCE	. /1/e	ch AN	114						
	17. FATNER'S NAME (First, Middle, Last)	11 /				16. MOTHE	R'S NAM	ME (First, Middle	, Maiden	Syrname)			
BE	19e. INFORMANT'S NAME (Type/Print)	7	Top MAII	ING ADDRE	ESS /Ctmat a	1116	w	oute Number, C		noma:	5		
임	Marya J. Lai	erl	211	16 R	16.	CX	nurain	A - 4	ly or low!	1, State, Zip Co	000) 01-00 P	2	
	20e. METNOD OF DISPOSITION		20b. PLACE AND DA	TE OF DISP	OSITION (Na	me of	-	DATE	20c. LOC	CATION - CIN	y or Town.	State	
	1 Suriel 2 Cremetion 3 Remet 4 Donetion 5 Other (Specify)	oval from State	cemetery, crematory	or other place	en. F	Ł.		5/7	R	2/60	ml-		
	THE PROPERTY OF THE PROPERTY O												
	22. NAME-AND ADDRESS OF FACILITY WILLIAM C. Brown Community fix 1206 W. North Ave Batto Md.												
	23. PART I. Enter the diseeses, or o	omplications that	t caused the death. [o not ent	er the mo	de of dying	g, such	ea cerdiec	or reepir	retory erree	1.	Approximata	
	ehock, or heart feliure. IMMEDIATE CAUSE (Final	Liet only one cau	se on each line.						1100	•		Interval Between Onset and Death	
	disease or condition												
	DUE TO (OR AS A CONSEQUENCE OF):												
NO	Sequentially list conditions, Due to (or as a consequence of):												
ATI	If any, leeding to immediate cause. Enter UNDERLYING												
딢	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in death) LAST												
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
CAL		- continuating to	death but not result	ing in the	anaenying	g cause giv	en in r	7art I. 24a	PERFORI		AM	RE AUTOPSY FINDINGS MLABLE PRIOR TO MPLETION OF CAUSE	
MED		-						— ¹/º	YES 2	□ NO	OF	DEATN?	
								-			1 5	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEAT	TN (Che	ck only one)					
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3 DO	A 4 N	ER:			Other (Sp	ac(fu)	Hallv			
	27. MANNER OF DEATN	26e. DATE OF (Month, D	INJURY 26b.	TIME OF	28c. INJ	URY AT	-	26d. DESCRIE					
BY	1 Natural 5 Pending 2 Accident Investigation	05/02		1 1 4 A 1 YES 2 ANO				Subject Shot					
	3 Suicide 6 Could not be	F INJURY — At home, fer atc. (Specify)	m, street, fa	actory, office	,	\neg	261. LOCATION City or Tox	V (Street e			Number,		
	Nomicide determined		Apt.	Bui	ldin	α				untwo	boo	Road	
COMPLETED			my knowledge, death occ					o the cause(s)	end man	ner es stated.			
ğ	2 MEDICAL EXAMINE	R: On the besis of e	mination end/or investig	ation, in my	y opinion, d	eath occured	at the t	ime, date and	place, end	due to the c	euse(s) en	d manner es stated.	
BE	296. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENS	SE NUMI	BER		29d. DATE S	IGNED (Mo	nth, Day, Yeer)		
2	IXVW Ho	W			0.0	C.M	.E.		05	5/02	/1993		
	MARO TO GOVE TRANSPORTED CAUSE OF DEATH (ITEM 27) (Type, Print) MARO TO GOVE TRANSPORTED CAUSE OF DEATH (ITEM 27) (Type, Print) MARO TO GOVE TRANSPORTED CAUSE OF DEATH (ITEM 27) (Type, Print) MARO TO GOVE TRANSPORTED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	31. DATE FILED (Month, Day, Ybar)	32 REGISTRA	R'S SIGNATION	nn S	tree	t, Ba	alt	imore	, M	aryla	and	21201	
- 1	MAY 4 1993	lie de	H'S SIGNATORS	5								-	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-trant be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

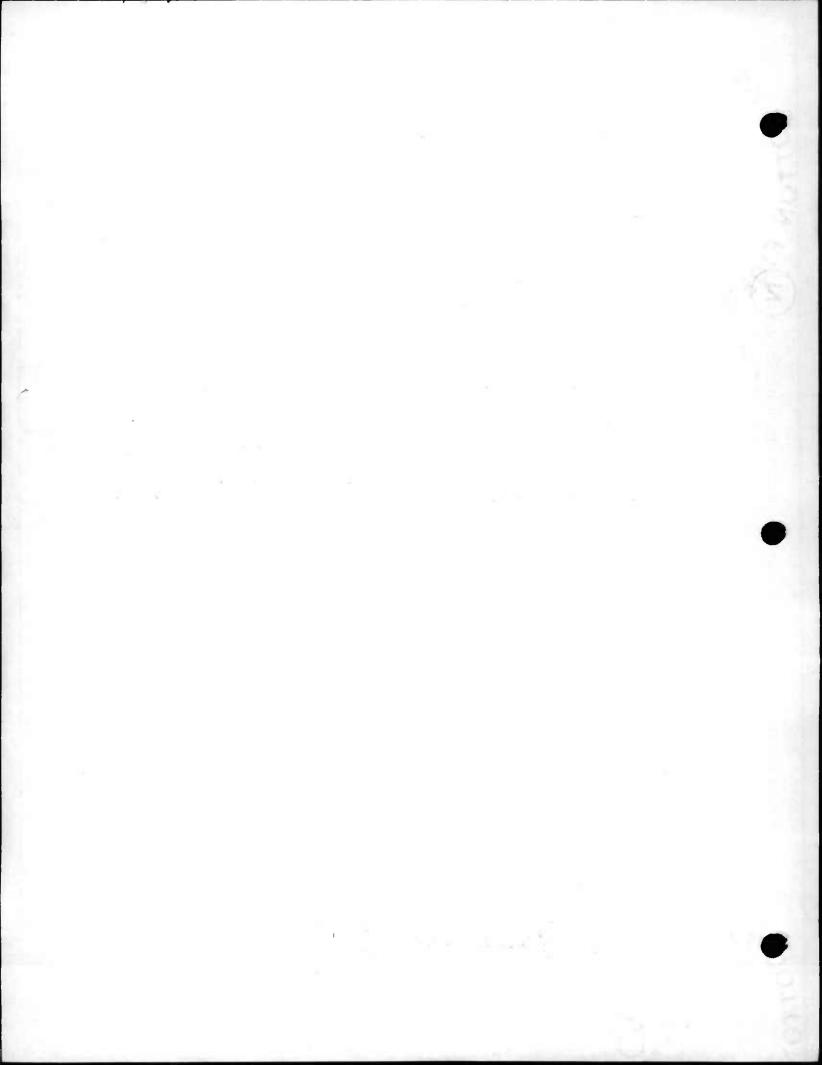
DHMH-16 Rev 1/89



-		REGISTRAR		CE	RTIFIC	ATE O	F DEATH	1	REG. NO.				
	1	1. DECEDENT'S NAME (First, Middle, Lest)	4					2. DATE	OF DEATH	TH 3. TIME OF DEATH			
FUNERAL DIRECTOR	- 1	Charles . A.		Jr.			_	5				5:00 A M	
	4		1 📈 M 2 🗆 F	E (In yrs. las		UNDER 1 YEAR	-	(Month	OF BIRTH , Day, Year) 26 / 2	- 1	BIRTHPL Country) MAR	ACE (State or Foreign YLAND	
	TOR	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 82. COUNTY OF DEATH BALTIMORE									тн		
	ទួ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ry		10c. CITY, T	OWN OR LO	CATION				10	od. INSIDE CITY	
		MARYLAND 100. STREET AND NUMBER				BALT	IMORE			T	1-	YES 2 NO	
	NERA	1113 Falls Hill Drive					21211			Ţ	JSA.	AT COUNTRY?	
	à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1X YE WAR OF 1948-51	ES 2 N	MED IO	If yes,	ECENDENT OF HISPAL specify Cuben, Mexics ES 2 NO Specif				- American Indian, White, etc. WHITE		
TO BE COMPLETED	PLETEC		15. DECEDENT'S EDUCATION soily only highest grade completed) ndary (0-12) College (1-4 or 5 +)		CEDENT'S US We kind of work Do NOT use no BUS DI	done during stired.)	TION most of working	16b.	MTA	SINESS/INDUS	TRY		
		17. FATHER'S NAME (First, Middle, Lust) CHARLES A. KI	RATZ, SR.				18. MOTHER'S NA		M. Mc				
		19a. INFORMANT'S NAME (Type/Print) NANCY F. KRATZ							the Number, City or Town, State, Zip Code) BALTIMORE, MD. 21211				
		20s. METHOD OF DISPOSITION SC Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE DISPOSITION (Name of campaign, cremation, or other place) Compation 5 Other (Specify) 20c. LOCATION — City or Town, State REW CATHEDRAL CEMETERY 5/6/93 BALTIMORE, MARYLAND											
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTO., MD. 21211 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										21211	
CERTIFICATION	ICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE DF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE) DUE TO (OR AS A CONSEQUENCE DF): DUE TO (OR AS A CONSEQUENCE DF):											
	CERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEC	OUENCE OF):								
shows any Inju	: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTO PERFORMED. 1 YES 2 WAS AN AUTO PERFORMED.									24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND		
ı	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. THER:	PLACE OF DEATH (Ch	eck only on	9)				
l	IXS	1 2 YES 2 NO	1 Inpatient 2 ER/O	_		☐ Nursing H	ome 5 - Residence						
	ву рну	1 🗷 Natural 5 Pending 2 Accident Investigation	NJURY AT WORK? YES 2 ND	28d. DESCRIBE HOW INJURY OCCURED									
	ETED	3 Suicide 4 Could not be determined 8 Could not be determined 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)								te Number,			
	COMPL	ope)	ER: On the basis of examina								kuse(e) er	nd manner ee stated.	
	O BE	296. SIGNATURE AND TITLE OF CERTIFIE	29c. LICENSE NUI	MBER		29d. DATE SI	GNED (M	fonth, Day, Year)					
		30. NAME AND ADDRESS OF PERSON W	Delman	56			Eaven 18h	vd ,	solh	/m/	41)	21239.	
		31. DATE FILED (Month, Dily, Year) МДУ 0 4 1993	32. REGISTRAR'S SI	Broad	2								
			/									DAMAIL 40 D. 400	

BALTIMORE, MARYLAND 21215-0034

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



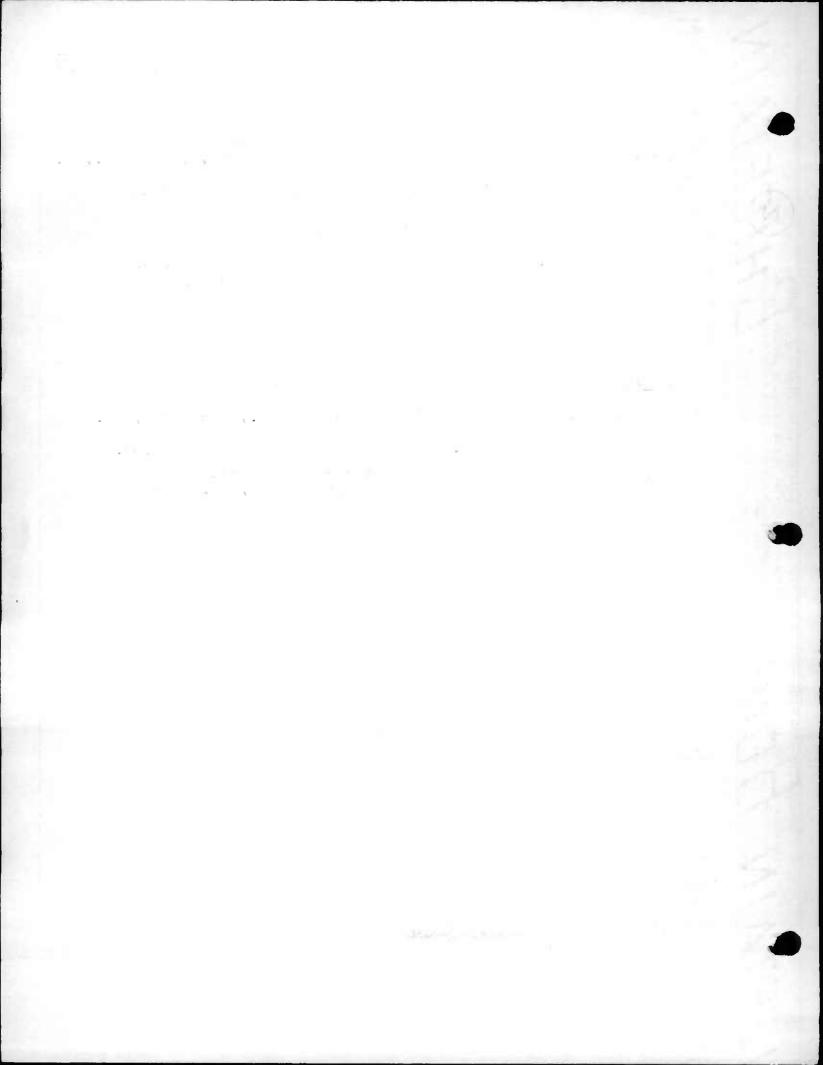
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burlat-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO	D.				
	1. DECEDENT'S NAME (First, Middle, Last) S'AMUEL KA	TZ		2	DATE OF DEATH MONTH	8 93	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 2 18 18 7123 5. SEX 1. M 2 \square F		UNDER 1 YEAR OTHS DAYS	IF UNDER 24 HRS. 7 HOURS MIN.	Month, Day, Year)	,1915	Balto., Md.			
OR	99. FACILITY NAME (If not institution, give street and number) Hebrew Home of Greater Washington Rockville Montgomen									
RESIDENCE OF DECEDENT										
۱ ۵	Maryland Montgomery		ver S	pring		10d. INSIDE CITY LIMITS? 1 ☐ YES XX NO				
FUNERAL	3622 Pear Tree Ct.			0906		United States				
à l	11. MARITAL STATUS 1 Never Merried X Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	2 NO If yes, specify Cuban, Mexican, Puerto Rice				I. RACE — American Indian, Black, White, etc. Specify: Caucasian			
G	15. DECEDENT'S EDUCATION	16e. DECEDENT'S USU	IAL OCCUPATION	ON	16b. KIND OF B	USINESS/INDUS	TRY			
COMPLET	(Specify only highest grade completed) 1 2 Elementary/Secondery (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use rei Sales	done during mo tired.)	at of working	Re	tail				
Σ	17. FATHER'S NAME (First, Middle, Last)			18, MOTHER'S NAME	CELO Adiabatic Adiabatic	a Cumama)				
	Louis <u>K</u> atz			Mollie	Kalli	nsky				
O BE	19e. INFORMANT'S NAME (Type/Print)			and Number or Rural Rou						
-	Allison Schwartz	14132	Flin	t Rock F	Rd., Ro	ckvill	Le, Md. 20853			
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	Mt. Leban	ACE OF DISPOSITION (Name of cometery, cremetory or Lebanon Cemetery Adelphi, Md							
į	21. SIGNATURE OF PUNERAL SERVICE LICENSEE		22. NAME A	on ADDRESS OF FACIL	JTY TI	7 **	•			
	· Cooputo			lls Chur						
	23. PART I. Enter the diseases, or complications that cause processing the process of the proces	sed the death. Do not a sach line.	antar tha mo	da of dying, auch a	na cardiac or rea	piretory arres	Approximate Interval Between Onset and Daath			
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. POSSIBLE MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF):										
ŀ	reaulting in death)	S A CONSEQUENCE OF:	-DIVIC	- (NIME	CITON					
2	ATHEROS	SCLEROTIC	VA	SCULAR	DISE	MSE	į			
RTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):									
	CAUSE (Disease or injury	S A CONSEQUENCE OF):								
H	resulting in death) LAST									
2	DATT II Other classificant conditions engals, the death	h	h a san dandada							
EDICAL	PART II. Other aignificant conditions contributing to death DIAGSETES	t but not resulting in t	ne underlyin	g causa givan in Pa		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO COMPLETION OF CAUSE			
	STROKE				_ 1 ☐ YES	2/JXN0	DF DEATH? 1 YES 2 NO			
Σ					-		I TES 2 NO			
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. P	LACE OF DEATN (Check	k only one)					
	EXAMINER? t YES 2 NO 1 Inpetient 2 ER/O		THER:	ne 5 🗆 Residence 6	Other (Specify)					
Ė	27. MANNER DF DEATN 28a. DATE DF INJUR	Y 28b. TIME O	F 28c. IN	TURY AT 2	ed. DESCRIBE HOW	INJURY OCCU	RED			
ВУР	Natural 5 Pending (Month, Dey, Yea	r) INJURY		YES 2 NO						
ED		JRY — A1 home, farm, stree specify)	et, factory, offic	2	86f. LOCATION (Stree City or Town, Sta	t end Number or	Rural Route Number,			
	29e. CERTIFIER (Check poly.) CERTIFYING PHYSICIAN: To the best of my kn	powledge death pegumed a	t the time det	and alone and due to	the enuse(s) and m					
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examina									
BEC	296. SIGNATURE AND TITLE OF CERTIFIER P. Towar M. D.			29c. LICENSE NUMB	ER CO	29d. DATE S	SIGNED (Month, Day, Year)			
2	TO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF		nt) RT	RACU	VILLE	Man	20852			
			130	10.40	· icce	المارة	-0020			
	MAY U 4 1993 githe build	GNATURE SANGER								



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIS TO THE FUNERAL DIRECTOR. After this cert be filed within 72 hours after death with the IMPORTANT. If Item 28 is marked, o

		1. OECEDENT'S NAME (First, Mid	idle, Last)					IOAII	_ 0.	DEAT		REG. NO.			3. TIME OF DEATH
	- 1	MARY KRIE	SER									MONTH / 3 DV	0/0	YEAR	4:50
		4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE	(In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER 24		DATE OF BIRTH	7 1	8. BIRTH	IPLACE (State or Fore
		218-01-4142	2	1 🗆 M 2 😾 F		79	YRS.	MONTHS	DAYS	HOURA	MIN.	Month, Day, Year) 5/6/13		Countr	γ)
		9a. FACILITY NAME (If not institut		set and number)		13		9b. CITY	TOWN O	R LOCATION	OF DEATH	3/0/13	9c COIII	NTY OF D	d.
	E	CHURCH HOSE	ΤͲΔΊ	Γ,						MORE		V	Jan 000.		
	5	RESIDENCE OF DECED	ENT					DI		HOIGE	CII				
4)	DIRECTOR		. COUNTY				10c. CIT	Y, TOWN	OR LOCAT	ION			1		
8	- 1	MD 10e. STREET AND NUMBER					<u> </u>	alt	imor					1 YES 2 N	
	RAL		-		101. ZIP CODE					10g. CITIZEN OF WHAT COUN					
- 1	FUNER/	251 S.	Rege		_	_				21231				US	A
	5	1 Never Married 2 Man	ded	12. WAS DECEDEN FORCES? 1	T EVER II	U.S. ARN	IED)	13.	13. WAS DECENOENT OF HISPANIC If yes, specify Cuban, Mexican, F		HISPANIC O Mexican, Pu	RIGIN? (Specify Yea erto Rican, etc.)	or No-	14. RACE Black	— American Indier
	BY	3 Widowed 4 Divorced		IF YES, GIVE V	MAR OR O	ATES			1 🗍 YES		Specify:			Spech	White
- 1	B	15. DECEDE	NT'S EDUC	ATION		18a. DEC	EDENT'S	USUAL O	CCUPATIO	N		16b. KIND OF BUS	NINFSS/IND	HETEV	
		(Specify only high Elementary/Secondary (0-12)	nest grade c	ompleted) College (1-4 or 5	+)	(GIV	e kind of v Do NOT us	vork done	during mos	st of working		01 1000		Soint	
	AP.	8th				Se	ams	tre	SS						
once.	COMPL	17. FATHER'S NAME (First, Middle,	Last)		Seamstress 18. MOTHER'S NAME (First, Middle					First, Middle, Maiden	Sumame)				
क	BE C	Casim	er	Rominski Ana							nastasia Ma k aska				
notified	TO B	19a. INFORMANT'S NAME (Type/F	Print)	19b. MAILING ADDRESS (Street and Number of						er or Rural Route Number, City or Yown, State, Zip Code)					
	F			Kriege	r	3	512	Ba	y Dr	. Ba	ltim	ore, Mo	d. 2	1220	0
st be		20s. METHOD OF DISPOSITION 1/ Burlel 2 Cremation 3	Remo	rel from State	20b	PLACEAR	NO DATE	FDISPOS	ITION (Ner	ne of		DATE 20c. LO	CATION —	City or Tox	wn, State
r must		4 Donation 5 Other (Spe	clfy)		cen	etary, crem TOIY	Ro	sar	y_C∈	em.	5/	4/23 Ba.	ltim	ore	, Md.
examiner		21. SIGNATURE OF FUNERAL SE	RVICE LICE	NSEE	,			22.	NAME AN	DADORESS	OF FACILIT	er F.H.			
еха	;	Math	221) ////	روارا	11	_					er St.		+ 0	мд 2
medical		23. PART L'Enter the disea	ses, or co	mplications tha	t caused	the dea	th. Do n								Approximat
	ļ	shock, or heart IMMEDIATE CAUSE (Final	failure. Li	ist only one cau	ise on e	ach line.								104	interval Bet Onset and
ŧ		disease or condition		KN	131	M	0/	VI	4						124 100
event,	ı	resulting in death)	a.			CONSEQU			/						(XM)
	z														į '
traumatic	CERTIFICATION	Sequentially list conditions if any, leading to immediate		DUE TO	(OR AS A	CONSEQU	JENCE OF):							
T ta	₹	cause. Enter UNDERLYING CAUSE (Disease or injury	c .												
other	띮	that initiated events resulting in death) LAST		DUE TO	(OR AS A	CONSEQU	JENCE OF):							
0	Ä	resulting in death) LAST	d.												
31	- II	PART ii. Other significant c	onditions	contributing to	death b	ut not re	auiting i	n the un	derlying	cause giv	en in Part	i. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINI
ows any injus	MEDICAL		N			ve		01	EA	15/2		PERFOR			AVAILABLE PRIOR TO
W.S	입								/			1 🗌 YES 2	₽S, NO		OF DEATH?
															1 TYES 2 NO
m 23	PHYSICIAN:	25. WAS CASE REFERRED TO ME	OICAL						26. PL/	ACE OF DEA	TH (Check or	nly one)			
T tem	Sic	EXAMINER?		HOSPITAL:	ER/Outo	atient 3	DOA	OTHER	1:			Other (Specify)			
d, 0r	호။	27. MANNER OF DEATH		26e. DATE OF	INJURY		26b. T/M/	OF	28c. INJU	RY AT	- Y	DESCRIBE HOW IN	JURY OCC	URED	
*	ВУР	1 Natural 5 Pend	ing tigation	(Month, D	ury, 1947)		INJ	JRY M	1 Y	RK? ES 2 🗌 P					
		2 Accident Inves 3 Suicide 6 Cout		28a. PLACE O	F INJURY	— At hom	e, farm, s	treet, fact	ory, office		28f.	LOCATION (Street a	nd Number	or Rural R	oute Number,
78	COMPLETED		mined	bulliong,	atc. (Spec	"Y)						City or Town, State)			
-	w P	29a. CERTIFIER										e ceuse(e) end man			
Te m	ᆲ	(Check only 1 CERTIFYII	IG PHYSICI	AN: To the best of	my knowl	edge, dast	h occurre	d ad the o	ma date i	and please as	and clean on the	a coupodal and mi	mas as -4	- of	

3

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. NAZEN
31. DATE FILED (Month, Day, Year) NAZEMI 100 BALTIMORE, MD 21231 N. BROADWAY,

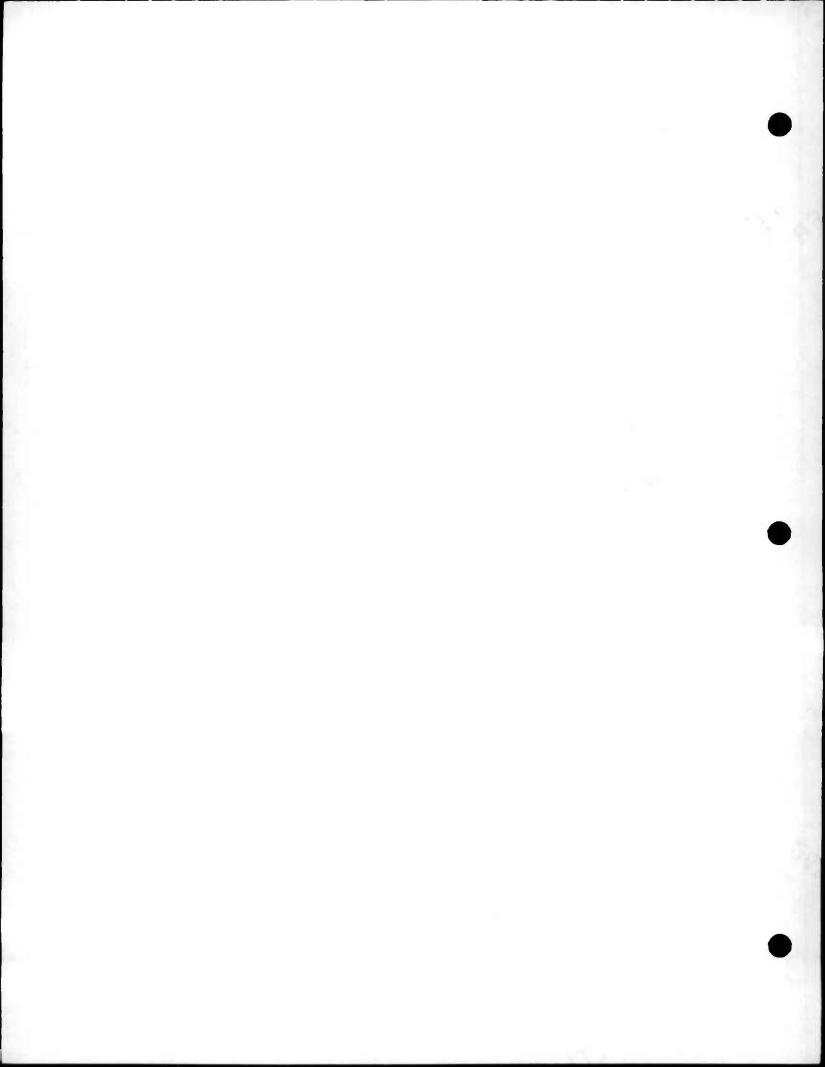
32. REGISTRAR'S SIGNATURE

MAY 0 4 1993

2

5

Julie Taindon Randall



	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN REG. NO		93 12821	
	LIDA	Lida Dorothy I	ennan NAN			2. DATE OF DEATH	15-01- M/- 0	93 3. TIME OF DEATH A	
	DAT OF FLORI	S. SEX 6. AGE (In yrs.	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	04	a. BIRTHPLACE (State or Foreign Country)	
TOR	ST. JOSEP	1+ 1+05Pi	TAL	70	WSO	DEATH	Baltimore Cou		
DIRECTOR		more County	Tows	OWN OR LOCAT	TION		10d. INSIDE CITY LIMITS? 1 YES 2		
FUNERAL	100. STREET AND NUMBER 204 E. Joppa Road				21286			U.S.A.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 Tyes 2 IF YES, GIVE WAR OR DATES	ARMEO NO	If yes, spe	ENDENT OF HISP/ ecify Cuban, Mexic 2 NO Spec	ANIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ify:	or No—	14. RACE — American Indian, Black, Whita, atc. Specify: WHITE	
COMPLETED	15. DECEOENT'S EQUCAT (Specify only highest grade con Elementary/Secondary (0-12) 12 yrs.	mpleted) College (1-4 or 5+)	DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mos tired.)	ON st of working	Canning			
S S	17. FATHER'S NAME (First, Middle, Last)	1 36	cretary		40 1407115710 14			ally	
C S	(Unknown)	Ť.e	nnan		(Unkn	AME (First, Middle, Maiden	oumame)		
B	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street as		Route Number, City or Tow	n. State 7in (Code)	
1 1	Paul J. Redmond					owson, MD.			
must be	20e. METHOD OF DISPOSITION 1/3 Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	20b. PLAC capetery, New	EANDDATEOFD	ISPOSITION (Na		OATE 20c. LO	CATION — C	ty or Town, State	
Jue I	21. SIGNATURE OF FUNERAL SERVICE LICEN		-			edefeld Ho		, , , , , , , , , , , , , , , , , , , ,	
exa	John G. Reitz	John G. Reitz (M-00804)						aryland 21212	
or other traumatic event, the medical examiner must be notified at ence. ERTIFICATION TO BE COM	23. PART I. Enter the diseases, or complicatione that ceused the deeth. Do not anter the mode of dying, such ee cardiec or reepiratory errest, abock, or heart fellura. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition								
Alle event,	OÚE TO (OR AS A COMSEÁUÊNCE OF):								
ertification	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	STIVE HEART FAILUILE!					LE	
EH	resulting in death) LAST								
AL CE	PART II. Other aignificent conditions of	contributing to deeth but no	t reculting in th	ne Underlyling	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS	
: MEDICA						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO	
IAN:								1 2 1 2 1 2	
5 U	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	1.63	28. PL	ACE OF DEATH (C	heck only one)			
5 >		QSPITAL: X Inpetient 2 - ER/Outpetient		Nursing Home	5 🗆 Residence	6 Other (Specily)			
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	25a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	M 1 TY	RK? 'ES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCU	RED	
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At building, atc. (Specify)	home, farm, stree	t, factory, offica		26f. LOCATION (Street a City or Town, State)	ind Number of	Rural Route Number,	
COMPLET		N: To the beat of my knowledge, On the beats of examination and/s							
TO BE COI	296. SIGNATURE AND TITLE OF CERTIFIER	P			29c. LICENSE NU	588 6	29d. DATE	SIGNED (Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Prin	ÖH I	HOSPI	TAI "	Dilli	N MA 2120	

MAY 04 1993

A REGISTARIS SIGNATURE CONTRACTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trabe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

iges 1, 2, 3 should

The transfer of the light of th

9c. COUNTY OF DEATH

10g, CITIZEN OF WHAT COUNTRY?

USA

14. RACE — American Indian, Black, White, etc.

Specify: WHITE

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country) 43 Ctt

3:40

10d. INSIDE CITY

1 YES 2 NO

interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d. OATE SIGNED (Month, Day, Year)

30

D4

MARYLAND 21215-0

BALTIMORE.

mit. Pages 1, 2, 3 should

death certificate be executed within RECORDS, P.O. BOX 68760. The law requires that the DIVISION OF VITAL

296. SIGNATURE AND TITLE OF CERTIFIER

TAHER

Arhael

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A SHAD

1993

BE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH KURT LEVI -CVI 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 96. FACILITY NAME (If not institution, give street and number) 1 M 2 🗆 F 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION N.Y. BROOKLYN FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 1525 50th STREET 11219 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—II yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☒ NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY 3 Wildowed 4 Divorced W.W.II COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) TIE CUTTER MEN'S CLOTHING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at MAX LEVI BE JULIA JEAN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. HERTA JOSEPH 1212 FRANCIS AVENUE ,BALTO.,MD.(21227) pe 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 Deurial 2 Cremetton 3 Removal from State
4 Donatton OATE must cemetery, cremetory or other piece) HEBREW YOUNG MENS IG MENS 5/2/93
22. NAME AND ADDRESS OF FACILITY RALTO, MD 21. SIGNATURE OF FUNERAL SILEVICE LICENSE SOL LEVINSON & BROS. FUNERAL HOME man 6010 REISTERRIOWN RD., BALTO., MD. (21215) medical 22. PARTI. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final the neuno Horas disease or condition resulting in death) event, traumatic MEDICAL CERTIFICATION Sequentielly list conditions, If any, leading to immediate necemania cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? Ween disease. 1 YES 2 NO has b. Dept. PHYSICIAN: h the State D 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER: TO THE HOSPITAL DR ATTENDING PHYSICIAN: 1 TO THE FUNERAL DIRECTOR: After this certificat be filed within 72 hours after death with the Stat IMPORTANT: If Item 28 is marked, or Ite 1 YES 2 NO tient 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 Natural М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined COMPLET

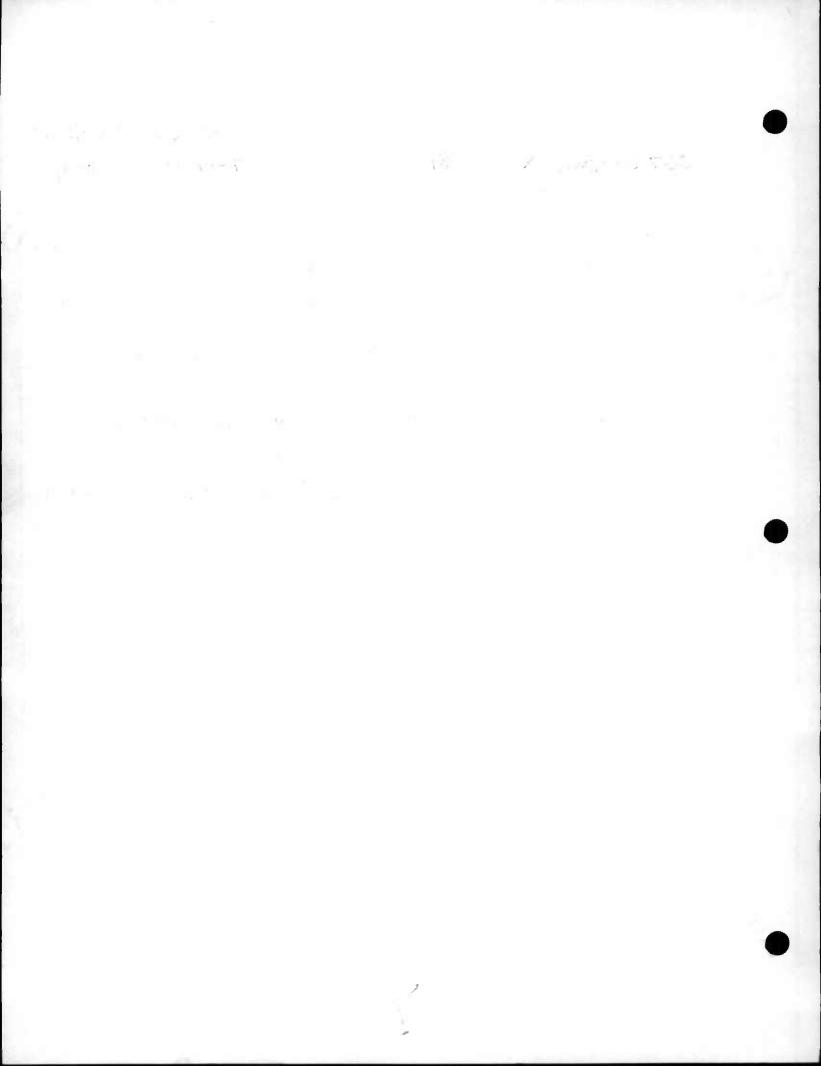
29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner se stated.

32 ARGISTAN'S SIGNATURA Filme Devidson-Randelle

2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the ilms, date and piecs, and due to the cause(s) and menner as stated.

29c. LICENSE NUMBER

St. Agues Hopp.



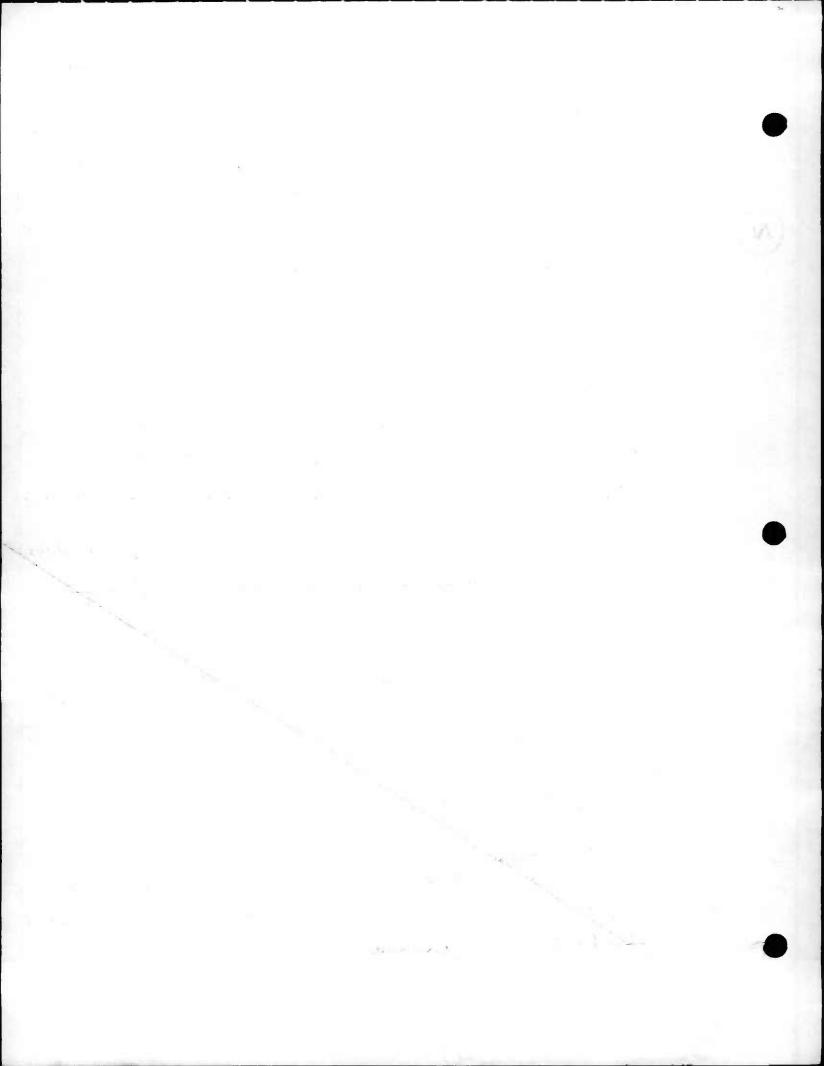
	FUH
1 -	STATE
4 -	REGISTRAR

	1 - STATE REGISTRAR	SIAIE UF N	MARYLAND / I				DEAT			I YGIENE IEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) JEROME		LEMO	N					APRIL		199	3 YEAR	3. TIME OF DEATH 1:20 P M
	4. SOCIAL SECURITY NUMBER 217-54-4208	5. SEX	6. AGE (In yrs. last :	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF E (Month, De 7 - 4	y, Year)		8. BIRTH Countr	PLACE (State or Foreign Y) MD
E .	9a. FACILITY NAME (If not institution, give: THE JOHNS HOPKI						RE C			- 31		UNITY OF DEATH TIMORE CITY	
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT		IAL					111			BAL	TIMU	
	MD	•			y, town o						10d. INSIDE CITY LIMITS? 11/ YES 2 ND		
RAL	100. STREET AND NUMBER 201 N. Broadw		10f. ZIP CODE							10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	2 1 2 3 1 S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific Value) 14. Yea, specify Cuban, Mexican, Puerio Rican, etc.					pecify Yes o	y Yes or No.— 14. RACE — American Indian			
B⊀	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	MR DR DATES			1 TYES	2XXXND	Specify:	i, Puerto Ricar	i, etc.)	_	Speci	a white, are.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give	s kind of	USUAL Owork done	CCUPATIO	N st of working	7	16b. KIN	D OF BUSI	NESS/INC		
MPL		College (1-4 or 5+4 yrs.	·)		erer								
	17. FATHER'S NAME (First, Middle, Last) Eugene Lemon								Sing				
TO BE	19a. INFORMANT'S NAME (Type/Print)				ADDRESS	S(Street a	nd Number	or Pural P	outs Number C	May not Tours	Ctate 7/a	Code) L	Apt. 11M
	Annie Fields 20a. METHOD OF DISPOSITION		20b. PLACE AN		BY BY	oad	way,	/ B a 1	timo	re,	MD	2123	31
	1 Donation 5 Other (Specify)		Green	etory or o	ther plece)			V	DATE			ore,	
	21. SIGNATURE OF PURERAL SERVICE LI	CENSEE			- 1		D ADDRES			/11	∩ 1	E 1	NORTH AVE.
	23. PART i. Entar tha diseases, or shock, or haart failure.	complications the	t caused the deat	th. Do 1									Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sepsis												
_	DUE TO OR AS A CONSEQUENCE DF):												
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING b. immunocompromised state Aquired immuno - 36 years DUE TO (OR AS A CONSEQUENCE DF): Jefiniency by narrowe)										3 o years		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	DUE TO (OR AS A CONSEQUENCE OF):										6-10 years
		d											
CAL	PART II. Other significant condition		ephalop							PERFORM	ED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL		1	- Constitution	1					_ 16	YES 2	NO		OF DEATH?
IAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE DE DE	ATH (Chec	ck only one)				
YSIC	1 VES 2 NO		ER/Outpatient 3	DOA	OTHER 4 - Num	R:			Other (Spe	ecity)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, Da		28b. TIM INJ	E OF URY M	28c. INJU WOI 1 Y		- 1	28d. DEŞCRIB	E HOW INJ	URY OCC	CURED	
- 10	3 Suicide 8 Could not be determined	28e. PLACE DE building,	F INJURY — At home atc. (Specify)	e, ferm, i	rireet, fact	ory, office			28f. LOCATION	N (Street and wn, State)	d Number	or Rural R	oute Number,
COMPLETED		ICIAN: To the best of											
00	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE		semination and/or inv	reatigatio	n, in my o	pinion, de	29c. LICE						and manner as stated.
TO BE	Mars J. K	earnoff	MO Med	ical	Resi	dent	ZVC. LICE	42E NOME			▶ 4	- 20	(Morith, Day, Year)
	MARK S. KRAS	NOFF 6	(132-1	3 C	Print) PREE	EN	ME.	ADO	IN P	KWY.	BA	LTIN	10RE, MB 1209
	MAY 0 4 19		Devilon-	Boyle	R.								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. ATTENDING PHYSICIAN: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit per billed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

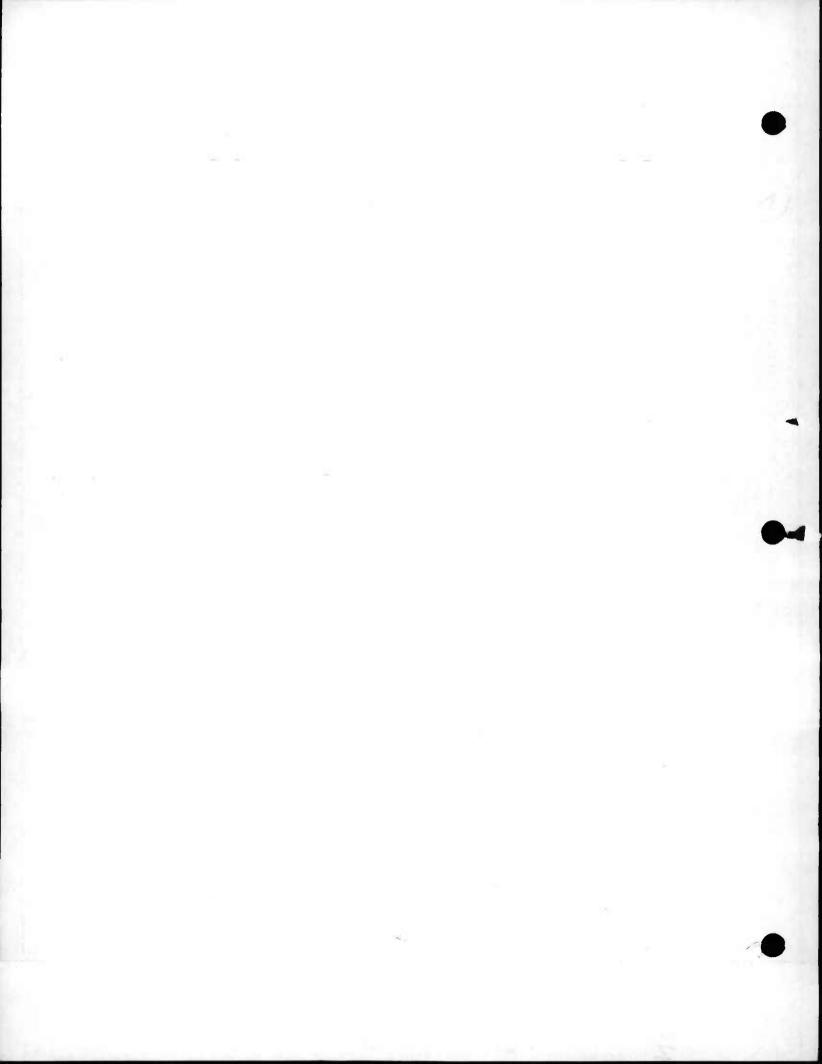
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF I		ENTAL HYGIENE REG. NO.					
1	1. DECEDENT'S NAME (First, Middle, Last)	Melvin Ausa	tin Mason	2	2. DATE OF DEATH DAY	- 9 YEAR	3. TIME OF DEATH			
		5. SEX 6. AGE (in yrs. last	YRS. FUNDER 1 YEAR DAYS	IF UNDER 24 HRS. 7 HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 500 500 922	8. BIFITI Count	HPLACE (State or Foreign Maryland			
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	100. STATE 10b. COUNTY Maryland	Baltimore	10c. CITY, TOWN OR LOCA	Dunda	alk	10c				
FUNERAL	10a. STREET AND NUMBER 1946 Frames Road		10	ZIP CODE	222	MHAT COUNTRY? ted States				
BY FUNI		12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 V YES 2 N IF YES, GIVE WAR OR DATES		ENDENT OF HISPANIC ecity Cuban, Mexican, 2/(E American Indian, k, White, etc.					
ETED B	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted) (Gi	CEDENT'S USUAL OCCUPATE the kind of work done during me Do NOT use retired.)		16b. KIND OF BUSINE	ESS/INDUSTRY	with			
COMPLE	Elementary/Secondary (0-12) 1 2 th Grade 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	teel Worker	18 MOTHED'S NAME	Bethleh		el Corp.			
BE	George Austin Mas		b. MAILING ADDRESS (Street	Virgie E	Elizabeth B	Biscoe				
10	Mrs. Margaret Ann	na Mason 1	1946 Frames	Road Dunc	dalk, Maryl	land 2	1222			
	20s. METHOD OF DISPOSITION 1 © Burlel 2 © Cremation 3 © Removal from State 4 © Donetton 5 © Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of Commettery or other place) OAK LAWN Commettery 22s. NAME AND ADDRESS OF FACILITY Duda—Ruck Funeral Home of Dundalk, Inc.									
2011	3CIL	2	Duda: 7922	Ruck Fund Wise Aver	eral Home o rue Dundal	k, Mari	ılk, Inc. yland 21222			
CERTIFICATION	23. PART Enter the diseases, or conshock, or heart failure. List immediate CAUSE (Fine) disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	et only one cause on each line	tony fails puende of: Heary puence of:	ure		ory arrest,	Approximate Interval Between Onset and Death			
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. Pro State Eulargement 1 yes 2 No 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									
PHYSICIAN:		HOSPITAL: ER/Outpatient 3	OTHER:	LACE OF DEATH (Check						
BY PH	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		PRK?	28d. OEŞCRIBE HOW INJU	URY OCCURED	1.0			
	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Spacify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State) 28f. LOCATION (Street and Number or Flural Floute Number, City or Town, State)									
COMPLETED	CONTROL OF THE	AN: To the best of my knowledge, de On the basis of examination end/or i					e) and manner as stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 3	ancer, u	<u> </u>	29c. LICENSE NUMB	550 2	9d. DATE SIGNE	9 (Morith, Day, Year) 93			
	GAL KRAMER - 31. DATE FILEO (MONTH, Day, Year)	1005 North	point Blue	d-Eute	700 - B	eltime	re 21224			
	MAY 0 4 1993	Julie Miriden of	nicklik.				DHMH-18 Rev 1/89			



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SE.	7	1	*	3
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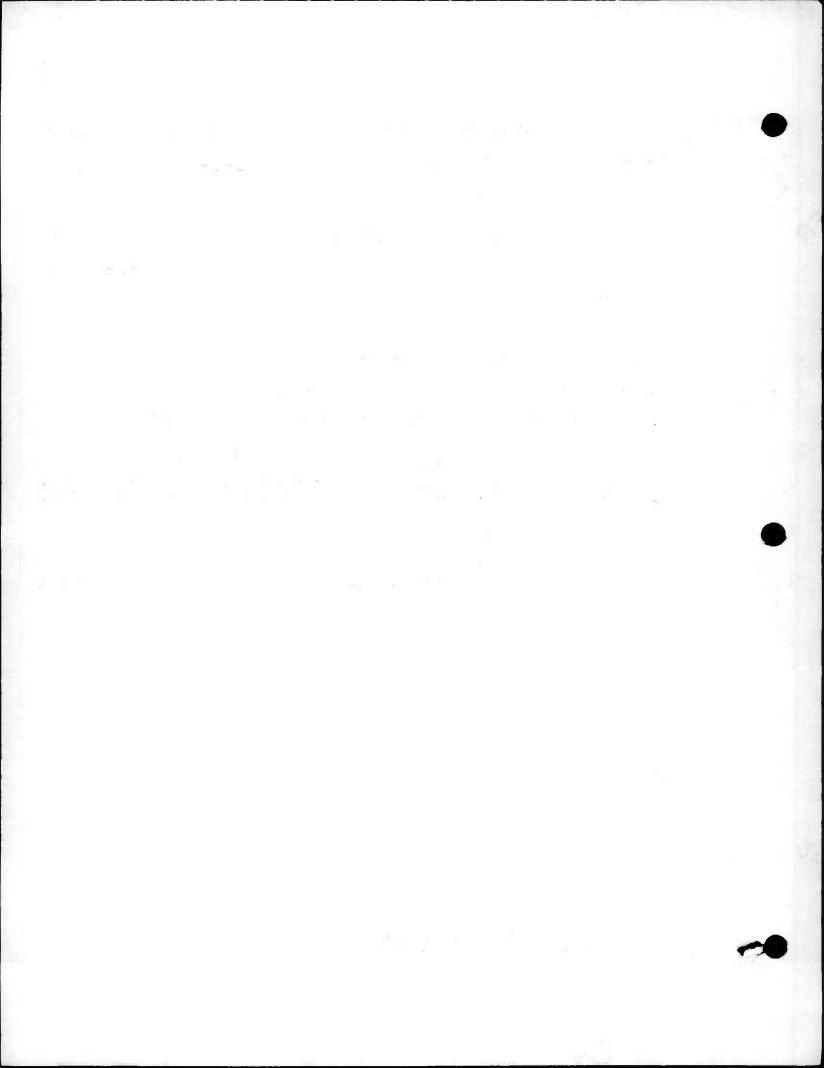
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2* nours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH DAY	3. TIME OF DEATH								
	4. SOCIAL SECURITY NUMBER 212~56~9327	1 - M 2 X 12 4	yrs. lest birthday) Ft.	INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-20-195	O 8. BIF	OTHPLACE (State or Foreign Intry) Aryland				
TOR	9a. FACILITY NAME (If not institution, give so Francis Scott K RESIDENCE OF DECEDENT			CITY, TOWN OR LOCATION OF P		9c. COUNTY OF	DEATH				
FUNERAL DIRECTOR	Maryland 100. STREET AND NUMBER	Baltimore	10c. CITY, TO		ndalk		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
VERA	97 Kinship Road	l ,		101. ZIP CODE	1222	10g. CITIZEN OF WHAT COUNTRY? United States					
E	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Culpan, Maxic 1 YES 2 X NO Spec	en, Puerlo Rican, atc.)	BI	14. RACE — American Indian, Black, White, atc. Specify White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) 2 Years	(Give kind of work of life. Do NOT use retir	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working fie. Do NOT use retired.) Secretary Office Work							
BE CON	17. FATHER'S NAME (First, Middle, Linst) Thomas Jaworsky			18. MOTHER'S N Ruth S	AME (First, Middle, Maiden Se N.C.C.	urname)					
2	19a. INFORMANT'S NAME (Type/Print) Mr. Michael Meta	llo	97 Kins	ness (Street and Number or Rura hip Road Dun	Route Number, City or Town, dalk, Maryle	State, Zip Code) and 21	222				
	20a. METHOD OF DISPOSITION 1XXXSuriet 2 Cremation 3 Remote 4 Donation 5 Green Concept	oval from State	PLACE AND DATE OF DIS tery, crematory or other pl t Stanish	ace)	5/4/93 Ba	etimore	. Maruland				
	21. SIGNATURE OF PUMERAL SERVICE LIC	Elega	2	22. NAME AND ADDRESS OF F Duda-Ruck F	uneral Home	of Dur	dalk, Inc. ryland 21222				
CEMINICATION	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or part failure. List only one cause on each line. IMMEDIATE CAUSE Trinal disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 100 0F										
FILTSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (CI							
DI PRI	27. MANNER OF DEATH 1	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJ	URY OCCURED					
_	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY – building, etc. (Specif)	At home, ferm, street,	factory, office	28f. LOCATION (Street and City or Yown, State)	Number or Rura	i Route Number,				
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner as stated.										
ם סב	296. SIGNATURE AND TITLE OF CERTIFIER	amhi M		29c. LICENSE NU D431	Pad. DATE SIGNE ► 4/30	(Month, Day, Year)					
	Sharon (am		H (ITEM 27) (Type, Print) 4940 E	astern Ave	Baltimo	re, Mo) ,				
100	31. DATE FILED (Mohith, Day, Year)										



Penn Street, Baltimore, Maryland

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ITEMS: FOR STATE 5 / 7 / 9 3
1. DECEOENT'S NAME (FIRST, MIDDLE MALCOME
4. SOCIAL SECURITY NUMBER
9a, FACILITY NAME (If not institution
438 E. 20th
10e. STATE 10b. (
Maryland
10e. STREET AND NUMBER
11. MARITAL STATUS 1 Never Married 2 Marrie
3 Widowed 4 Divorced
15. OECEDENT (Specify only highes
Elementary/Secondary (0-12)
t7. FATHER'S NAME (First, Middle, Li
19a. INFORMANT'S NAME (Type/Prin
ocme
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3

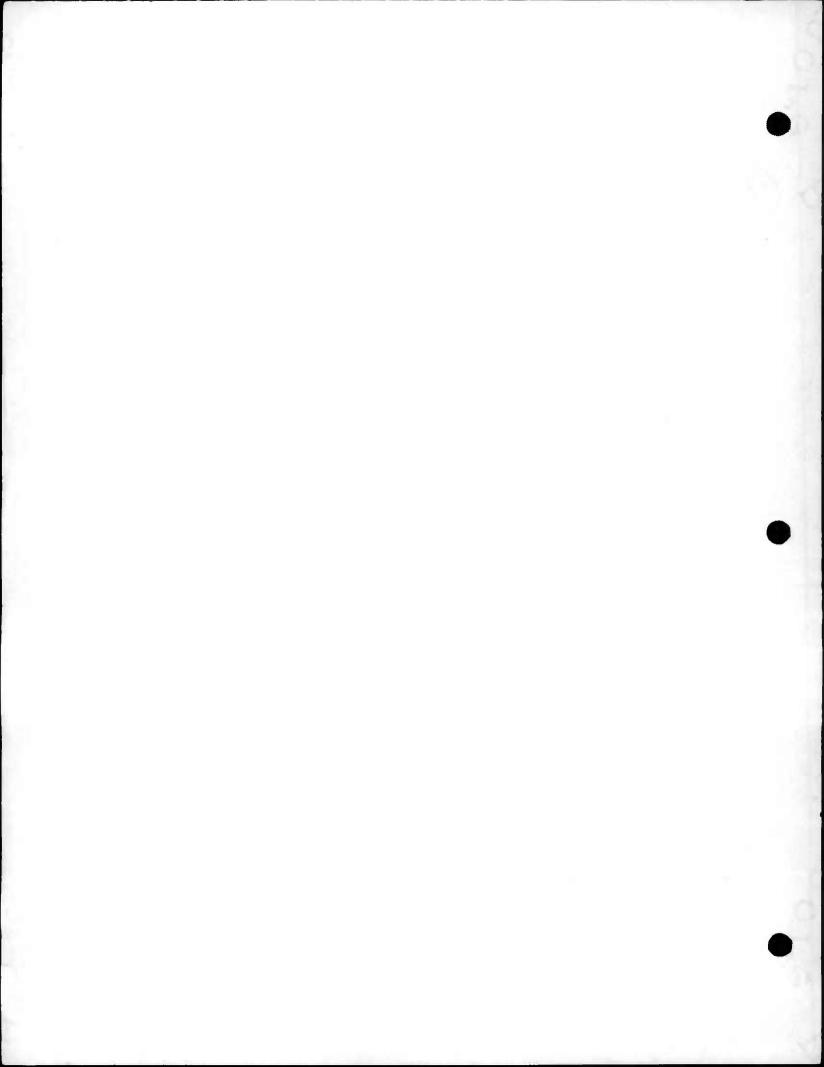
ITEMS: 23 1 - STATE 5 / 7 / 93 reb	STATE OF N	,27,28; MARYLAND C	, b , d / DEPART ERTIFI	, e , f p MENT OF CATE OF	HEALTH AND		9 H YGIEN REG. NO.	E	3	12832
1. DECEOENT'S NAME (First, Middle, Lest) MALCOME W	estley	Moo	Ke			2. DATE OF MONTH	DEATH DA		YEAR	TIME OF DEATH 2:40 P. A
4. SOCIAL SECURITY NUMBER	5. SEX / 1 3 M 2 7 F	6. AGE (In yrs. le		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D			8. BIRTHPLA Country)	CE (State or Foreign
9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN	OR LOCATION OF DI				TY OF DEAT	Н
438 E. 20th S	treet			Balti	.more Ci	ity			na	
10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION			-	100	I. INSIDE CITY
Maryland	n a	a		Balt:	more				1[YES 2 NO
10e. STREET AND NUMBER				10	M. ZIP CODE			10g. CITIZI	EN OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, W									American Indian, hita, atc. Lack
15. OECEDENT'S EDUC	ATION	16a. O	ECEDENT'S U	SUAL OCCUPATI	ON	16h. KI	NO OF BUS	INESS/INDU		
(Specify only highest grade	College (1-4 or 5 s	166	Give kind of wo s. Do NOT use	rk done during m retired.)	ost of working				31 M1	
t7. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	lle, Maiden	Surname)		· · · · · · · · · · · · · · · · · · ·
19a. INFORMANT'S NAME (Type/Print)		15	b. MAILING /	ADDRESS (Street	and Number or Rural i	Route Number,	City or Town	, State, Zip C	(ode)	
ocme										
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ramo 4 Donation Sther (Specify) 1 1	state	remova	ematory or oth			DATE	20c. LOC	CATION — CI	ty or Town,	State
21. SIGNATURE OF FUNERAL SERVICE LICE	U Jac	4/ 5	/3//93	6551	W.Baltin	mores	t,Ba	lto,	MD 2	Board 1201
23. PART i. Entar the diseases, or conshock, or heart fellure. L	omplications that	t ceused the d	eeth. Do no	t enter the me	ode of dying, suc	h ss cardiac	or respir	atory srre	st,	Approximate
IMMEDIATE CAUSE (Fine)				ND COO	AINE IN	V T O X I (CATI	0 N		interval Between Onset and Death
		(OR AS A CONSE								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSE	OUENCE OF):							
that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF):							
PART II. Other significent conditions	contributing to	deeth but not	resulting in	the underlyin	g cause given in	Part I. 24	n. WAS AN			RE AUTOPSY FINDINGS
						1	PERFORI YES 2		CON	ILABLE PRIOR TO APLETION OF CAUSE DEATH?
				-		-			1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (Che	eck only one)				
1 TYES 2 NO	1 Inpatient 2 I		□ DOA 4		ne 5 🗆 Rasidenca	8 🗆 Other (S	ecify)			
27. MANNER OF CEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY F (MOND) PRY, Year) F (INJURY P WORK? 1 YES 2 NO UNKNOWN								REO	
3 Suicide 6 Could not be determined	FOUND	FINJURY — At ho etc. (Specify)		Oth St	- 1		N (Street ar wn, State)		ARYLA	
29a, CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, di	ath occurred	at the time, date	and place, and due	to the cause(s) and man	ner se stated		
one) MEDICAL EXAMINER	on the beals of ax	amination and/or	investigation,	in my opi <i>n</i> ion, o	leath occured at the	time, data and	place, and	due to the	cause(a) and	manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	100 =	(Ac A			29c. LICENSE NUM					ith, Day, Year)
/ Caron	un whem) o.						O.C.M.E. ► 04/0			

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

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21201



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į	100	dart	-
	A P	ed be	D SI
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death cardificate be executed within 24 hours after death. Page 6 may be retained by the heapth of a transfer of the control of the language of the page 10 may be retained by the heapth of the control of the language of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described for the filled within 72 hours after death with the State Dept, of Health and Mental Hyplene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at onte.
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	SPITA	VERAL Vin 72	1
	E HO	A MILE	HTA
	日日	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPO
			1

NAME AND ADDRESS OF PERSON
OBERT SCOTT

PATE FILED (Month, Day, Year)
MAY 4 1993

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	FOR 1 . STATE	STATE OF MARYL	AND / DEPAR	TMENT OF H	IEALTH AND	MENTA	L HYGIEN		93	2833
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	CATE OF	DEATH	1	REG. NO.		T	
	- A - A A A A	VALD Iri	s L. M	r Donal	d	MONT		W IQ	FAR	OF DEATH
	4, SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIFTH		BIRTHPLACE (S	
	578-12-3613	10 M 2 DF 8.		MONTHS DAYS	HOURS MIN.	(Monti	Pay year)	^ I	Country) Maryla	
	Sa. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN (OR LOCATION OF D	EATH	14//6		Y OF DEATH	illu
8	Anne Arundel	Medical Cen	ter	Annar					Arund	le1
5	RESIDENCE OF DECEDENT									
DIRECTOR	04 0	2 Avandel	10c. CIT	LIDWA OH LOCAT	LION .	5	iady	Sido	LIJH	HIDE CITY WTS?
	10e. STREET AND NUMBER	Available		· NU	1. 210 cui		way	0172		S 2 NO
FUNERAL	1388 East West	t Shady Sid	e Road	1	20764		•	10g. CITIZE	N OF WHAT COL	JNTRY?
=	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13 WAS DEC	ENDENT OF HISPA	NIC OBIGIA	17 (Specify Vec	or Mo L	. RACE — Ameri	lace testing
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuban, Mexica	an, Puerto	Rican, etc.)	or No-	Black, White,	rcen molen, rc.
B	3 X Widowed 4 Divorced	TEO, GIVE WAIT OFF DA	163	1 1 163	29 NO Specif	ry:			Specify:	hite
18	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATION done during more retired.)	ON ost of working	16b	KIND OF BUS	SINESS/INDUS	TRY	
۳(ا	Elementary/Secondary (0-12)	College (1-4 or 5+)					. 1	1 7		
COMPLET	12	4	Homem	aker			lousel			
	17. FATHER'S NAME (First, Middle, Last)	Toobbanka			18. MOTHER'S NA					
BE	Robert Murray	Leatherbur	4		Virgi					
2	19a. INFORMANT'S NAME (Type/Print)	ll Malin			and Number or Rural					
	20e. METHOD OF DISPOSITION		11388 PLACE AND DATE (est Sha				y Side	e,MD
	1 XBuriat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	come come	etery, crematory or of	her place)		DAT				
	21. SIGNATURE OF FUNERAL SERVICE AL	DENSEE	oodfie			CILITY			lle, M	1D
	M	- lands	1		esty Fu					
	Memany	CIV CARRAIN	/\		idgely					
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that daused List only one cause on ea	the death. Do n ch line.	ot enter the mo	de of dylng, suc	ch es cerc	flec or respi	ratory erres		proximate erval Between
	IMMEDIATE CAUSE (Final disease or condition	A	4. 4 4	a\						set and Death
	resulting in death)				INFARC	110N			3	HKS
		DUE TO (OR AS A	CONSEQUENCE OF	7):					-	
RTIFICATION	Sequentially list conditions,	b DUE TO (OR AS A	CONSEQUENCE OF	n.						
E E	if any, leading to immediate cause. Enter UNDERLYING		•••••••••••••••••••••••••••••••••••••••	,-					İ	
F	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):						
F	resulting in death) LAST	d.								
j 5	PADT II Other significant condition									
MEDICAL	PART II. Other significent condition	is contributing to deeth bu	it not resulting i	n the underlying	g ceuse given in	Part I.	24a. WAS AN PERFOR		AMILABL	TOPSY FINDINGS E PRIOR TO
ă							1 - YES 2	NO	OF DEATI	TION OF CAUSE H?
Σ						_			1 🗆 YES	3 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			00 74	AGE OF BEITH ON					
S	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch					
¥	27. MANNER OF DEATH	28a, DATE DE INJURY	tient 3 DOA		e 5 Residence		CRIBE HOW II	HILIDA UCCITE	nen .	
6 1	1 Netural 5 Pending	(Month, Day, Year)		JRY WO	PRK?	Zou. Des	CON 3000	NJOHT OCCUP	ieb	
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm, a			281. LOC	ATION (Street a	and Number or	Rural Route Numi	ber
	4 Homicide determined	building, etc. (Speci	(y)	* 2.50			or Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowle	doe death non-	d at the time date	and place and dis-	to the a				
N N		R: On the basis of examination								mer as stated.
- 1	29b. SIGNATURE AND TITLE OF CERTIFIE			, ,,	29c. LICENSE NUI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
BE	1/2 best Sett	El. mg			13 CHOENSE NO	701		DATE S	IGNED (Month, D	ery, rear)
P P	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH STEM OF STA	Defeat)	100	101		-	1110	

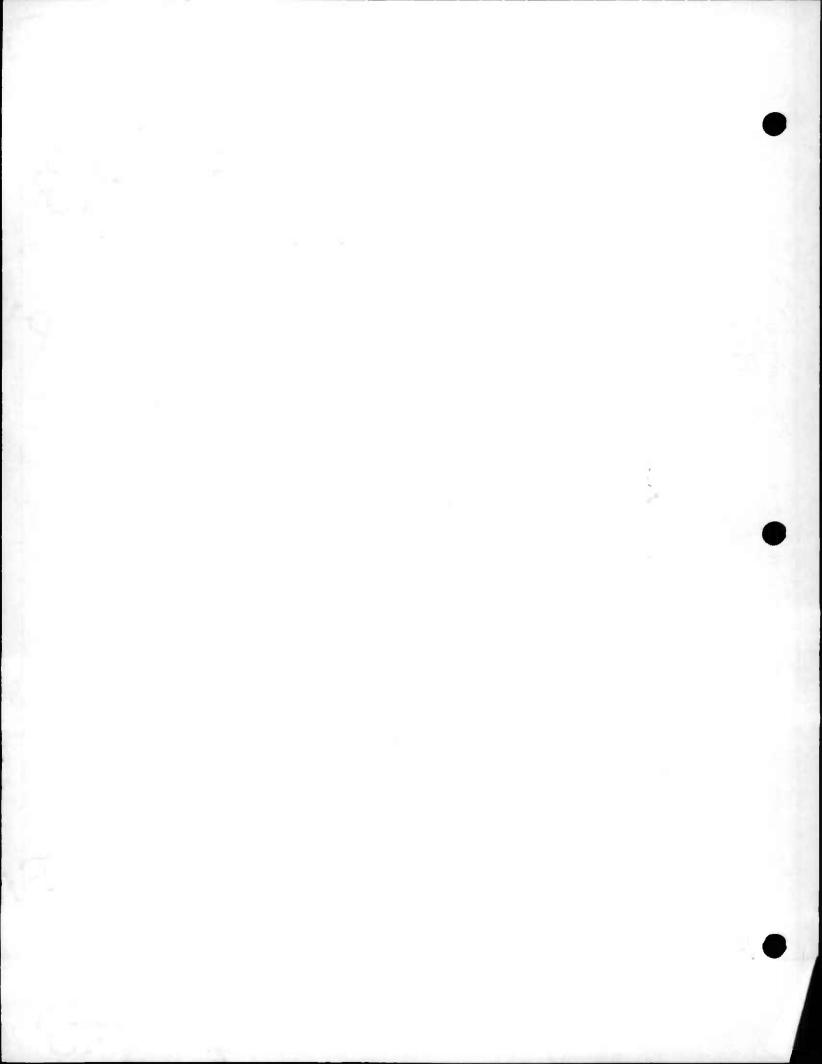
DMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
DEN, M.D. 600 RIDGELY

32. REGISTRAR'S SIGNATURE

RANGE STRANGE SIGNATURE DHMH-16 Rev 1/89

ANNAPOLIS

AVE



REG. NO.

BALTIMORE, MARYLAND

FOR STATE REGISTRAR

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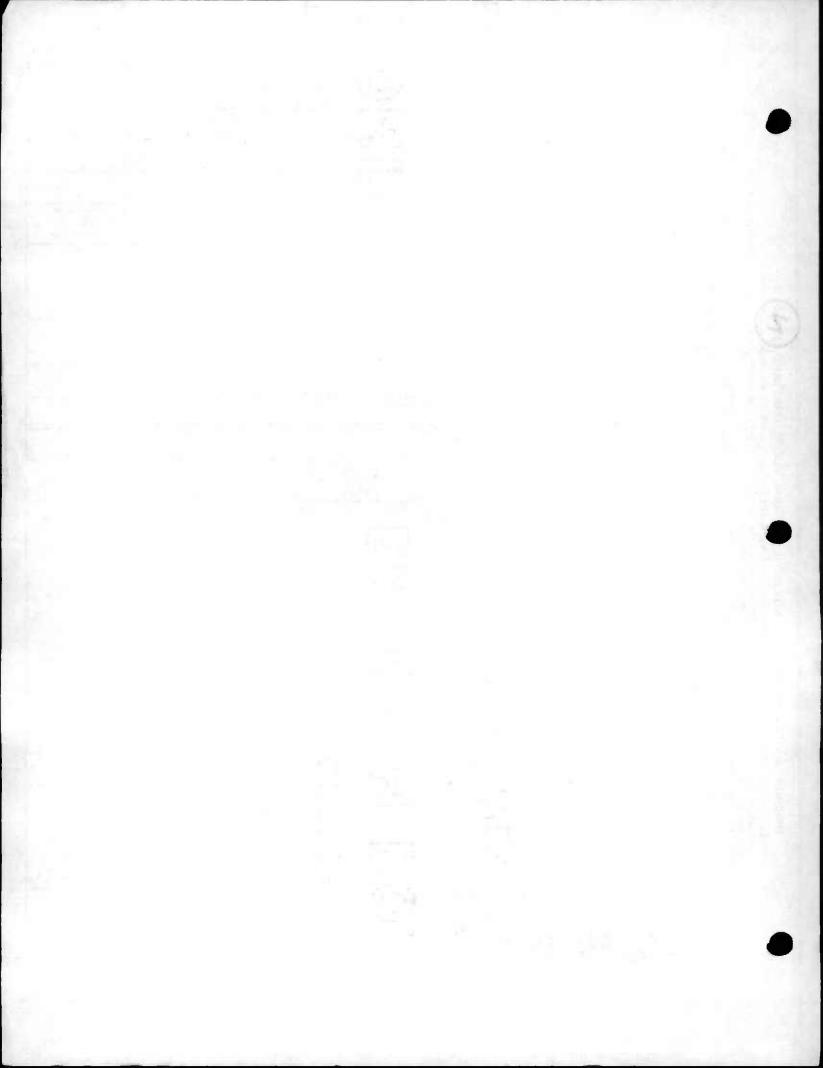
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH AS 4:25 OUISE bews 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 07-29-1904 HOURS 1 M 2 F 220-68-7112 88 YRS. Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Levindale Nursing Center DIRECTOR Baltimore City N/A RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10a. STATE 10d. INSIDE CITY Maryland N/A Baltimore City YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 2910 Clifton Park Terrace 21213 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, alc. If yea, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY White 3 🔀 Widowed 4 🗌 Divorced 9 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 18h. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co ast of working COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Home Maker hours after death. Page 6 may be retained by the hospi Home 17, FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Bowman 70 Louise Napfel notified and physician and completely filled in by the funeral director, page 5 should Hygiene prior to burial, cremation, or removal. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward Byrd 2910 Clifton Park Terrace, Baltimore, Maryland 21213 examiner must be 20a, METHOD OF DISPOSITION
1 2 Burlel 2 Cremellon 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION --- City or Town, Stata DATE Holy Redeemer Cemetery 5/4 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) ton buentia event, DUE TO (OR AS A CONSEQUENCE OF): 0executed 1-1-d wer traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING attending physician 8 certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 s been signed by the attent pt. of Health and Mental H 3 shows any Injury, or PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS the MEDICAL AVAILABLE PRIOR TO that COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO requires 1 TES 2 NO PHYSICIAN: n the State Dept. MB 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The item **EXAMINER?** OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA PHYSICIAN: ng Home 8 - Residence 8 - Other (Specify) 4 - Nurs the of 27. MANNED OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED marked, With this T | Natural M 1 YES 2 NO BY After 1 death Investigation 2 Accident ATTENDING 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stata) TO THE FUNERAL DIRECTOR: After be filed within 72 hours after dea IMPORTANT: If them 28 is m 28a. PLACE OF INJURY — Al home, farm, street, factory, offica building, etc. (Specify) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide R 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. HOSPITAL 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND THILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE ! BE 299 2 30. NAME AND ADDRESS OF MERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Run O. Represent M J310 Oul Cont Roul Su te 201 200 an 31. DATE FILED (Month, Day, Year)
MAY 0 4 1993 32. REDISTRAR'S SIGNATURE Ó

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



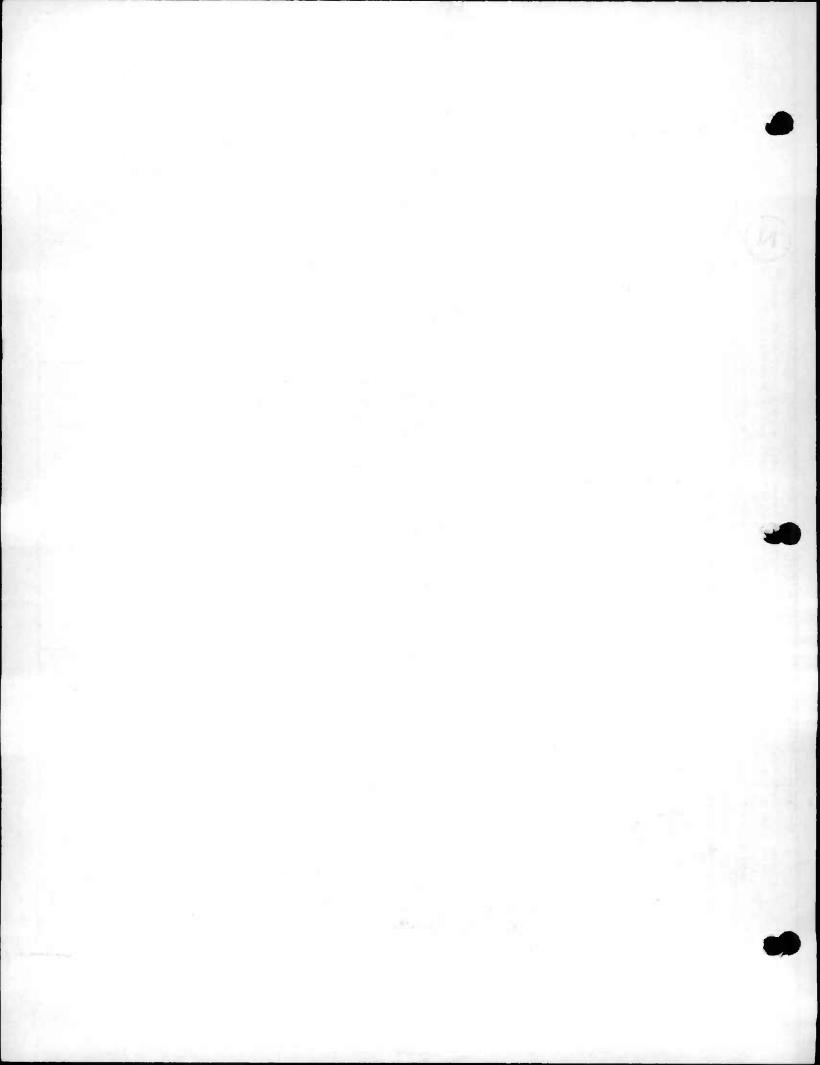
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNESTAL DIRECTOR: After this certificate has been signed by the attending physician and comp. Weed in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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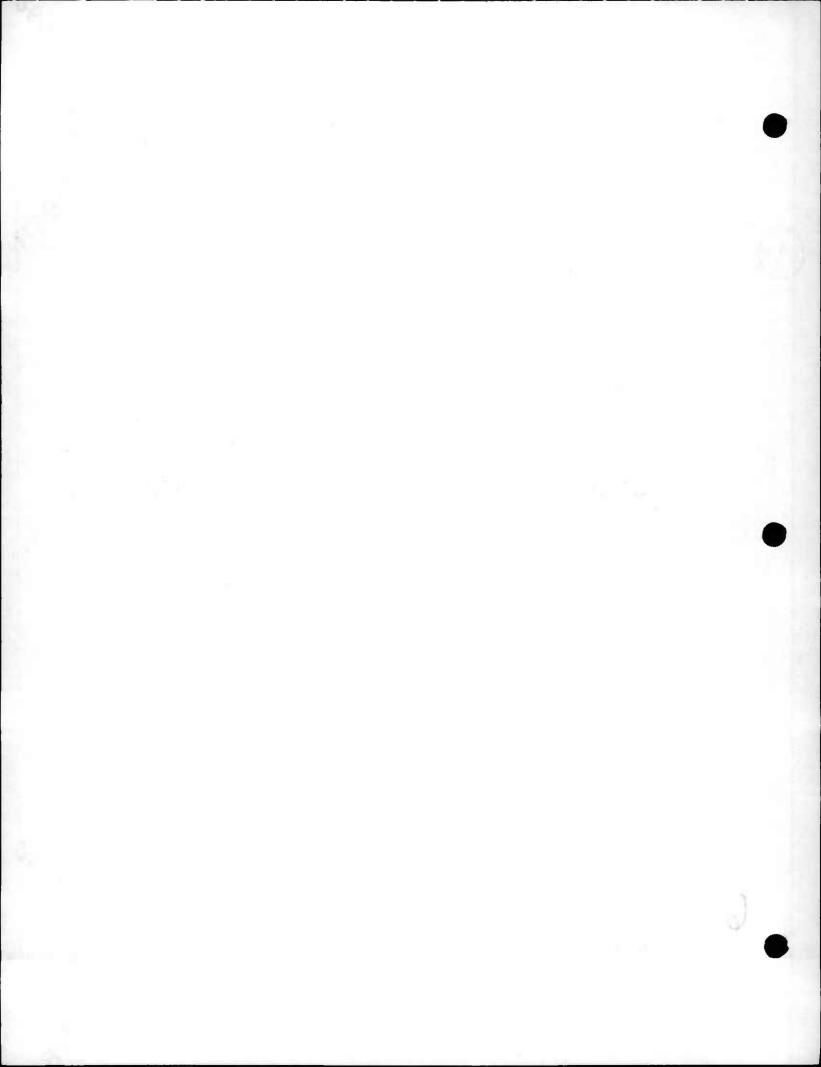
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (FI	irst, Middle, Last,	Flore	nce	Rea M	cKen	ney				2. DATE	OF OEATH	DAY	93	3. TIME OF DEATH		
4. SOCIAL SECURITY NU	MBER	S. BEX	IL AGE		sirthclay)	# UMDER		IF UNDER	-		OF BIRTH th, Day, (Seer)	,	County	PLACE (State or Foreign		
216-46-8	026	1 🗆 M 2 💢 F	78	XXXX	YRS.	MONTHS	DAYS	HOUNS	MIN.	11.	- 6-	14	No	rth Caroli		
Character II	7279 30 70 70 70 70 10	attent and number)				BL CITY, TOWN OR LOCATION OF DEATH					St. COUNTY OF DEATH			EATH		
Church Ho						Baltimore						N/	N/A			
Qa. STATE	10h. COUN	TY			10c. CITY,	CITY, TOWN OR LOCATION						10st INSIDE CITY				
Maryland		Baltimo	re			Bal	tim	ore				. 3		1 TER XX NO		
Do. STREET AND NUMBE		(d)(10	f, ZIP COO	3 61 - 1			(5000)		THAT COUNTRY?		
102 Est	tes Roa					_		212	12			U	SA			
L MARITAL STATUS Never Married X) Widowed 4 D	7.0	12. WAS DECEDE FORCES? IF YES, GIVE	T EVER	XX XNO	ED	1	If yes, sp		en, Mexica	en, Puerto	N7 (Specify Ve Ricen, etc.)	s or No—	14. RACE Black Speci	- American Indian, White, etc. White		
	ECEDENT'S ED			16a. DECE	DENT'S U	ISUAL OF	CCUPATI	ON out of works	na	18	b. KIND OF BU	ISIMESS/IN	OUSTRY			
Elementary/Secondary	The second name of the second	College (1-4 or 5	·+)	Me D		emak		ost of work				N/A				
William F				1 -1							Missin Maisin Payne	Sumame)	Mi			
MALINFORMANT'S NAME				190	MAILING	ADDRESS	B. (Element	_			thic City or To	an Spen	So Carto			
W.Gibbs N		ev.									, Mary			2		
or METHOD OF DISEOS	umos	-	20	IN PLACE OF	nisensi	CTROM (No							- City or To			
X Numbi 2 □ Creme □ Denation 5 □ pti	ner (Spychy)	moval from State		oruid	"Rid	ge					_ P	ikes	ville	, Marylan		
MMEDIATE CAUSE (I disease or condition resulting in death)	Finel	s. DUE T	au	A CONSEQU		26	21	m	س	C	he	2a C		Interval Betwee		
Sequentielly list cond f any, laading to immonause. Enter UNDERI CAUSE (Disease or in that initieted events resulting in death) L/	nedieta LYING njury	С.		A CONSEQU						_						
PART II. Othar algnifi		ons contributing t	o daeth	but not rea	auiting ir	1 the ur	ndariyir	ng causa	givan in	Part I.	24a. WAS AI PERFO	RMED?	Y 24b	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
5. WAS CASE REFERRED	TO MEDICAL			-			26. P	LACE OF I	DEATH (C)	heck only o	l					
EXAMINER?		HOSPITAL:	□ ER/Our	tostient 3 F		OTHEI	R:				er (Specify)					
7. MANNER OF OEATH	Pending	28e. DATE C (Month,			28b. TIME INJU	OF	28c. IN	JURY AT ORK? YES 2		_	SCRIBE HOW	INJURY O	CCURED			
Accident Suicide Homicide	Could not be datermined	28e. PLACE	OF INJUR g, etc. (Spo	ty — At hom ecify)	e, farm, at	treet, fact	tory, offi	ca		281. LO C/t)	CATION (Street or Town, State	and Numb	er or Rural F	Route Number,		
onn!		SICIAN: To the best) and manner ee stated		
9b. SIGNATURE AND TH	PLEYOF CERTIFI	ER						29c. LIC	ENSE NU	IMBER 757	0	29d. DA	ATE SIGNED	(Mopth, Day, Year)		
O. NAME AND ADDRESS	OF PERSON W	VHO COMPLETED CA	USE OF D		27) (Type,		r	Hus	DV	2-1	Be	116	in	re Mu		



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detacher al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

	REGISTRAR	CERTIF	ICATE O	DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last) JESSE	LEONARD	MONRO	E	2. DATE OF DEATH		3. TIME OF DEATH		
	JESSE L. WO	NKDE				28 1993	AR 15: 38 P. M		
		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	213-01-1889 126205	80 YRS.	MONTHS DAYS	-	(Month, Deg Year)	(Country)			
		0 1113.				12 MARYLAND			
-	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY OF DEATH			
اق	HARBOR HOSPITAL	BALTIM	ORE		N.	I/A			
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY								
DIRECTOR			Y, TOWN OR LOC			10d. INSIDE CITY LIMITS?			
	MARYLAND ANNE ARUNDEL	BR	OOKLYN	PARK			1 TYES 2 HO		
	10e. STREET AND NUMBER		1	Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	5342 PATRICK HENRY DRIVE			21225		U.S.	A.		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER I		13. WAS DI	CENDENT OF HISPAN	NIC ORIGIN? (Specify Ye	e or No — 14.	RACE - American Indian,		
	1 Never Married 2 Merried FORCES? 1 V YES	2 NO	If yes,	pecify Cuban, Mexica	in, Puerto Ricen, etc.)		Black, White, etc.		
B	3 Wildowed 4 Divorced WW II		'' ''	S 2/NO Specify	γ.		Specify: WHITE		
<u>a</u>	15. DECEDENT'S EDUCATION	16e. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUST			
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of v	vork done during r e retired.)	nost of working					
1	8 College (1-4 or 5+) NONE	TRUCK D	RIVER		FURNIT	URE COM	IPANY		
COMPL	17. FATHER'S NAME (First, Middle, Last)			Elementos.					
- 1	T-F0117-				ME (First, Middle, Maiden	-1700			
H	LEONARD JESSE MONROE			SOPHIA		BEL	-		
5	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Tox				
-	GERTRUDE MONROE	5342	PATRICK	HENRY DE	RIVE, BALT	IMORE,	MD. 21225		
		PLACE AND DATE		leme of	DATE 20c. LC	CATION City	or Town, State		
	4 Donation 5 Other (Specify)	netery, cremetory or or or CI.FN ΗΔVF	her plecel	IAL PARK	5/1 GLE	N BURNT	E, MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	DEDIT THEY		AND ADDRESS OF FA					
	C \ X /1-					TON FUN	IERAL HOME		
	The Coly		1 SE	COND AVE.	., S.W.,GL	EN BURN	IIE, MD.21061		
	23. PART I. Enter the diseeses, or complications that cause	d the deeth. Do n	ot enter the m	oda of dying, suci	h as cerdiec or resp	iretory arrest,	Approximata		
	snock, or neart failure. List only one cause on e	ech line.					Intarval Between		
	IMMEDIATE CAUSE (Final disease or condition	0-111		11-14-	- 130110	15	Onset and Death		
	disease or condition resulting in death) a. SEVENE DUE TO (DR AS A	CON 61	23/112	145001	FAICH	CE	160/2/7		
							,		
8	Sequentially list conditions, DUE TO (OR AS A	MIC /	于是月化	DILE	197F				
Ĕ	it any, reading to immediate	CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or Injury								
느	that minded events	CONSEQUENCE OF):						
표	resulting in deeth) LAST								
	DART II Other classificant and Males								
EDICAL	PART ii. Other significent conditions contributing to death b				Part I. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
8	SEVENE REA	VALI	FICHE	<u> </u>	1 D YES :	/	COMPLETION OF CAUSE		
		,					OF DEATH? 1 YES 2 NO		
Σ.					_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		2= 4	PLACE OF DEATH (Che	ark anti-are:				
힐	EXAMINER? HOSPITAL:		OTHER:						
₹	1 YES 2 NO 1 Dipotient 2 ER/Outp			me 5 - Residence					
효	27. MANNER OF OEATH 1 Natural 5 Pending 28e. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY W	JURY AT ORK?	28d. DEŞCRIBE HOW	NJURY OCCURE	D		
À	2 Accident Investigation		M 1	YES 2 ND					
	3 Suicide 8 Could not be 28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, s	treet, fectory, off	ce	28f. LOCATION (Street City or Town, State)	and Number or Ri	ural Route Number,		
H	4 Homicide determined				City or lown, State)				
71	290. CERTIFIER	ladas danhasan							
COMPLETED	(Check only one) 2 MEDICAL EXAMINES: On the best of my know one)								
8	One) 2 MEDICAL EXAMINER: On the besie of examination	TI WITCHOOF INVESTIGATION	n, an my opinion,	death occured at the	time, date end piece, ar	nd due to the ceu	use(e) end menner ee stated.		
- na - M	296. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE NUM	IBER	29d. DATE SIG	NED (Month, Day, Year)		
8	1 House	DFFIC	ER			D 4.	-28-93		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print) / 1 A M	BAR ILA	OTAL I	ENTE	h		
	DR. ROMED M. ANG. IN	2.0	1 5 11	41/00/00	CTOIL		0 21221		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE DV. RONGED M. ANGUL 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	ATURE	1 3.14	FINDON	JI, BAC	114. 19.	V 21663		
	MAY 4 1993 Julia Pavidson	-Rande							
	111 4 1333 A		.						



If HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hife FLNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DRTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one.	the h	deta		010
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	à	Pe		4
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral directo within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. If Mem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu	may	c, Da		st b
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours a FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remritANT: If Hem 28 is marked, or litem 23 shows any injury, or other traumatic event, the media	fter	/ the	PAO	le:
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TRUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremitTANT: If Hem 28 Is marked, or Item 23 shows any Injury, or other traumatic event,	n 24	ily fi	atio	¥
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the RUNERAL DIRECTOR. After this certificate has been signed by within 72 hours after death with the State Dept. of Health and ITANT: If Item 28 is marked, or Item 23 shows any is	ne d	the	Me	늘
HOSPITAL OR ATTENDING PHYSICIAN: The law requires the FUNERAL DIRECTOR. After this certificate has been signed within 72 hours after death with the State Dept. of Health MTANT: If 11em 28 is marked, or 11em 23 shows an	hat th	3	and	Į,
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HOSPITAL OR ATTENDING PHYSICIAN: The is FUNERAL DIRECTOR: After this certificate has within 72 hours after death with the State De ITANT: If Item 28 is marked, or Item 2.	W re	bee	pt. o	3 8
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HOSPITAL OR ATTENDING PHYS FUNERAL DIRECTOR: After this owithin 72 hours after death with ITANT: If Item 28 Is marked,	CIA	ertif	the	0
HOSPITAL OR ATTENDING P FUNERAL DIRECTOR: After ti within 72 hours after death v TANT; If Item 28 Is mark	HYS	his c	With	ked,
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HOSPITAL OR ATTE FUNERAL DIRECTOF within 72 hours afte TTANT: If Hem 28	N	3. At	r de	69
HOSPITAL OR / FUNERAL DIREI within 72 hours	ATTE	900	afte	28
HOSPITAL FUNERAL I within 72 h	OR A	E	SUDO	lem met
FUNEF within	TAL	MI	72	Ξ
天马泽 7	SPI	NER	thin	H.
m m b	FF	E FU	IM P	HTA.

TO THE HOSPITAL
TO THE FUNERAL I
Be filed within 72 h
IMPORTANT: If II

BE

9

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year) MAY 4

apostela

1993

MEDICAL

22. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO. PRINT)
M. P. APOSTO LOS 200 E 201 E 2

RESIDENT

1, 2, 3 should

93 12837 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR MARGARET MARKEL 01 93 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 217-16-3031 87 YRS. DAYS HOURS 1 - M 2 XF 4-10-1906 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Reisterstown 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER Pikesville Nursing Home 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Sudbrook Lane 21208 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 1 TYES 2 X NO Specify: Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Public Elementary/Secondery (0-12) College (1-4 or 5+) 9th Street Car Driver Transportation 17. FATHER'S NAME (First, Middle Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Fred Gover Rosy Bell Gover BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Mrs. Geraldine Krout 2642 Hampden Avenue Baltimore, MD 21211 20s. METHOD OF DISPOSITION
1X Deuriet 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Poplar Grove Cemetery 5/5 Cockeysville, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ACCRESS OF FACILITY
Burgee-Henss Funeral Home 3631 Falls Road Baltimore, MD 21211 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intarvai Batwean IMMEDIATE CAUSE (Final Onset and Death disease or condition RESPIRATORY FAILURE
DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) 12 days ASPIRATION PNEUM ONIA CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO facture COMPLETION OF CAUSE 1 TYES 2 NO DE DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

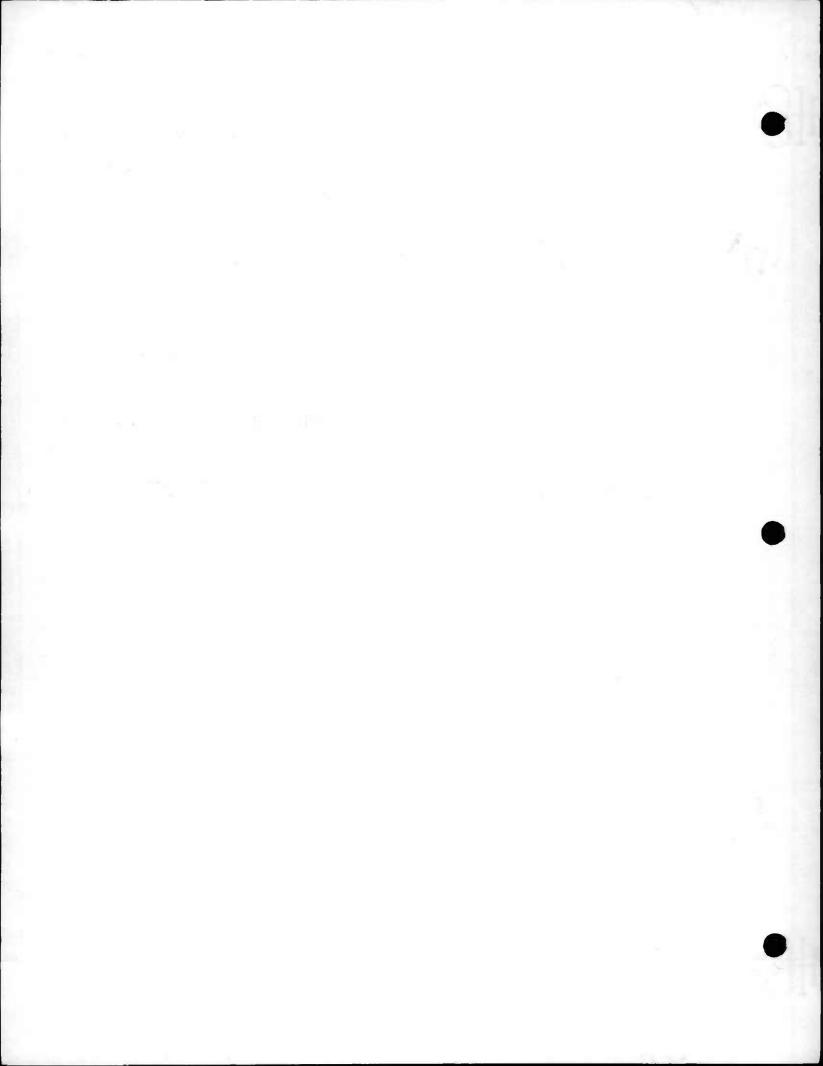
2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner es stated.

BALTIMORE, MO

29c. LICENSE NUMBER

E. UNIVERSITY PRWY

29d. DATE SIGNED (Month, Day, Year)



1 - STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEATH 3. TIME OF DEATH					
	ul.			MOSA				iday		190	YEAR	8:40 p M	
4. SOCIAL SECURITY NUMBER			6. AGE (In yrs. lesi	MC	NTHS	YEAR IF L	JANDER 24 HRS.	7. DĂTI	E OF BIRTH		. BIRTHPL	ACE (State or Foreign	
294-07-2		1 K M 2 F	76	YRS.	W// S	DAYS HOC	JHS WIN,	Fe	b. 28, 1	1917	Wes	tVirginia	
9a. FACILITY NAME (If not in				91	b. CITY, T		CATION OF DE			9c. COUNT			
FYANKI1		are Hos	pital			Ros	svill	.е]	Balt	imore	
10a. STATE	10b. COUNTY	,		10c. CITY, T	OWN OR	LOCATION					10	od. INSIDE CITY	
Md.		Balti	more				Esse	x				LIMITS?	
10e. STREET AND NUMBER						10f. ZIP	CODE			10g. CITIZE		AT COUNTRY?	
906 B	arron	Ave.					212	221			US	A	
11. MARITAL STATUS 1 Never Married 2 3 Divo		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	YES 2 N	MEO O	It's	res, specify	NT OF HISPAR Cuben, Mexica NO Specifi	n, Puerto	IN? (Specify Yea of Rican, etc.)	or No- 1	Black, V	American Indian, white, etc.	
15. OEC	EDENT'S EDUC	CATION Completed	16a. DE(CEDENT'S US	UAL OCC	UPATION		16	b. KIND OF BUSI	NESS/INOU:	STRY		
Elementary/Secondary (0		College (1-4 or 5 +)	iite.	ve kind of work Do NOT use re W e	t done dul etired.)		worlang						
17. FATHER'S NAME (First, M						18.	MOTHER'S NA	ME (First,	Middle, Maiden S	umame)			
John	Mosa						He1	e n	Herbo				
Catheri		sa	196						nber, City or Town. .timore			221	
20a. METHOO OF DISPOSIT 1 To Burlel 2 Crematic 4 Donation 5 Other	on 3 🗆 Ramo	ovet from State		NO DATE OF O			tery	5/5	7E 29c. LOC	ATION - CH	ty or Town	State Md .	
21, SIGNATURE OF FUNERA	L SERVICE LIC	ensee	l Hos	ne	22. NA	ME AND AD	ORESS OF FA	CILITY				Ave 21221	
23. PART I. Enter the d	Iseasea, or c	omplicatione thet List only one caus	caused the dea	th. Do not	enter th	ne mode of	f dying, auci	h aa car	diec or respire	etory erres	st,	Approximate	
IMMEDIATE CAUSE (Fir disease or condition resulting in death)	nel	Congesti			lure							Interval Between Onset and Death	
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju that initiated events resulting in death) LAS	lona, dlate ING Iry	Diabetes	Mellit OR AS A CONSEC	us DENCE OF): Cular i									
PART II. Other algnifica	ent condition	contributing to c	leeth but not re	eaulting in t	he unde	erlying cau	iee given in	Part I,	24s. WAS AN A			FRE AUTOPSY FINDINGS AILABLE PRIOR TO	
								_	1 🗌 YES 2 🛚	Д но	OF	MPLETION OF CAUSE FDEATH?	
25. WAS CASE REFERRED TO	O MEDICAL T					00.5:::=							
EXAMINER?	MESICAL	HOSPITAL:			THER:		OF DEATH (Che						
27. MANNER OF DEATH		1 Inpetient 2 -					Rasidence						
1 Natural 5	Pending Investigation	(Month, De	, Year)	26b. TIME OF	М	Bc. INJURY A WORK? 1 YES		28d. DE	SCRIBE HOW INJ	JURY OCCU	RED		
	Could not be determined	28s. PLACE OF building, a	INJURY — At hon tc. (Specify)	ne, farm, atree	et, factory	, office		28t, LOC City	CATION (Street and or Town, State)	d Number or	Rural Rout	e Number,	
		CIAN: To the best of n										nd manner as stated.	
296. SIGNATURE AND TITLE	OF CENTIFIER	7	MD			29c.	LICENSE NUM	IBER	Σ,	29d. DATE S	SIGNEO (M	onth, Day, Year)	
WAI	6	AS 5 /		127) (Type, Pri	BE	in	Sgr	ore	Ho	92 M	lo	0	
31. OATE FILEO (Month, Dey, MAY 0 4	1993	Frence Davi	'S SIGNATURE	Lett.									

5 6

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the law requires that the death of physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

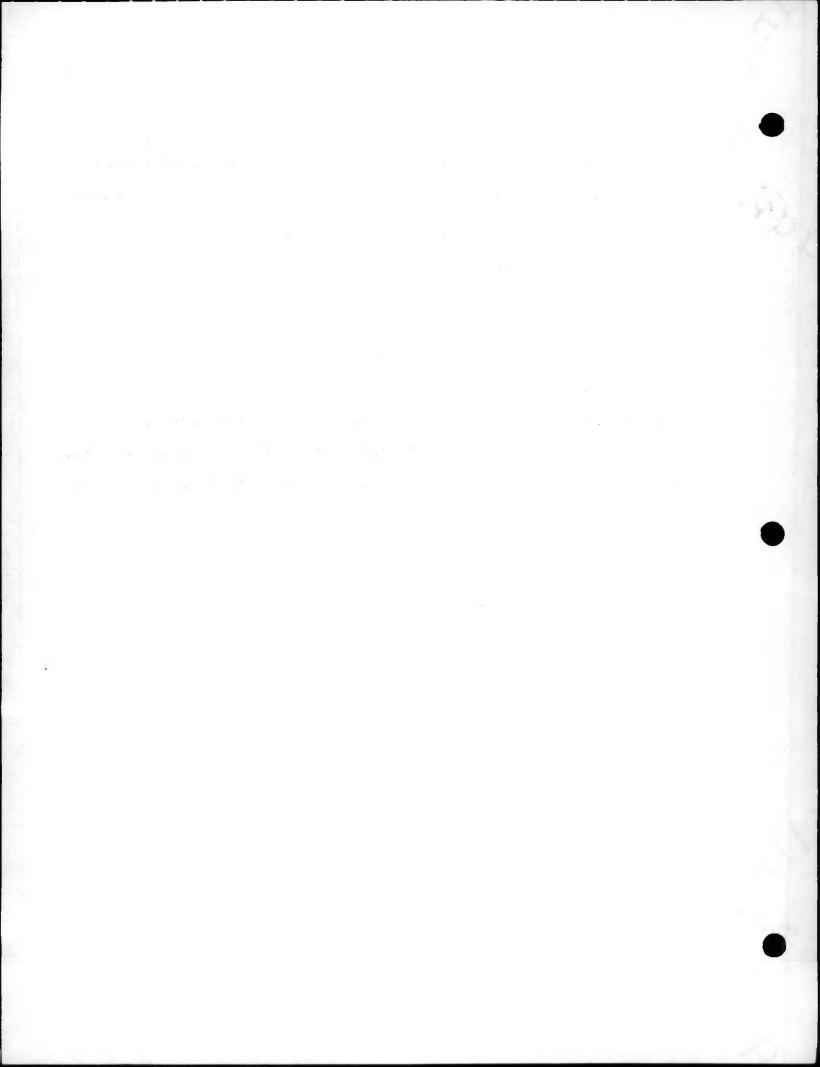
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

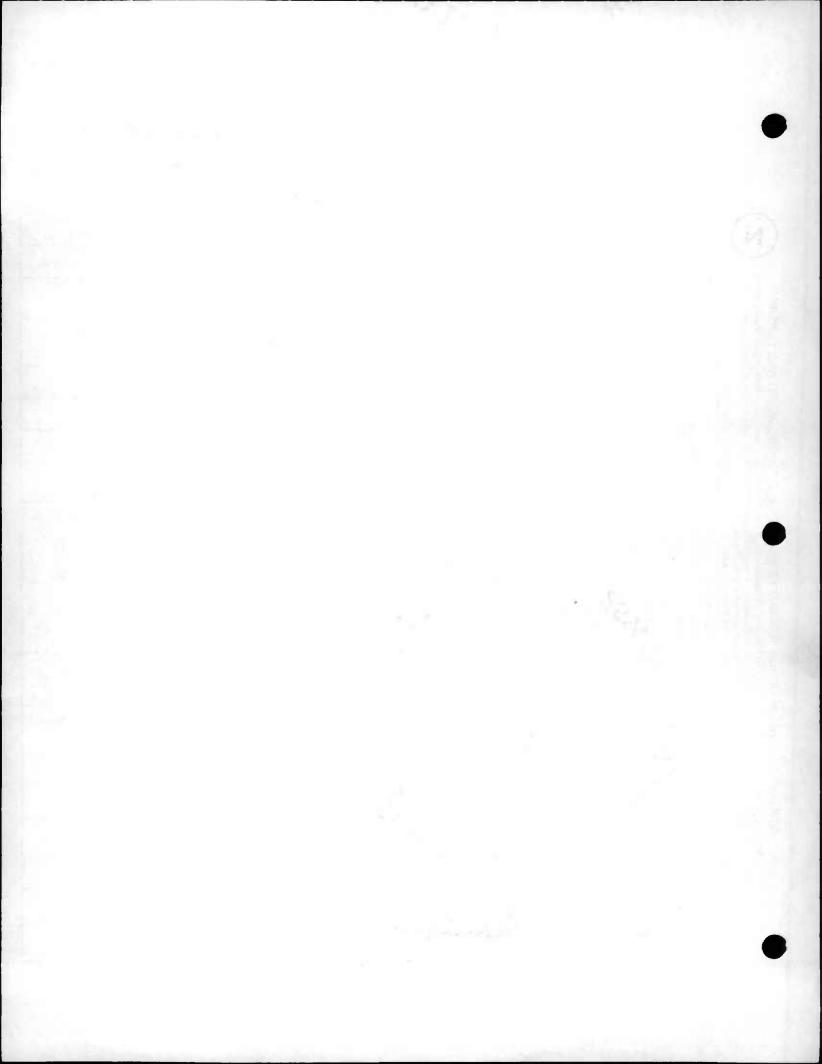
BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89



	FOR STATE STATE REGISTRAR	TATE OF MARYLAN						93 12839
	1. DECEDENT'S NAME (First, Middle, Last)He		alski LNA	ALE OF	DEATH	2. DATE OF DE	3. NO. ATH SAY 9	year 3. TIME OF DEATH 3. TIME OF DEATH
ı	4. SOCIAL SECURITY NUMBER 213-74-4382 9. FACILITY NAME (If not institution, give street a	M 2 G 6	O YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day)	1302	8. BIRTHPLACE (State or Foreign Country) Maryland
DIRECTOR	RESIDENCE OF DECEDENT	P Balt	1 hone	CITY, TOWN O	BUTTON OF D	EATH	9c. COU	INTY OF DEATH
	Maryland 10a. STREET AND NUMBER	1		imore				10d. INSIDE CITY X LIMITS? 1 YES 2 NO
FUNERAL	Andre St. 1360			101.	21230		un Un	izen of what country? nited States
B	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 FYES, GIVE WAR OR DATES	₽NO	If yes, spe		NIC ORIGIN? (Specian, Puerto Rican, e ly:		14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete comp	leted)	Give kind of work of life. Do NOT use reti	done during mos red.)	N t of working		OF BUSINESS/IN	DUSTRY
MPL	5	H	louse wi	fe			mestic	bridge and
BE CO		esler			Anna			
2	190. INFORMANT'S NAME (Type/Print) Fred Champion		Beach	Dr.	580 Pa	Route Number, City Isadena	or Town, State, Zi, Md.	21122
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal fi 4 Donation 5 Other (Specify)	rom State 20b. PLA	ACEAND DATE OF DIS y, crematory or other p	SPOSITION (Nai	ne of	1 .		City or Town, State
	21. SIGNATURE OF FUNERAL BEHINGE LICENSE		l.	W. Dak	DADDRESS OF FA	Chojn	acki F	T.H. P.A.
CERTIFICATION	23. PÄRT I. Enter the diseases, or company shock, or haert fallure. List of the company shock, or haert fallure. List of the company shock, or haert fallure. List of the company shock, or haert disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Mosely	ina. NECUENCE OF):	nter the moo	le of dying, suc	h as cardiec or	respiratory an	Approximete interval Between Onset end Death
PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions con	ntributing to death but n	not resulting in th	e underlying	cause given in	Р	AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL			20 81	ACE OF DEATH (Ch			
SIC	EXAMINER?	SPITAL: Inpatient 2 - ER/Outpatier		HER:		8 Other (Specia	(y)	
	27. MANNER OF DEATH Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOI M 1 7	RK?	28d. DESCRIBE	HOW INJURY OC	CURED
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, atc. (Specify)	At home, farm, street			261. LOCATION (City or Town,	Street and Number State)	r or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On							ted. he cause(a) and menner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	I			29c. LICENSE NUI			E SIGNED (Month, Day, Year)
2	30. TAME AND ADDRESS OF PERSON WHO CON	MPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print	7 /Si	(m) 14	sp Ba	Hum	C Bulto MD
	31. DATE FILED (Morth, Suy, Year) WAY 0 4 1993	32 AND STRIP SCHATUR	Jandalle	/- (V-1, 1/-	-/))*(111101	



1 -

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First	, Middle, Last)							DATE OF DEATH			3. TIME OF DEATH
Jens	Molle	er	Sonder	gaar	d Nie	lsen		04 1	8 1	993	1308 M
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. lea		IF UNDER 1 YEAR	IF UNDER 24	HRS.	DATE OF BIRTH	T	_	PLACE (State or Foreign
		1 🖳 M 2 🗆 F	71	YRS.	MONTHS DAYS	HOURS	MMI.	(Month, Day, Year) 3 - 2 4 2 2		Countr	
9a. FACILITY NAME (If not in	stitution, give at	reet and number)			9b. CITY, TOWN	OR LOCATION	OF DEAT	н	9c. COUN	ITY OF D	EATH
1637 Cuba	Stre	et (in	Garder	1)	Balti	more			,	na	
10e. STATE	10b. COUNTY	,		10c. CITY	, TOWN OR LOC	ATION					10d, INSIDE CITY
Maryland		na		I	3altim	ore					LIMITS? 1 YES 2 NO
1637 Cu	ba St	reet				of. ZIP CODE			10g. CITIZ	ZEN OF W	HAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEOEN FORCES? 1						ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, atc.
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify: White, atc. Specify: White											
15. OFC	EDENT'S EDUC	CATION	100 DE	CEDENTIN	USUAL OCCUPAT			Translation of the			
(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5	(G	ive kind of w Do NOT use	ork done during i	ost of working		16b. KIND OF BUS	SINESS/INO	USTRY	
17. FATHER'S NAME (First, M.	iddle, Last)				·	18. MOTHER	R'S NAME	(First, Middle, Maiden	Surname)		
19a. INFORMANT'S NAME (7	ype/Print)		190	b. MAILING	ADDRESS (Street	and Number or	Rural Rou	te Number, City or Tow	n, State, Zip	Code)	
ocme											
20e. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	cometen cre	matons or oth	F DISPOSITION (interplace)	leme of		OATE 20c, LO	CATION — C	Ity or To	wn, Stata
4 Donation 5 Other		europ / /									
man	A SERVICE LIC	Vade		193	655W		imor	eSt,Bal	to,M	D 2	y board 1201
23. PART I. Enter the di	sesses, or c	omplications tha	t causad tha da	ath. Do no	ot entar tha m	ode of dying	, such a	s cardiac or raspi	ratory arre	eat,	Approximate
iMMEDIATE CAUSE (Fin disease or condition resulting in death)		list only one cau			~ 10	161 ps	Sas	cular	Nev	ا الاس الح	Intarval Batween Onset and Daath
rogating in deating		DUE TO	(OR AS A CONSEC	DUENCE OF):				CIDE	was	
Sequentially list conditi		DUE TO	(OR AS A CONSEC	DUENCE OF):						
cause. Enter UNDERLY!	NG										İ
CAUSE (Disease or Inju that initiated events		DUE TO	(OR AS A CONSEC	DUENCE OF)):						1
resulting in death) LAS											
PART II. Other significa	nt condition:	contributing to	death but not r	acultine in	the condessor		and the little				
		- common ting to	ocatir but not i	esuring in	i tira tirideriyi	ig cause give	en in Pa	rt I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								_ 1 _ YES 2	NO		COMPLETION DF CAUSE OF DEATH?
								- `			1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL										
EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	LACE OF OEAT					
27. MANNER OF DEATH		1 Inpatient 2						Other (Specify)			
1 Netural 5 🗆 1	Pending nvestigation	26a. OATE OF (Month, D	ay, Year)	28b. TIME INJU	M 1 🗆	JURY AT ORK? YES 2 N		Id. OEŞCRIBE HOW II	JURY OCC	URED	
	Could not be	26s. PLACE O building,	F INJURY — At horate. (Specify)	me, farm, st	reet, factory, off	Cm	20	of. LOCATION (Street a City or Town, State)	nd Number o	or Rural R	oute Number,

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1993

ZYMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, desth occurred at the time, data and place, and due to the cause(a) and manner as stated.

Street

29c. LICENSE NUMBER

C.M.

Baltimore,

BALTIMORE, MARYLAND 21215-0020

BE COMPLETED BY FUNERAL DIRECTOR

9

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

29a. CERTIFIER

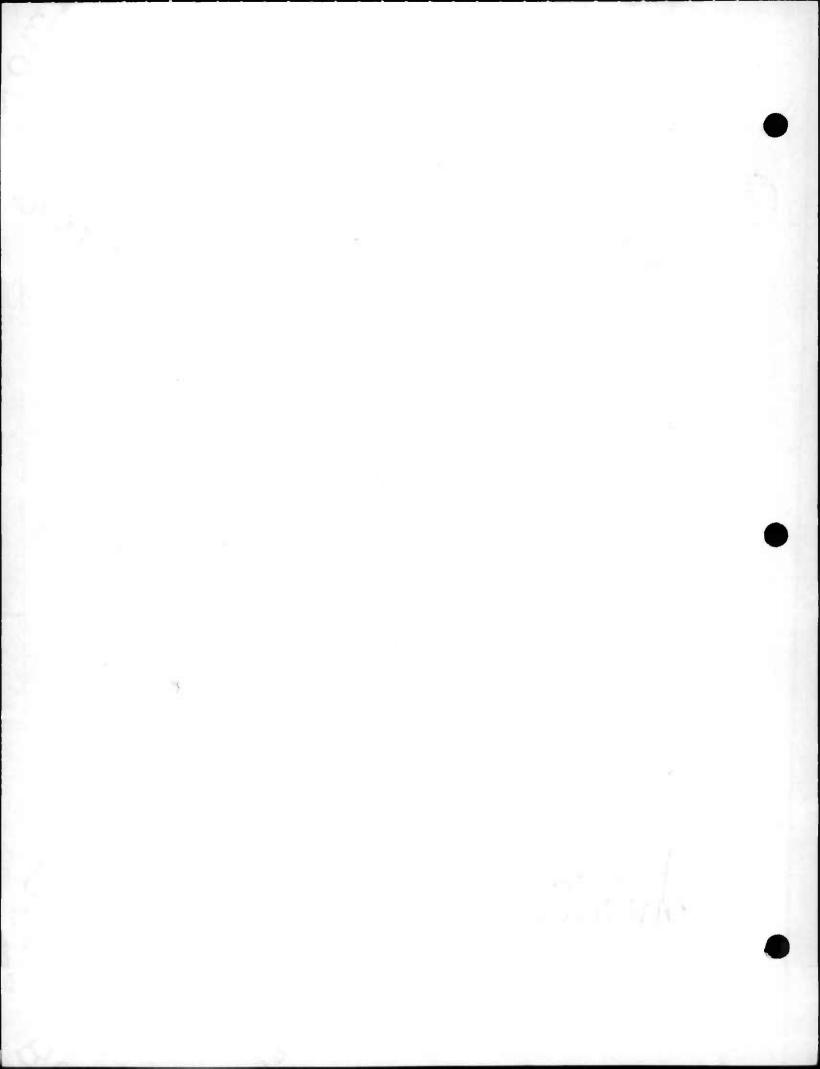
21201

1993

29d. DATE SIGNED (Month, Day, Year)

04

19



IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

4 **19**93 32. REGISTRABIS SIGNATURE

31. DATE FILEO (Month

	FOR STATE REGISTRAR	STATE OF I	MARYLAND / Ci	DEPAF ERTIF	RTMENT	OF H	IEALTH DE A'	AND I		HYGIEN REG. NO.	Ε	9,	3 1204
	1. DECEDENT'S NAME (First, Middle, Last MIRIAM	" (MARION			'BANI				2. DATE OF		<u> </u>	9 5 3	3. TIME OF DEATH 12:30 a M
	4. SOCIAL SECURITY NUMBER 144 - 38 - 0986 90. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F	6. AGE (In yrs. les	st birthday) YRS.	MONTHS	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DE			7. DATE OF (Month, D		18	6. BIRTHI Country	PLACE (State or Foreign
CTOR	THE JOHNS HOPKI	INS HOSPIT	AL			LTIM			TY		9C. COUNTY OF GEATN BALTIMORE		
L DIRECTOR	MD 10a. STATE 10b. COUR	ITY			abro	ook	220				10d, INSIDE CITY LIMITS? 1 X YES 2 NO		
BY FUNERAL	8707 Nighting		YT EVER IN U.S. AR		Lan	_ 2	2070	6			USA		HAT COUNTRY?
	1 Never Married 2 Married 3 Widowed 4 Divorced	RMED ND	1 11	f yes, spe	ecify Cube	DF NISPAN en, Mexicar Specify	IIC DRIGIN? (5 n, Puerto Rica /:	Specify Yea an, etc.)	or No-	14. RACE Black, Specify	Black		
15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 th 17. FATNER'S NAME (First, Middle, Last) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOME maker 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18 MOTHER'S NAME (First, Middle, Last)													
BE CON	17. FATNER'S NAME (First, Middle, Last) LUCIUS DIXON	Sr.							ME (First, Midd				
TO B	190. INFORMANT'S NAME (Type/Print) EDWARDS & SONS		190	66 -	ADDRESS 7 th	(Street a	nd Number	r or Rural R	Floute Number,	City or Town	n, State, Zip	7 9	
	20e. METHOD OF DISPOSITION 1		20b. PLACE	AND DATE O	of Disposi	TION (Nai	me of		OATE		ASSb		n, Stata N . J .
	21. SIGNATURE OF UNERAL SERVICE	hape			22. N			RCH					RTH AVE.
	23. PART I. Enter the diseases, o shock, or heert fellure iMMEDIATE CAUSE (Finel disease or condition resulting in desth)	e. Liet only one ceu	use on each line	Э.			de of dy	ing, auch	as cerdied	or respir	atory arr	est,	Approximete interval Between Onset and Death
CERTIFICATION	disease or condition resulting in desth) a. Fungal sepsis out of (or as a consequence of): Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST d. Fungal sepsis b. hepatorenal disease Due to (or as a consequence of): c. end stage hepatic failure OUE to (or as a consequence of): d.										1 month 5 months		
PHYSICIAN: MEDICAL (Enterococcus face step. D perton encephalo patt	itis			in the und				_ 11	e. WAS AN / PERFORI	MED?		WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
YSICI	EXAMINER?		ER/Outpatient 3	□ DOA	OTHER 4 Nursi	i:			ck only one) 6 Other (Sp	pecify)			
ВУ РН	27. MANNER DF OEATN 1 Netural 5 Pending 2 Accident Investigation		lay, Year)		M	28c. INJU WOF 1 Y	PK? PES 2	-	28d. DESCRI				
ETED	3 Suicide 8 Could not b 4 Nomicide datermined	building,	F INJURY — At horetc. (Specify)							own, State)			ute Number,
COMPLETED	29a. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated.												
TO BE	296. SUBSTRUME GNO THE OF CENTUR						29c. LICE	7-61	68		29d. DATE	30	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	WHD COMPLETED CAUS	SE OF DEATH (ITEM	W 27) (Typo,	Print)	ON	1 Wa	He	· Ba	Ut:	nu re	MI	21205

3:18P

10d. INSIDE CITY

SF

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1993 YEAR **BERTHA** APRIL 29" **PEAKS** 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 214-24-5949 1 - M 2 BF 29 9e. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF OFATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY IOc. CITY, TOWN OR LOCATION BOLYD 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21205 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No
If was anacify Cuban, Mexicen, Puerto Rican, stc.) 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PHO 2 Marrie 1 Never Married If yee, specify Cuban, IF YES, GIVE WAR OR DATES Specify 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Dd NOT use retired.) College (1-4 or 5+) 13 DISAbLed 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First, Middle, Maiden Surname) 19b. MAILING ADDRESS (Street and Number or Rural Ro Le 20e. METHOD OF OLDPOSITION
Burlat 2 Crematton 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -DATE

ERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Hek MUL 23. PART I Enter the dise ses, or complications that ceused the death. Do not enter the mode of dying, euch as cerdiac or respiretory arrest, Approximate shock, or heert fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset end Desth disease or condition resulting in death) Cardiagonic Shack
DUE TO (OR & A CONSEQUENCE OF): 3 hours Inforction Myocardial 3'2 hours Sequentistly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate Castro intestinal
DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING 8 hours CAUSE (Disease or Injury that initiated events resulting in death) LAST Anticoagulation 4 days PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY

rengl

1 - YES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

5 Pending Investigation

6 Could not be

27. MANNER OF DEATH

Accident

1 Natural 2 Acciden

3 Suicide

4 Homicide

4 Donation 5 Other (Specify)

SPITAL:

OTHER: lent 2 ER/Outpatient 3 DOA 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF

4 Nursing Home 5 Residence 6 Other (Specify) 28c. INJURY AT WORK?

1 YES 2 NO

26. PLACE OF DEATH (Check only one)

all

26d, DESCRIBE HOW INJURY OCCURED

28s. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify)

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

47 29

93

29e. CERTIFIER 1 🕅 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, end due to the ceuse(e) end manner ee stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

nargaret m. 30. NAME AND ADDITIESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ower 110.

31. DATE FILED (Month, Day, Year) MAY 0 4 1993

Margaret

32. REGISTRAR'S SIGNATURE

 by the funeral director, page 5 should be detached for use as the burnar removal. retained by the hospital or attending after

BALTIMORE, MARYLAND 21215-0020

24 hours after death. Page 6 may be

Tapes 1, 2, 3 should

FUNERAL DIRECTOR

BY

ETED

COMPL

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must 1

examiner

the medical

event,

traumatic

other

injury, or

shows any

item

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marked,

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28

IMPORTANT: if item

CERTIFICATION

MEDICAL

PHYSICIAN: 23

BY

COMPLETED

BE

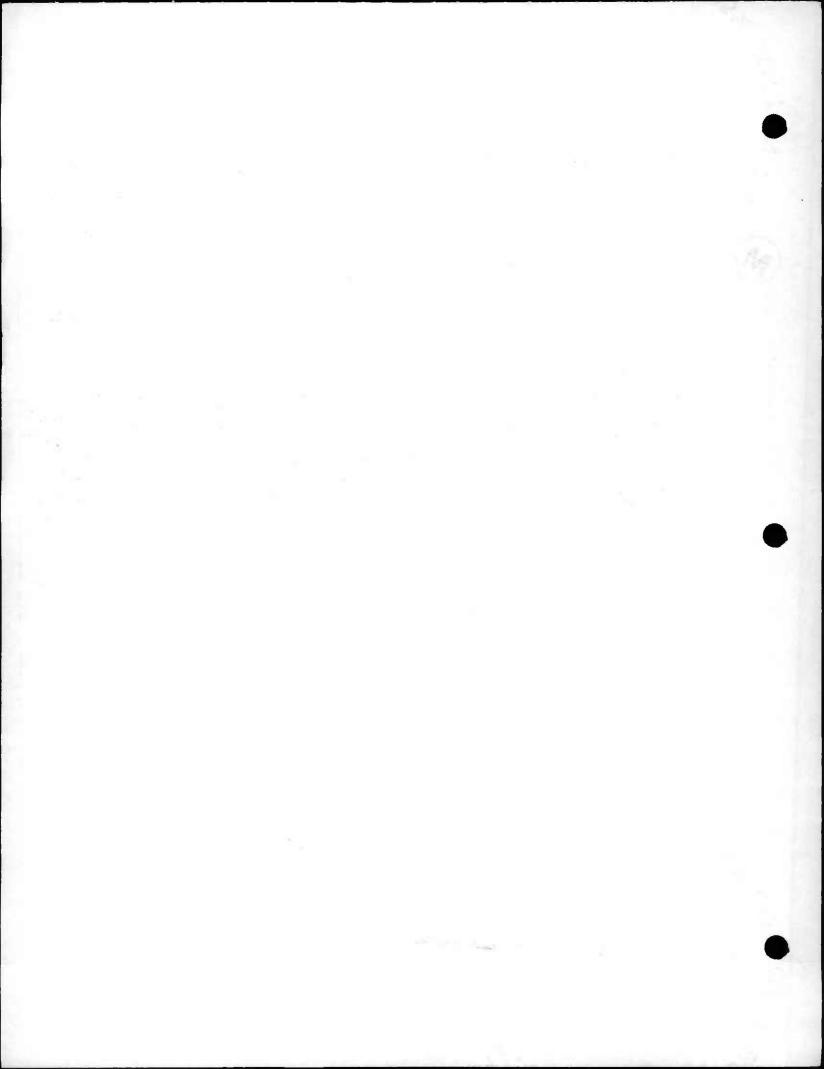
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n and completely filled in by to bunal, cremation, or remo

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematically and the state of

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-
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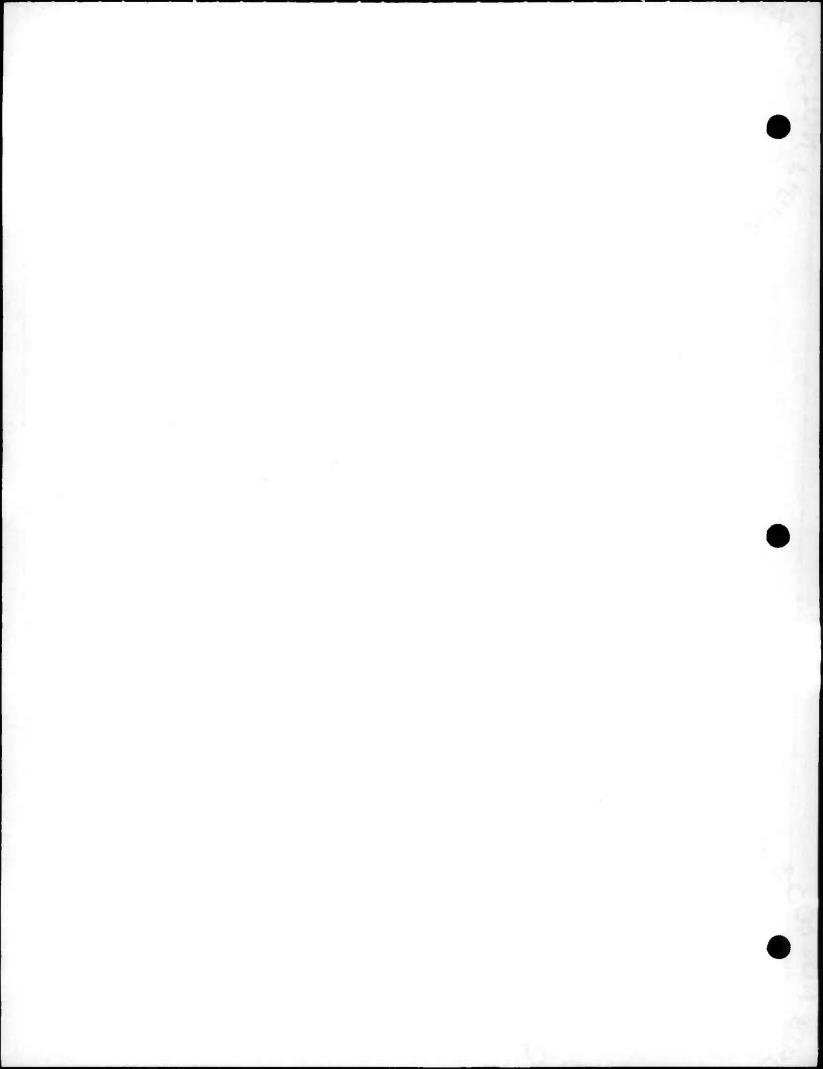
	REGISTRAR			EHIIF	ICALE	OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, L	est)						2. DATE O				3. TIME OF DEATH
	Julia M.	Pasko						Apr:	1 2	Õ, 19	YEAR Q 2	10:15 a w
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	land bloth day A	IF UNDER 1	M		-		0, 19		
					MONTHS	DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF (Month,	Day, Year)		6. BIRTHP(Country)	LACE (State or Foreign
1 3	215-07-1813	1 🗌 M 2 🔀 F	90	YRS.				02-15	-190	3 l	Mary	<i>y</i> land
	9e. FACILITY NAME (If not institution, g	rive street end number)			9b. CITY,	TOWN O	R LOCATION OF D			1	ITY OF DEA	
DIRECTOR	18 N. Milto	n Avenue				Ralt	timore C	i + 57		_		_
IKI	18 N. Milto	T TIVELIAC				Dar	CHIOT C.	<u> </u>		<u> </u>		
m	10e. STATE 10b. CO			10c. CIT	Y, TOWN OF	LOCAT	ION				1	IOd. INSIDE CITY
l 뜻	MD N/	'Δ		T	221+12	mr	City					LIMITS?
	10e. STREET AND NUMBER	11			ации	_					1	YES 2 NO
₹						101.	ZIP CODE					IAT COUNTRY?
	18 N. Milto	on Avenue				2	21224			U	S.A.	•
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	ARMED	13. W	AS DECI	ENDENT OF HISPAI	NIC ORIGINS	Specify Ver	or No	14 BACE	American Indian
	1 Never Merried 2 Merried		YES 2 X	NO	10	yes, spe	cify Cuben, Maxica	in, Puerto Ric	en, etc.)	0. 1.0		- American Indian, White, etc.
l Ma	3 X Widowed 4 Divorced	IF YES, GIVE Y	MAN ON DATES		11	_ YES	2 XNO Specif	y.			Whit	
	15. DECEDENT'S	EDUCATION	40. 5	FOEDELLEIG								
1 # 1	(Specify only highest of	rade completed)		Give kind of v	vork done du	ring mos	N st of working	16b. K	IND OF BU	SINESS/INDI	JSTRY	
"	Elementary/Secondary (0-12)	College (1-4 or 5	+)	te. Do NOT us								
	8th Grade		HC	me Ma	ker			H	lome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Mid	dle Meiden	Sumama)		
	Adam Koawczyk							,,				
핆	19e. INFORMANT'S NAME (Type/Print)						Mary					
2				96. MAILING	ADDRESS (Street er	nd Number or Rural	Floute Number,	City or Tow	n, State, Zip	Code)	
171	Chester Baldwin		5	707 V	andyk	e R	koad, Bal	ltimor	e, Ma	arylaı	nd 21	.206
1 1	20e. METHOD OF DISPOSITION		20b. PLACE	E AND DATE (DE OISPOSIT	ION /Nai	me of	DATE	200 10	CATION - C	New or Town	Ctate
	12QBuriel 2 ☐ Cremation 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify)	Ramoval from State	cemetery, c	rematory or of	her place)	Co	metery	5/3	Pa14	-imor	_ M_	ariland
	21. SIGNATURE OF FUNERAL SERVICE	F LICENSEE	1 50.	DUALIL	Jan u		D ADDRESS OF FA	3/3	Dall	ППОТ	3, Ma	ryrand
			-				. Miller					
1 3	1 untle	-m.	Dm.	118	641	5 B	plair Po	., IIIC	oltin	~~~	1/10 200 1	land 21206
	22 DART I Enter the differen		June	ux	041	.J D	CIAIL N	Jau, B	атсш	ibre,	Mary	1and 21206
	23. PART I. Entar the diseases, shock, or hasrt falls	ire. List only ons cau	it caused tha d	faath. Do n	ot entar ti	ha mod	da of dying, suc	h as cardia	c or reapi	ratory arre	est,	Approximats
1 8	IMMEDIATE CAUSE (Final											Intarval Batween Onset and Death
	disease or condition	3	Trole	-1								
1 4	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions b.											
Ĕ	If any, leading to immediate											
3	Cause. Enter UNDERLYING CAUSE (Disesse or Injury											
三	that initiated events	DUE TO	(OR AS A CONSI	EOUENCE OF):							1
	resulting in death) LAST	a										
1 8 1		d										+
	PART II. Other significant condi	tions contributing to	death but not	reaulting i	n tha und	erlying	cause given in	Part I. 2	Ia. WAS AN	AUTOPSY	24b W	ERE AUTOPSY FINDINGS
EDICAL		_							PERFOR		A	WAILABLE PRIOR TO
اقا								_ 1	YES 2	NO X		OMPLETION DF CAUSE F DEATH?
Z I											1	☐ YES 2 ☐ NO
اخا								_				
SICIAN:	25. WAS CASE REFERRED TO MEDICA	1				28. PI	ACE OF DEATH (Ch	ack only one'				
일	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:	20.72	OL OF DEATH (CA	BCK OFHY OFFE)				
\X		1 Inpatient 2		3 DOA	4 - Nursir	g Home	5X Residence	6 Other (S	(pecify)			
РНҮ	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIMI	OF 2	8c. INJU WOF	IRY AT	28d. DESCR	IBE HOW II	NJURY OCC	JRED	
>	1 Natural 5 Pending 2 Accident Investigati				M		ES 2 NO					
0	2 Culette	284 PLACE O	F INJURY — At h	ome, larm, s	treet, factor	v. office		26f. LOCATI	ON /Stmet a	and Number	or Prient Day	do Mumbor
	4 Homicide 6 Could not determine	Dullding.	etc. (Specify)			,,		City or	Town, State)	ma rumoer t	w nurer nou	ne number,
립	29e. CERTIFIER 1 CERTIFYING PI	IYSICIAN: To the best of	my knowledge, d	leath occurre	d at the tim	e, data a	and place, and due	to the cause	(e) end man	ner as state	d.	
N S		MINER: On the beele of e										
COMPLETED					ту орг		- COOLING BY THE	e, sele en	o piece, en	a une to the	(e) é	mu manner ee stated,
l ա Մ	296. SIGNATURE AND TITLE OF CERT.	FIER	- 4 - 0			T	29c. LICENSE NUN	BER		29d. DATE	SIGNED (M	fonth, Day, Year)
8	Kega	Sajeye	1/	1								
임	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type:	Print)							
	Dr. Reza Sa	. / /				no T	Josnital					
				CHUE	II noi	ite f	Mospital					
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE									
. 1	MAY U 4 1993	Gulley Deviden	-Bande M									

Secretary.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND F DEATH	MENTAI	HYGIEN	E	J	120	Length mile
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			3. TIME OF D	EATH
	Vera Parnell					05-0	3-199	3 ,	/EAR	6:45	А. м
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE	OF BIRTH , Day, Year)		BIRTHPI	LACE (State o	r Foreign
	213-38-5770	1 □ M 2 🖾 F 96	YRS.	MONTHS DAY	HOURS MIN.		1-189	7	Mary	yland	
_	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOW	N DR LOCATION OF			9c. COUNTY			
BY FUNERAL DIRECTOR	206 Bynum Ridge R	oad		Fores	t Hill			Harf	ord		
<u>ا</u>	10a. STATE 10b. COUNTY		10c, CIT	Y. TOWN OR LO	CATION				1	IOd. INSIDE C	TV
8	Maryland Harfor	rd		est Hi					- 1.	LIMITS?	
4	10e, STREET AND NUMBER	<u>Lu</u>	1101	CSC III	101. ZIP CODE			10a. CITIZEI		IAT COUNTRY	
EH/	206 Bynum Ridge Ro	oad			21050			U.S			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS E	ECENDENT OF HISPA	ANIC ORIGIN	? (Specify Yea		. RACE -	- American I	ndian.
7	1 Never Married 2 Married 3 Wildowed 4 X Divorced	FORCES? 1 YES		If yes,	specify Cuban, Maxic ES 2 XNO Spec	can, Puarto F	lican, atc.)		Black, 1 Specify:	White, atc.	
	CASCAGE LANCES AND AND AND AND AND AND AND AND AND AND		_						Whit		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S (Give kind of v	vork done durina	TION most of working		KIND OF BUS		TRY		
2	7th Grade	College (1-4 or 5+)	Me. Do NOT us	e retired.)			rl Jac mily	ckson			
×	17. FATHER'S NAME (First, Middle, Last)		Nanny				-				
ŏ	Frederick Higgins				18. MOTHER'S N			-			
B	19a. INFORMANT'S NAME (Type/Print)		19h MAILING	ADDRESS /Street	et and Number or Rura				and a h		
2	Marie V. Tana				dge Road,					and 21	050
	20e. METHOD OF DISPOSITION	20b	PLACEANDDATE	F DISPOSITION	Name of	DATE		CATION — City			.050
ŀ	1 Burlal 2 Cremation 3 Ramon 4 Donation 5 Other (Specify)	rai from State	reen Mou	nt Cem	eterv	5/4		timor			nd
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME	AND ADDRESS OF F	ACILITY				7	
	+ Kaitle	h	. /	John	C. Mille Belair R	er, In	C.	2020	Mozer	-land	21200
	23. PART I. Botar the diseases, Dr co	emplications that cause	I the death, Dove								
	snock, or neart failure. Li	ist only one cause on a	act/line.	or error trie i	node of dynig, su	Cii as Caru	ac or reapi	atory stres	τ,		Between
-	IMMEDIATE CAUSE (Final disease or condition		100	0.11.	1	-				Onset a	and Death
	resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF):	van Ar	1775				+	
z		+	HBP.							1110	
윤	Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS A	CONSEQUENCE OF):						17	
<u>Ş</u>	CAUSE (Disesse or Injury										
비발	that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEQUENCE OF):							
CERTIFICATION	d.									-	
_	PART ii. Other aignificant conditions	contributing to death b	ut not resulting i	n the underly	ing cause given in	n Part I.	24s. WAS AN			PERE AUTOPS	
할		brynthitic					PERFOR		C	MAILABLE PRIN	
핗		/				_	(6110		F DEATH?	¬ NO
ä]
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (C	heck only one)				
ĮŠ.	A TO MED A TOWN	1 Inpatient 2 ER/Outp	atient 3 DOA	OTHER: 4 - Nursing H	ome 5 Residence	6 🗆 Other	(Specify)				
H	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIMI		NJURY AT VORK?	26d. DES	CRIBE HOW IN	JURY OCCUR	RED		
B	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 ND			L			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	treet, fectory, of	fice	26t. LOCA City o	TION (Street a.	nd Number or	Rural Rou	ite Number,	
	HE2-4-5-2 V										
COMPLETED		AN: To the best of my knowl									
Š.	2 MEDICAL EXAMINER:	: On the basis of examination	and/or investigation	n, in my opinion	, death occured at the	e time, data	and placa, end	due to the c	ause(a) a	ind manner a	s stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1111			29c. LICENSE NU	IMBER		29d. DATE SI	IGNED (M	fonth, Day, Ye	ar)
5	Seru	1000	4		1027	975		>5	13/	73	1
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	1. 1.	1	0 /	1 0	/ ~	101	(.
	31. DATE FILED (Month, Day, Year)	32 REGISTRATI'S SIGNI	TURE _	1541	HU 110	1	2 /	40/6	W?	1/0/	7
	MAY 0 4 1993 4	he devident for	Sept.							•	



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SION OF VITAL RECORDS, P.O.	The same of the same of the same of

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	1
Dermit Pa	Should Should
hours after death with the State Deot, of Health and Mental Hydiene orior to bunal, cremation, or removal.	1

93 12845 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, L/ 2. DATE OF DEATH 3. TIME OF DEATH 24 BESSYE PECKER 7:13P 4. SOCIAL SECURITY NUMBER 6. AGE (In-yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month) Day, Yell 8. BIRTHPLACE (State or Foreign 1 M 2 F MÄRYLAND Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington RESIDENCE OF DECEDENT Takoma DIRECTOR tosp1/a ontowner 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY 1 X YES 2 NO 100. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 209 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pt 1 YES 2 NO Specify: 2 Merr IF YES, GIVE WAR OR DATES BY 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER OWN HOME must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ADAM POSNINSKY REBECCA POSNINSKY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MICHAEL B. PECKER 408 SANDY HILL DRIVE, LONGWOOD, FLORIDA 32779 20s. METHOD OF DISPOSITION
1 & Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE MOUNT LEBANON CEMETERY 4/26/93 ADELPHI. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the medical examiner 22. NAME AND ADDRESS OF FACILITY STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET. NW. WASHINGTON, D.C. · Donald 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdiec or respiratory arrest, shock, or heert feliure. List only one cause on each line. Approximate **Intarval Betw** IMMEDIATE CAUSE (Final Onset and Death disease or condition ACUTE DUCHONARY EDEMA resulting in death) marked, or item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): to ETIC STEN OSIS ENEBE PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, (OR AS A CONSEQUENCE OF): if any, leading to immediate ATHERO SICEROFIC MEALL DUEDLE . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in deeth) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 200 OF DEATH? PNEVMONI 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES AND NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural
2 Accident 5 Pending Investigation BY 1 YES 2 NO TO THE HOSPITAL DR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deat IMPORTANT: If Item 28 is m 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 104/25/93 99 2 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CARROLL



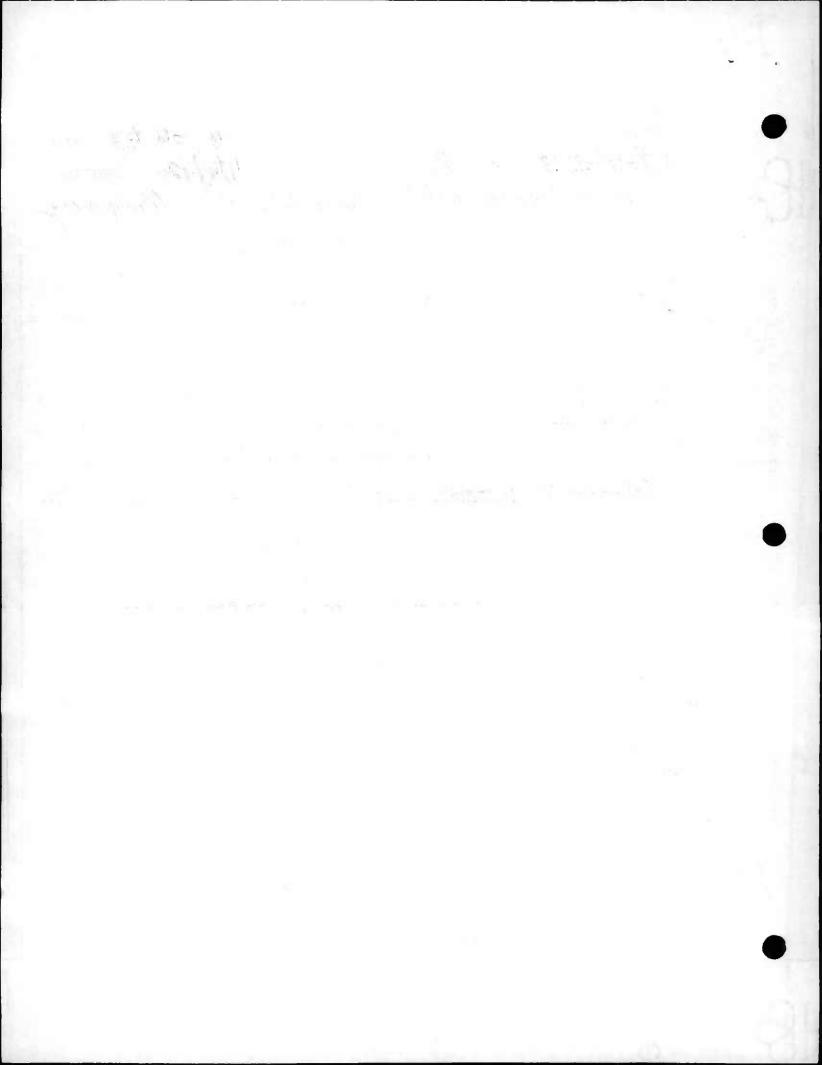
OHAKAR

MO

7610 12. REGISTRAR'S SIGNATURE BAKK

MA LUMA MD

A 4 % \$ 23U.



ITEM: 23 PART I, PER MEO G-702 8/6/93 t.t/m.f.g.

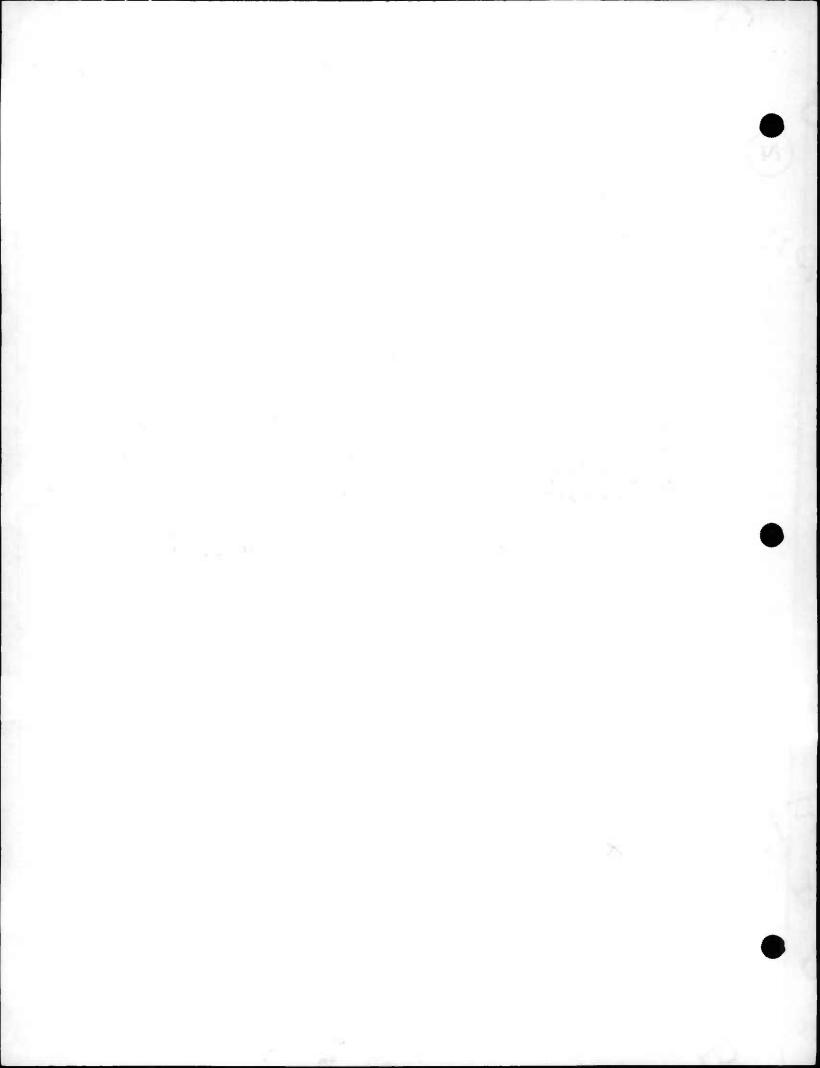
ITEMS: 23 part I II.27 per MEO 5/7/93 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(N)	

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. OECEDENT'S NAME (First, Middle, Las	et)						2. DATE OF	DEATH			3. TIME OF DE	тн
	BRIAN		C.		PULY	ER		MONTH () 4	30	19	YEAR	7:30	NI FI
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1 YE	AR IF UNDE	_	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or	oreig
	215-82-4541	1 XM 2 - F	26	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, 6 7/8	766	_ 1	Ne	w Jerse	y
-	9e. FACILITY NAME (If not institution, giv	e street end number)			9b. CITY, TOV	WN OR LOCAT	ON OF DE	ATH		9c. COU	NTY OF O	DEATH	, 1
DIRECTOR	1000 FELLS ST	TREET			BA	LTIMO	RE			N/	A		
EG EG	10a. STATE 10b. COUR	NTY		10c, CIT	Y, TOWN OR LO	OCATION						10d. INSIDE CIT	Y
뚭	Maryland N	/A			Baltim	ore						LIMITS?	
A	10e. STREET AND NUMBER					101. ZIP COD	E			10g. CITI	ZEN OF V	WHAT COUNTRY	
FUNERAL	1000 Fell Stree					2123	31				USA	1	
5	11. MARITAL STATUS 1 XX Viewer Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.	S, ARMED	If yes	DECENDENT (m. Mexice			or No-	14. RACE Biaci	E — American Inc k, White, etc.	lien,
BY	3 Widowed 4 Divorced	IF YES, GIVE W	MAR OR DATES	S	1 🗆	YES 2X NO	Specify	:			Speci	" Whit	e
B	15. DECEDENT'S Et (Specify only highest gra	DUCATION Ide completed	18-	e. DECEDENT'S	USUAL OCCUP	PATION		16b. K	ND OF BUS	INESS/INO	USTRY		_
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u									
MP		4		Comp	outer C	consult	ant		Con	npute	r Pr	ogramir	g
	17. FATHER'S NAME (First, Middle, Last)	nhan Dulua	. w					ME (First, Mid					
BE	Robert Christo	pher rulye	=1	Tob Mail Inc	ADDRESS (C)			a Ber	-				
2	RCPulver				armout							14	
	29s, METHOD OF DISPOSITION		20b. PL	ACEANDDATE			. 101	OATE		CATION —			_
	XX Mustel 2 Cremetion 3 Re 4 Departion 5 Char (Specify)	movel from State		Taney			ar	5/4				Maryla	n
	21. SIGNATURE OF FUNCHAL SERVICE	LICENSEE VO	all	/		E AND AODRE							_
	Dennissienh	en Kenakis	MO	0640	650	n Yarl	Ros	nd Ral	timor	א מי M	arvl	and 212	11
	resulting in death)	e. DILAT	(OR AS A CO	ARDIOI DNSEOUENCE O	<u>MYOPA</u> 7	THY AND		TERIOS 10VASC				Onset ar	d (
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO	(OR AS A CO	A R D I O I	F):	THY AND						Onset ar	d 0
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CO	INSEQUENCE O	F):	C	CARD	Part I. 24		AUTOPSY MED?		WERE AUTOPSY AMAILABLE PRIO COMPLETION OF	FIND
: MEDICAL	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CO	INSEQUENCE O	F):	C	CARD	Part I. 24	JL AR D	AUTOPSY MED?		WERE AUTOPSY AMAILABLE PRIO	FINDI E TO CAU
: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the conditions of	b	(OR AS A CO	INSEQUENCE O	F):	C	CARD	Part I. 24	JL AR D	AUTOPSY MED?		WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?	FINDI R TO CAU
SICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition	OUE TO c. OUE TO d. Y HOSPITAL: 1 Inpetient 2	(OR AS A CO (OR AS A CO deeth but r	INSEQUENCE O	P: F): In the underl OTHER: 4 □ Nursing I	ying cause	given in (Part I. 24 ck only one) 6 Other (S	JL. AR. D. Ja. Was An. PERFORI (X YES 2	AUTOPSY MEO?	24b.	WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?	FIND CAU
HYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition	DUE TO c. OUE TO d. ONE CONTributing to T Y HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D.	(OR AS A CO (OR AS A CO (OR AS A CO deeth but r	INSEQUENCE O	P: In the underl OTHER: 4 Nursing I E OF 28c. URY	ying cause 5. PLACE OF D Home 5 X R INJURY AT WORK?	GARD CARD GEATH (Che	Part I. 24	JL. AR. D. Ja. Was An. PERFORI (X YES 2	AUTOPSY MEO?	24b.	WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?	FIND:
BY PHYSICIAN: MEDICAL	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition	OUE TO c. OUE TO d. OUE TO TY HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month), Do	(OR AS A CO (OR AS A CO (OR AS A CO deeth but r ER/Outpatle: INJURY Jay, 'ber')	INSEQUENCE O	P: In the underl OTHER: 4 Nursing I OURY M 1	ying cause 5. PLACE OF D Home 5 X R INJURY AT WORK? YES 2	GARD CARD GEATH (Che	Part I. 24 Ck only one) 6 Other (S 28d. OESCR	JI_AR D Ja. WAS AN PERFORI YES 2 Specify) HBE HOW IN	AUTOPSY MED?	24b.	WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	FIND:
ED BY PHYSICIAN: MEDICAL	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition	OUE TO c. OUE TO d. OUE TO TY HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month), Do	(OR AS A CO (OR AS A CO (OR AS A CO deeth but r ER/Outpatie:	INSEQUENCE O	P: In the underl OTHER: 4 Nursing I OURY M 1	ying cause 5. PLACE OF D Home 5 X R INJURY AT WORK? YES 2	GARD CARD GEATH (Che	Part I. 24 ck only one) 5 Other (S 28d. OESCR	JI_AR D Ja. WAS AN PERFORI YES 2 Specify) HBE HOW IN	AUTOPSY MED?	24b.	WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?	FIND:
ED BY PHYSICIAN: MEDICAL	Sequentially liat conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition	OUE TO c. OUE TO d. OUE TO TY HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D. D. D. D. D. D. D. D. D. D. D. D. D.	(OR AS A CO (OR AS A CO (OR AS A CO deeth but r ER/Outpatle: INJURY Any, Yes/) PF INJURY — r etc. (Specify)	INSEQUENCE O	OTHER: 4 □ Nursing I E OF 28c. URY M 1	ying cause of the state of the	GEATH (Chesidence	Part I. 24 ck only one) 6 Other (S 28d. OESCR	JI_AR D I.a. WAS AN PERFORM [X YES 2 Specify) INDER HOW IN INDER HO	AUTOPSY MED? NO	24b.	WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	FIND:
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition	OUE TO c. OUE TO d. OUE TO TY HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month), Do	(OR AS A CO (OR AS A CO (OR AS A CO deeth but r ER/Outpatie INJURY ay, Yer) F INJURY — r etc. (Specify)	onsequence of the property of	OTHER: 4 Nursing I E OF 28c. URY M 1	ying cause : 5. PLACE OF D Home 5 X Ri INJURY AT WORK? YES 2 office	GEATH (Chesidence	Part I. 24 1 Ck only one) 5 Other (S 28d. OESCR	JLAR D JA. WAS AN PERFORM [XYES 2 Specify) ON (Street a fown, State)	AUTOPSY MED? NO	24b. CUREO or Rural R		FINDIS TO CAU
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the condition of the conditio	DUE TO C. OUE TO d. OUE TO d. ONE CONTRIBUTING TO T Y HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D. D. D. D. D. D. D. D. D. D. D. D. D.	(OR AS A CO (OR AS A CO (OR AS A CO deeth but r ER/Outpatie INJURY ay, Yer) F INJURY — r etc. (Specify)	onsequence of the property of	OTHER: 4 Nursing I E OF 28c. URY M 1	ying cause : 5. PLACE OF D Home 5 X Ri INJURY AT WORK? YES 2 office dete and place n, death occur 29c. LICE	GEATH (Chesidence of the red at t	Part I. 24 1 1 ck only one) 5 Other (S 28d. OESCR 28f. LOCATI City or I to the cause time, dete an	JLAR D JA. WAS AN PERFORM [XYES 2 Specify) ON (Street a fown, State)	AUTOPSY MED? NO NO NUMBER OF THE STATE OF TH	24b. CUREO or Rural R ed. e ceuse(e)	WERE AUTOPSY AWAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 Noute Number, on manner ee (Month, Day, Year	FINDIO CAU
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the condition of the conditio	DUE TO b. DUE TO c. OUE TO d. ONE CONTributing to T Y HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D. of the locals of the local of the	(OR AS A CO (OR AS A CO (OR AS A CO deeth but r ER/Outpatie INJURY lay, 'ber) F INJURY — etc. (Specify) my knowledg xamination an	onsequence of the property of	20 OTHER: 4 □ Nursing I E OF 28c. URY M 1 intrest, fectory, c	ying cause : 5. PLACE OF D Home 5 X Ri INJURY AT WORK? YES 2 office dete and place n, death occur 29c. LICI	GARD GEATH (Che esidence NO NO no due end at the feed at th	Part I. 24 1 1 1 Ck only one) 5 Other (S 28d. OESCR 28f. LOCATI City or I to the cause time, dete an	JLAR D JA. WAS AN PERFORM [XYES 2 Specify) ON (Street a fown, State)	AUTOPSY MED? NO NO NUMBER OF THE STATE OF TH	24b. CUREO or Rural R ed. e ceuse(e)	WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 Route Number,	Pino CAL NO



1215-0020	ir attended physic	USe as the borts	
BALTIMORE, MARYLAND 21245-0020	24 hours after death. Page 6 may be retained by the hospital or	y filled in by the funeral director, page 5 should be detached for flon, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended to the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as me burst be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Dr.

Redwood

31. DATE FILED (Month, Day, Year)

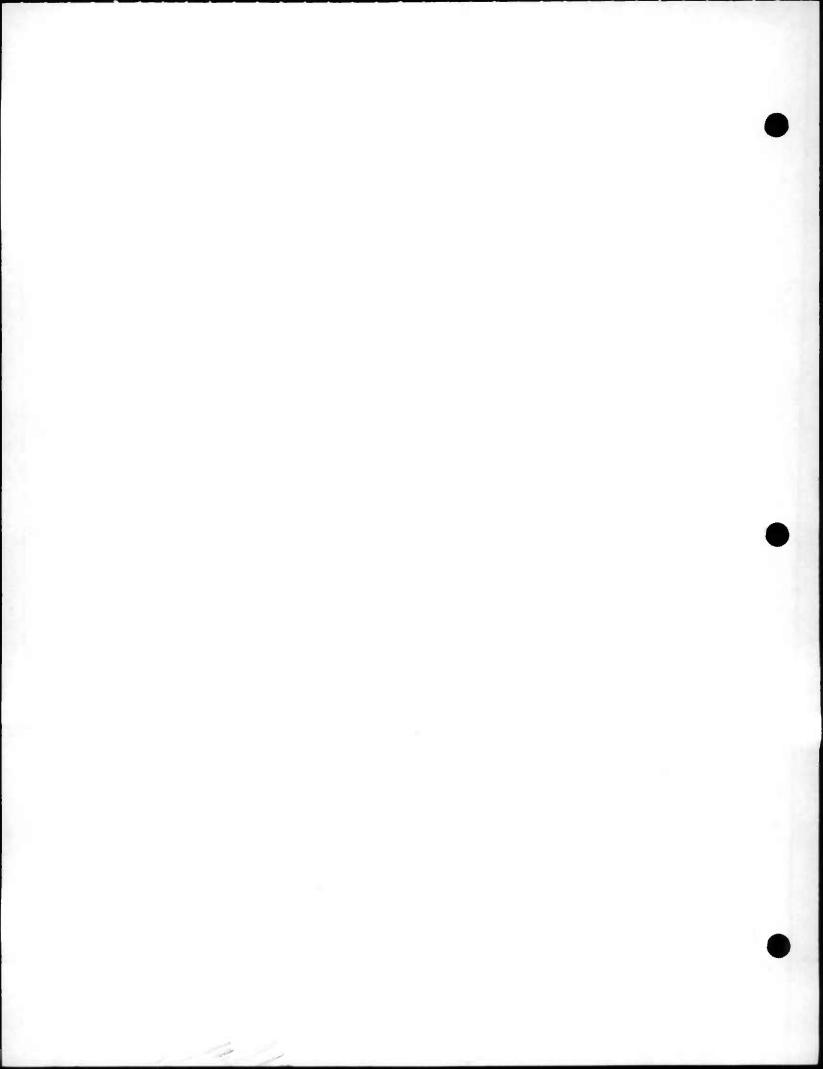
MAY 4 1993

								12847		
	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	TMENT OF I	HEALTH AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	THOMAS D.				2. DATE OF OEATN MONTH D	AY Y	3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	May 2,	1993	P M BIRTHPLACE (State or Foreign		
	214-18-7628	1 XM 2 F	7 2 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 3-08-19		Country) Maryland		
~	9e. FACILITY NAME (If not institution, give stre		, ,		OR LOCATION OF DE		_	Y OF DEATH		
DT.	4248 1/2 Falls	Road (H	ome)	Bal	timore			- -		
DIRECTOR	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY		
	Maryland 10e. STREET AND NUMBER					imore		1 XYES 2 NO		
FUNERAL	4248 1/2 Falls	Road		101	ZIP CODE	21211	10g. CITIZE	N OF WHAT COUNTRY? USA		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	or No— 14	. RACE — American Indian, Black, White, etc. Specify:		
	15. OECEDENT'S EDUCA (Specify only highest grade c	TION	16e. DECEDENT'S	USUAL OCCUPATION	DN	16b. KIND OF BUS	SINESS/INDUS	white		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	lite. Do NOT u			1215 AND 40100				
N N	11th		Wate	chmaker			Jewel	lry		
		vin Hauer	Perego	7		ME (First, Middle, Maiden				
TO BE	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		ode)		
-	Mrs. Joyce C. (rose	132	7 W. 42	nd Stre	eet Balt	imore	e,MD 21211		
	20s. METNOD OF DISPOSITION 1 Disposition Disposition	ral from State 20	Ob. PLACE AND DATE: Ometery, crematory or o	of disposition (Na ther place) Dark	med Cemeter	DATE 20c. LO	timor	or Town, State ce, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE /		22 NAME AN	O ADDRESS OF EA					
	July De	nos Cay	ente	363	1 Falls	Road E	Balto.	,MD 21211		
	23. PART i. Enter the diseases, or co shock, or heart fellure. Li	mplications that couses st only one cause on	ed the deeth. Do i	not enter the mo	de of dying, auci	as cerdiec or reapi	ratory erreal	Approximate interval Batween		
	iMMEDIATE CAUSE (Fine)	1 15	۵					Onset and Death		
ŀ	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	n:				Sudday		
N	- Reserveton Feiline									
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING	n any, reading to ininiodiate								
EI	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):						
ERI	resulting in desth) LAST									
	PART II. Other significant conditions	contributing to death	but not reaulting	n the underlying	ceuse given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDICAL	w TRANSI Home	Cen Carci	none of	The 1	Lanez	PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ME	O Bladde T	umos	0		0			OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			·						
SICI	EXAMINER?	HOSPITAL:	tostlant 2 M DOA	OTHER:	ACE OF DEATH (Che					
¥	27. MANNER OF DEATN	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		28d. DESCRIBE NOW II	NJURY OCCUR	ED		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	RK? 'ES 2 NO					
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	IY — At home, ferm, secify)	treet, factory, office	_	28t. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,		
COMPLETED		AN: To the beat of my known						euse(e) end menner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		>		29c. LICENSE NUM		29d. DATE SI	GNED (Month, Day, Year)		
TO B	6	~			D4340	00	▶ 5	14193		
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	EATN (ITEM 27) (Type,	Print)						

2411 W. Belvedere

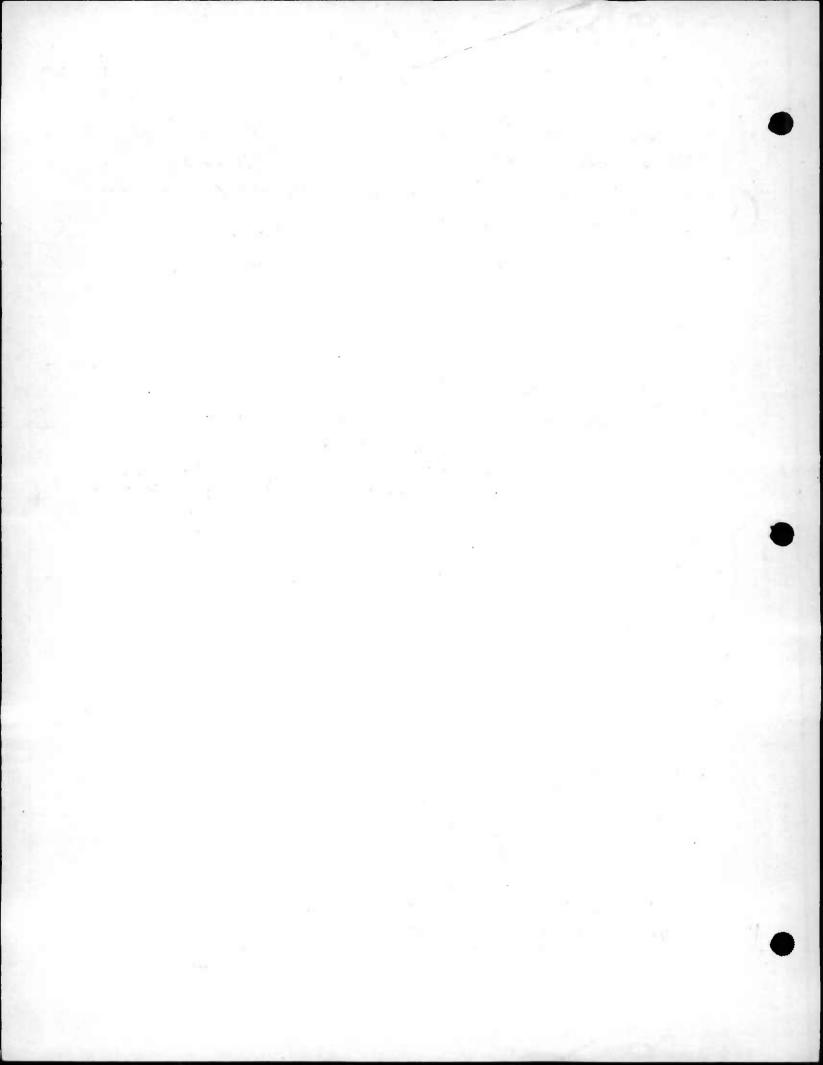
,32. REGISTRAR'S SIGNATURE

Suite 305 Baltimore 21215



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director.	be ned writin /2 hours ared death with the base uppl, or regard and well as hybere prior to build, defination, or remove. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	2	be filed within 72 hours aret dearn with the basic begu, or registrative mysteric prior to busid, defination, or removal, IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex

	1 - FOR STATE OF MARYLA REGISTRAR		TMENT OF I		MENTAL HYGIEN REG. NO	_	0 12040			
	1. DECEDENT'S NAME (First, Middle, Last) DORAS M. Pusse	Doris M	. Russel	1	2. DATE OF DEATH MONTH DO	AY YE				
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In 2/9-/6-3300 1 - M 2 F 6)	yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-24-	8. E	BIRTHPLACE (State or Foreign Country) Maryland			
8	9a. FACILITY NAME (II not institution, give street and number) Mesidan - Mulli Milanal			OR LOCATION OF DE	ATN	9c. COUNTY	- V			
RECTO	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	100 CIT	Y. TOWN OR LOCA				10d. INSIDE CITY			
8	Maryland Baltimore	100.011	T, TOWN ON LOCA		owson		LIMITS?			
4	10e. STREET AND NUMBER		10	1. ZIP CODE	, , , , , , , , , , , , , , , , , , ,	10g. CITIZEN	OF WHAT COUNTRY?			
ER/	7700 York Road			2	21204	Unite	ed States			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 X Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XNO	Il yee, s	CENDENT OF HISPAN Decify Cuben, Mexicer 3 2 X NO Specify		or No.— 14.	RACE — American Indian, Black, While, etc. Specify: White			
COMPLETED	(Specify only highest grade completed) Elementary/Secondery (0-12) Cotlege (1-4 or 5+)	(Give kind of life. Do NOT u		ost of working	18b. KIND OF BU	SINESS/INDUST	RY			
MP	12 2	Secre	tary R	et.						
	17. FATNER'S NAME (First, Middle, Lest)				ME (First, Middle, Maiden		rok i			
BE	Lawrence Donahoo	19b. MAILING	ADDRESS (Street		ret E. Ha					
5	Mary R. Shields				Lynbrook,		11563			
	20e. METNOD OF DISPOSITION 1 X) Burlel 2 Cremetton 3 Removal from State	PLACE OF DISPO	SITION (Name of ce	metery, crematory or		CATION City				
	4 Donation 5 Other (Specify)	ak Lawn		/5/93		ltimore				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton	Knight J	L.	nd address of fac ard J. R	Baltin Ruck, Inc	more, M . 5305	ld. 21214 Harford Rd.			
ATION	23. PART I. Enter the diseases or complications/that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d.									
	PART II. Other algorificant conditions contributing to death bu	t not resulting	In the underlying	g ceuse given in	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL	Cyarphoma						1 YES 2 NO			
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATN (Che	eck only one)					
YSIC	1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpa	tient 3 DOA	OTHER:	ne 5 🗆 Reeldence	5 Cher (Specify)					
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation		M 1 🗆	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE NOW	NJURY OCCUR	ED			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY - building, etc. (Specification)	— Al home, farm, (y)	street, factory, offi	CO	25f. LOCATION (Street City or Town, State,	end Number or F	tural Route Number,			
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINER: On the basic of examination						ouse(e) end menner ee stated.			
TO BE (29b. SIGNATURE AND TITLE OF CENTIFIER [M.O])		29c. LICENSE NUN D 206	8 8	29d, DATE SI	GNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	660	Kenilu	odth Pr	Tower	on M	d, 21204			
	31. DATE FILED (Month, Day, Year) 32. REGISTRARY'S SIGNA MAY 4 1993	fandelle					DHMH-15 Rev 1/89			

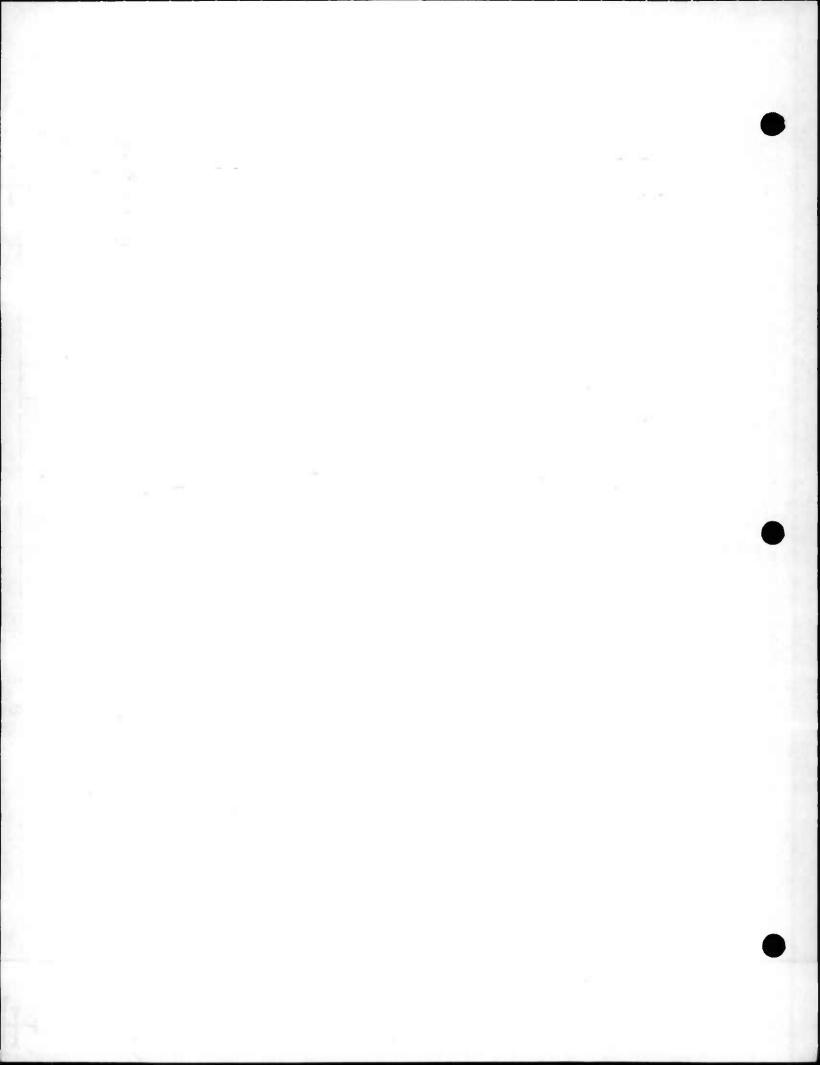


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TO BE COMPLETED BY FUNERAL DIRE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Planes
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARYLAND REGISTRAR	/ DEPARTMENT (CERTIFICATE	OF HEALTH AND MEN	ITAL HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) Estill E.	Reed	2.	DATE OF DEATH	YEAR 3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER 407-16-1853 5. SEX 6. AGE (In yrz. 73		AYS HOURS MIN.	DATE OF BIRTH Month, Day, Year) 7 -> 5 -= 1 9 1 9	a. BIRTHPLACE (State or Foreign Country) Kentucky							
TOR	98. FACILITY NAME (If not institution, give street and number) V.A. Medical Center Green Street Baltimore City RESIDENCE OF DECEMENT 96. COUNTY OF DEATH Baltimore City											
DIRECTOR	10a. STATE 10b. COUNTY Maryland	10c. CITY, TOWN OR I		timore City	10d. INSIDE CITY LIMITS? 1 [X] YES 2 [NO							
FUNERAL	100. STREET AND NUMBER 6207 Brown Avenue		101. ZIP CODE 21 2:	21	zen of what country?							
B	11. MARITAL STATUS 1 Never Married 2) Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 V YES 2 IF YES, GIVE WAR OR DATES Air Force WW	IRMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify, Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American in Black, White, etc. Specify:										
COMPLETED	(Specify only highest grade completed)	DECEOENT'S USUAL OCCU (Give kind of work done durk tie, Do NOT use retired.) Electrici	ng most of working	166. KIND OF BUSINESS/IND Bethlehem S								
BE CON	17. FATHER'S NAME (First, Middle, Leat) Benjamin H. Reed 18. MOTNER'S NAME (First, Middle, Maiden Surname) Rose Webb											
임	196. INFORMANT'S NAME (RiperPrint) Mrs. Christine Reed 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6207 Brown Avenue Baltimore, Maryland 21224											
	20s. METHOD OF DISPOSITION 1 & Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete Co											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NA	uda-Ruck Fund 922 Wise Aver	eral Home of rue Dundalk,	Dundalk, Inc. Maryland21222							
	23. PART i. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each iii IMMEDIATE CAUSE (Final disease or condition	ne.			interval Between Onset and Death							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST a											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not	rlying cause given in Part	i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
NAI:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Check or	nly one)								
HYSIC	1 YES 2 NO 1 Impetient 2 ER/Outpetient 27. MANNER OF DEATH 288. DATE OF INJURY		Home 5 Residence 6	Other (Specify) DE\$CRIBE NOW INJURY OCC	TIDEO							
BY	1 Natural 5 Pending (Month, Dey, Year) 2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At 1 building, etc. (Specify)	INJURY M 1	WORK?	LOCATION (Street and Number								
COMPLETED	4 Nomicide determined 29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, or the control of the c	death occurred at the time.		City or Town, State) HOSP. 10 S. NOME couse(e) and manner as state	2x retruo 2120/							
COM	one) 2 MEDICAL EXAMINER: On the beels of examination end/o		ion, death occured at the time,									
TO BE	296. SIGNATURE AND TITLE OF CERTIFIEN 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Sine Print)	29c. LICENSE NUMBER	29d. DATE	SIGNED (Month, Day, Year)							
	THUC 1 122 S. G. PELLU 31. DATE FILED (MORITH, Day, Your) 32. DECEMBERAR'S SIGNATURE	St Balt	LOPIE OW	·								
	MAY 0 4 1993 Julie Burdon A	andelle			0HMH-16 Day 1/80							



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-00

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT If item 28 is marked or item 23 shows any injury or other froumatic event the medical evanings he nesting as and
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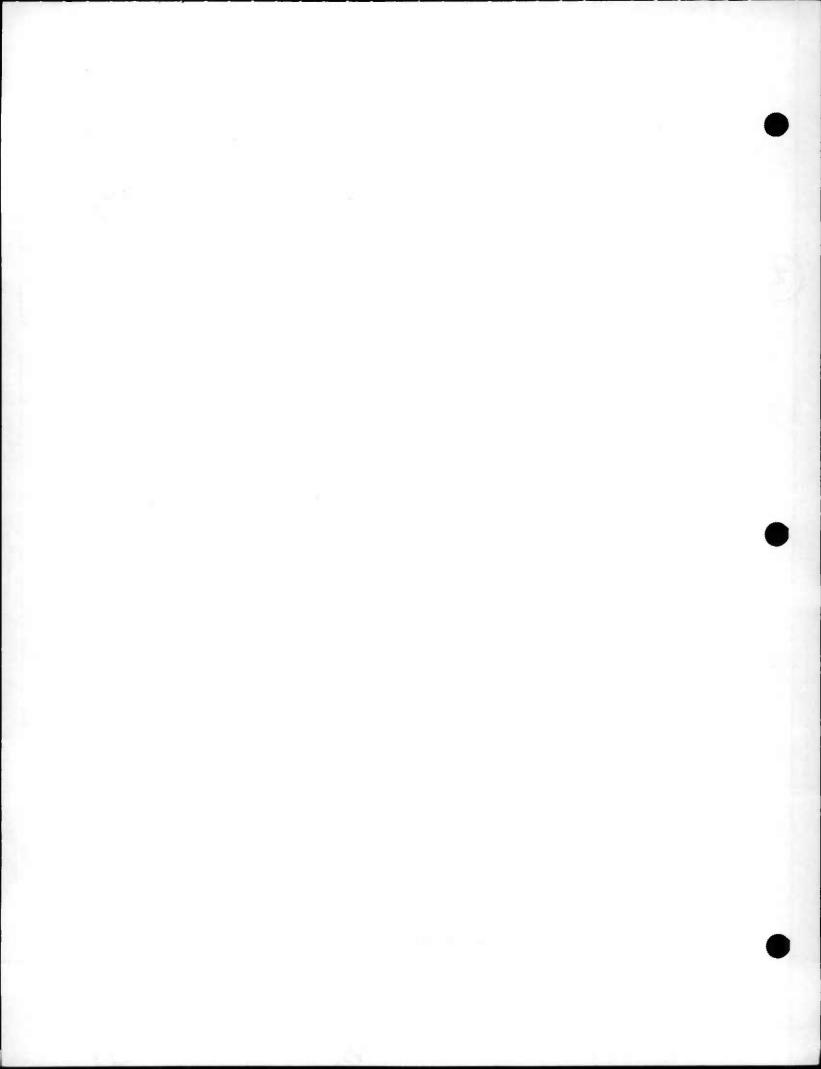
		FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	D / DEPAR	RTMENT (F HEAL	TH AND	MENTA			70	12000
	1	1. DECEDENT'S NAME (First, Middle, Last) Gerald Emmett Rey	nolds							G. NO	V .	YEAR 993	3. TIME OF GEATH 8:15 A
		4. SOCIAL SECURITY NUMBER 216-12-3734	5. SEX	6. AGE (In yrs.	: last birthday) YRS.		AYS HOU		(Mon	OF BIRTH th, Day, Year) /5/23			PLACE (State or Foreign
١	TOR	9a. FACILITY NAME (If not institution, give st Anne Arundel Gene RESIDENCE OF DECEDENT		ital		M. CITY, TO		CATION OF D	DEATH		sc. cour	Arui	
	FUNERAL DIRECTOR	Maryland Balti		v, town on i	OCATION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	NERAL	100. STREET AND NUMBER 5710 Utrecht Road 11. MARITAL STATUS			101. ZIP	06			Uni	ted S	hat country? States		
	B	1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V WORLD WA	YES 2	NO	If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 X NO Specify: Specify:						14. RACE Black, Specifi	
	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY											
i iii	OM	17. FATHER'S NAME (First, Middle, Last)		ILO	oli Sup	ervise		MOTHER'S NA		nbroide			
	BEC												
	10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5710 Utrecht Rd. Rosedale, Maryland 21206											
18000		20. METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		cemetery,	crematory or or	cher place) Cemete	ry		0/6/9		CATION — (2SVil		_{vn, Stata} Maryland
CYGILL		· mark T.	Par Mar	k T. Z		Leor 5305	ard Har	J. Rud ford I	ck, I Rd. F	Baltimo	re. I	MD 2	21214
and, and medica		23. PART I. Enter the diseases, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, Approximeta interval Between Onset and Death IMMEDIATE CAUSE (Final diseases or condition as DUE TO (OR AS A CONSEQUENCE OF):											
	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): MCINARY TRACT INFECTION											
	PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. CVB Uvelval fruiture 24a. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO											
	S C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				6. PLACE D	F DEATH (Ch	neck only or	10)			
5	<u>is</u>	1 TYES 2 MO	1 Inpatient 2			OTHER:							
	à	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Di	ay, Year)	28b. TIMI	M 1	M 1 YES 2 NO			SCRIBE HOW IN			
		3 Suicide 8 Could not be detarmined	building,	FINJURY — At atc. (Specify)	nome, tarm, a	ireet, factory,	offica		28t. LOC City	ATION (Street a or Town, State)	nd Number	or Rural Ro	oute Number,
	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC Description 2 MEDICAL EXAMINER	IAN: To the best of	my knowledge, amination and/	death occurre or investigation	d at the time,	data and p	lace, and due	to the cau	and place, and	ner an state	d. cause(a)	and manner as stated.
	BE	M A Closs	ll s	フ			29c.	376			29d. DATE	SIGNED (Month, Day, Year)
		NAME AND ADDRESS OF PERSON WHO 275A Penins	COMPLETED CAUS	Rd DEATH (I	TEM 27) (Type,	Arno	id.	m	210	12 6	Fines	Che.	mbelan mo)

39. REGISTRAR'S SIGNATURE

MAY 4 1993

D. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or amending the hospital or amen	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burish-training permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

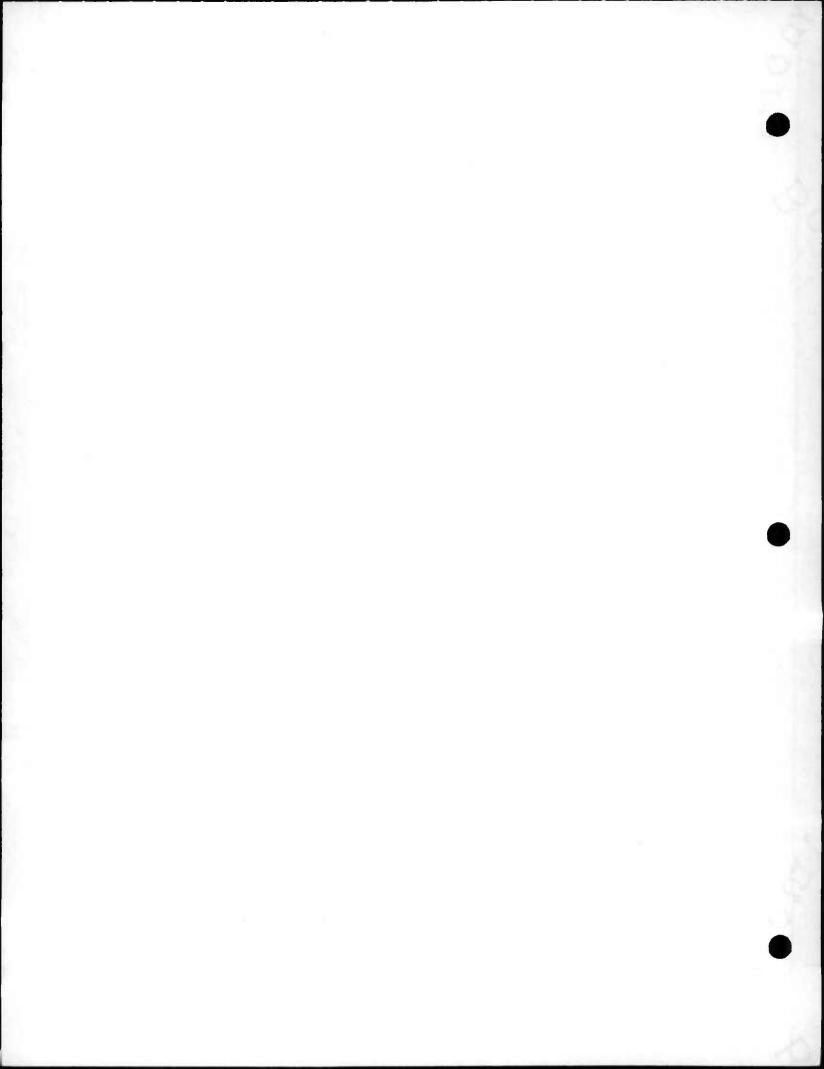
	1. DECEDENT'S NAME (First	14(44) 4 1									NEG. NO			
Ī	Bertt	10	J.		ei	27			2. DATE OF MONTH	F OEATH D.	AY C	YEAR 23	3. TIME OF DEATH PM	
	4. SOCIAL SECURITY NUMBER 2/3-40-		5. SEX	6. AGE (In	n yrs. lest b	240	F UNDER 1 YE		UNDER 24 HRS.	7. DATE OF (Month, I	BIRTH Day, Year)		6. BIRTH	IPLACE (State or Foreign
	213-30-	8739	1 - M 2 00+		4	YRS.				10	-28	7-16		MD
<u>د</u>		Mari		oice	2	"		WSE	CATION OF D	EATH			NTY OF D	imore
DIRECTOR	RESIDENCE OF DEC	CEDENT	7/100				70	1000				0	4/1	more
2	10e. STATE	10b. COUNTY				10c. CITY, 1								10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	N/A		Bal	timor							1 🔀 YES 2 🗌 NO		
FUNERAL	3512 Southe		2010					10f. ZIP	214					WHAT COUNTRY?
=	11. MARITAL STATUS	III AVE	12. WAS DECEDEN	T EVER IN	U.S. ARME	:D	12 WMS			NIC OBIOINS	U.S.A. RIGIN? (Specify Yea or No.— 14, RACE — American in			
	1 Never Married 2 🔀		If ye	s, specify	Cuban, Maxica	nn, Puerto Ric	an, atc.)	I DI NO		E — American Indian, k, Whita, atc.				
I W									Whi	ite				
COMPLETED	(Specify onl	EDENT'S EDUC y highest grade	ATION completed)		(Give	DENT'S US	k done durin	PATION g most of i	working	16b. K	IND OF BUS	SINESS/INC	USTRY	
121	Elementary/Secondary (6	3-12)	College (1-4 or 5	•)		istic	,	'lorb		1,,	C E	c C		
8	17. FATHER'S NAME (First, M	liddle, Last)			Duit	-1061	car c		MOTHER'S NA		S.F.	-		
BE C	Harry B. Kl.	ages							Lillia			Somemey		
0 8	190. INFORMANT'S NAME (,,			19b. A	ALLING AD	ORESS (St		ımber or Rural			n, State, Zip	Code)	
F	William How	ard Rei	mlein		35	12 S	outhe	rn A	venue,	Balt	imore	e, Ma	ryla	nd 21214
	20s. METHOD OF DISPOSIT 1 ☐ Burial 2 ☐ Crematic	n 3 🗆 Remo	val from Stata	20b. F	PLACE AND	DATE OF E	DISPOSITIO	N (Name of		DATE		CATION —		
Gardens of Faith Cemetery 5/4 Baltimore, Maryla											Maryland			
	22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206											3001C Enclus		
	23. PART I. Enter the disease, or complications that coused the death. Do not enter the mode of dving such as cardiac or resolvents.											Approximate		
	shock, or h iMMEDIATE CAUSE (Fir	eart fellure. L	let only one ceu	se on ee	ch line.									Interval Between Onset and Death
	disease or condition resulting in death)	→ .	That	as	fai	tic	C	al	on	Ca	nc	en		
			DUE TO	(OR AS A C	CONSEQUE	ENCE OF):								
CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A C	CONSEQUE	NCE OF:								
₽ I	if any, leading to immediate. Enter UNDERLY	NG												į į
트	CAUSE (Disease or Injuthat initiated events		DUE TO	(OR AS A C	CONSEQUE	ENCE OF):								
ER	resulting in deeth) LAS	d												
	PART II. Other significa	nt conditions	contributing to	death but	t not resi	uiting In t	he under	ying ceu	iee given in	Part I. 24	la. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL										ĺ	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä										_ l.	_ 1E3 2			OF DEATH?
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					B. PLACE	OF DEATH (Ch	eck only one)				
IXS!	1 - YES 2 NO		1 Inpatient 2			DOA 4		Home 5	Residence	8 Other (S	specify)	42S	PIC	E
	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, Da		2	8b. TIME O		WORK?		28d, DESCR	IBE HOW I	JURY OCC	URED	
B	2 - 5:4445 -	Investigation	26e. PLACE O	F INJURY -	- At home	form street			2 NO	204 LOCATI	011 (01			
TED		Could not be determined	bullding,	etc. (Specify	V)		n, radiory,	Jilloa		City or	Town, State)	nd Number	or murai H	loute Number,
COMPLET	29a. CERTIFIER (Check only one)	IFYING PHYSIC	IAN: To the best of	my knowled	dge, death	occurred a	t the time,	date end p	placa, and due	to the cause	(e) and man	ner es atat	ed.	
S S	2 MEDI		On the basis of ex	amination	end/or Inve	ratigation, is	n my opinio	n, death o	occured at the	fime, data an	d placa, and	due to the	e cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CENTIFIES	00	,	5 920	,	1-	29c.	LICENSE NUM	MBER O	0	29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEAT	TH (ITEM 2	7) (Type Pri	SU	1	No.	108		- 1)-	-43
							/							
	MAY 0 4 10		32. REGISTRA	R'S SIGNAT	TURE							_		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 16 may be retained by the hospital or attending physician and completely find in by the function page 5 should be detached for some the burst permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

				- 01	-11111	ICALL	- OF	DEAL	П		REG. NO.			
	1. DECEOENT'S NAME (First)									2. DATE OF MONTH	D/		YEAR	3. TIME OF DEATN
	George R	Russell	Ray, Jr							05-02		3	12:55 A. M	
	111111111111111111111111111111111111111	37.1	5. SEX	6. AGE (In yrs. las.		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D			8, BIRTHP Country)	LACE (State or Foreign
	218-32-3187 90. FACILITY NAME (# not in		1½ M 2 🗆 F	58	YRS.					03-09	- 193!	5	Mary.	Land
œ								OR LOCATIO	ON OF DE	ATN			NTY OF DE	
<u>0</u>	Franklin So	uare F	ospital			Bal	tim	ore				Ba.	Ltimon	ce County
띮	10a. STATE	10b. COUNTY	1		10c, CIT	Y, TOWN O	R LOCAT	TION						IOd. INSIDE CITY
DIRECTOR	Maryland	Bal	timo	re							LIMITS?			
A.	10e. STREET AND NUMBER						101	ZIP CODE				10g, CIT	<u> </u>	AT COUNTRY?
BY FUNERAL	65 Peppermint Lane 21220 U.S.A.										:			
3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED 13. WAS DECENDENT OF HISPANIC ORIGIN?					pecify Yee	scify Yee or No. 14 RACE - American Indian			
>	1 Never Married 2 1 1 Nover Married 2 1 1 Nover 1 Nover 1 No		IF YES, GIVE W	YES 2 NAR OR DATES	0	It yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:						Black, White, etc.		
		1211											Whit	e
	(Specify only	EDENT'S EDUC highest grade	CATION completed)	(G/	CEDENT'S	vork done o	CUPATIO	ON st of working	g	16b. K#	NO OF BUS	INESS/INC	DUSTRY	
٦	Elementary/Secondary (0 12th Grade	-12)	College (1-4 or 5	•)	Do NOT us									
COMPLETED	17. FATHER'S NAME (First, MI	iridia (ant)		Sys	stem	Anal	yst		7.5		ltim		ity	
ŏ	George R. R									ME (First, Midd		Sumame)		
BE	190. INFORMANT'S NAME (7)		•	196	MARING	ADDRESS	(Street o			Schnat		A		
2	R. Eileen R									iltimo:				1220
	20a. METHOD OF DISPOSITI	ON	E Para	20b. PLACE A			_		, Do				City or Town	
	130 Buriel 2 Crematio 4 Donation 5 Other	n 3 🗆 Remo (Specify)	oval from State	Parkwo	natory or of	her place)	erv	,,,,,						ryland
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	9		22. 1	NAME AN	IO ADDRES	S OF FAC	HITTY			.C, 11	a y a care
	+Kark	leen	m he	-/						, Inc				
\neg	23. PART I. Enter the di		J. N. 1	Lypiu	th Da	04	TOF	se ta i	r Ro	ad, B	altin	ore,	Mary	land 21206
	muck, or ni	sert tellnte' i	List only one csu	se on each line.	Kar. DO II	ot enter	the mo	de or dyli	ng, such	aa cerdiec	or respin	ratory srr	est,	Approximete intervai Betwesn
	IMMEDIATE CAUSE (Final disease or condition resulting in death)													
	resulting in death) e. Conumery Occ/US/30 ACM2 DUE TO (OR AS A CONSÉQUENCE OF):													
2	Somethally the continue of the person													
5	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (DISEASE (DISE													
S	cause. Enter UNDERLYING CAUSE (Disease or injury													
	that initieted events DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	resulting in death) LAST													
ايا	PART ii. Other significent conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
MEDICAL											PERFOR	-	. A	MAILABLE PRIOR TO OMPLETION OF CAUSE
										_ ''	YES 2	a ™O	٥	F DEATH?
										_			'	YES 2 NO
Ž	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF OE	ATN (Che	ck anly one)				
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient 3		OTHER	:			Other (Sc	aciful			
£	27. MANNER OF DEATH		28e. DATE OF (Month, Di		28b. TIME	OF	28c. INJ	JRY AT		28d. OESCRI		JURY OCC	CURED	
BY		Pending nvestigation	1000	993	mac	M		RK? ES 2 🗌	NO					
	3 Suicide 8 0	Could not be	28e. PLACE Of	F INJURY — At honetc. (Specify)	ne, ferm, at	treet, facto	ry, office)		281. LOCATIO	N (Street a	nd Number	or Rural Rou	te Number,
	4 Nomicide d	letermined		oter (aposity)						City or ic	wri, State)			
2	29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge death occurred at the time date and place and disk and place and place and disk and place and disk and place an											ner ee stat	ed.	
45 III	29e. CERTIFIER (Check only	FYING PNYSIC												
6 II	(Check only				rvestigation	386 SIGNATURE AND TITLE OF CESTURED								
E COMPLETED	(Check only one) 2 MEON	CAL EXAMINER	R: On the beele of ex		rvestigation					BER	Т			
B	(Check only one) 2 MEON 2 MEON TITLE	OF CERTIFIER	3: On the beele of ex	amination end/or in					NSE NUMI	FU6				Ionth, Day, Year)
	(Check only 2 MEON 2 MEON 30. NAME AND ADDRESS OF	OF CERTIFIER PERSON WHO	3: On the beele of ex	amination end/or in	27) (Type,	Print)		29c. LICE	SE NUMI	406		29d. DATE	SIGNED (M	
H	(Check only one) 2 MEON 2 MEON TITLE	OF CERTIFIER PERSON WHO	3: On the beele of ex	amination end/or in	27) (Type,	Print)		29c. LICE	SE NUMI	406		29d. DATE	SIGNED (M	
B	(Check only 1 CERTICONE) 2 MEON 2 MEON 30. NAME AND ADDRESS OF Frank Morris 31. DATE FILED (Month, Day, 1)	OF CERTIFIER PERSON WHO S, M.D	COMPLETED CAUS 7505 (32. REGISTRA	amination end/or in See of OEATH (ITEM OSLER Dr R'S SIGNATURE	27) (Type,	Print)		29c. LICE	SE NUMI	406		29d. DATE	SIGNED (M	
H	(Check only 1 CERTICON) 2 MEON 2 MEON 30. NAME AND ADDRESS OF Frank Morris	OF CERTIFIER PERSON WHO S, M.D	COMPLETED CAUS	amination end/or in See of OEATH (ITEM OSLER Dr R'S SIGNATURE	27) (Type,	Print)		29c. LICE	SE NUMI	406		29d. DATE	SIGNED (M	



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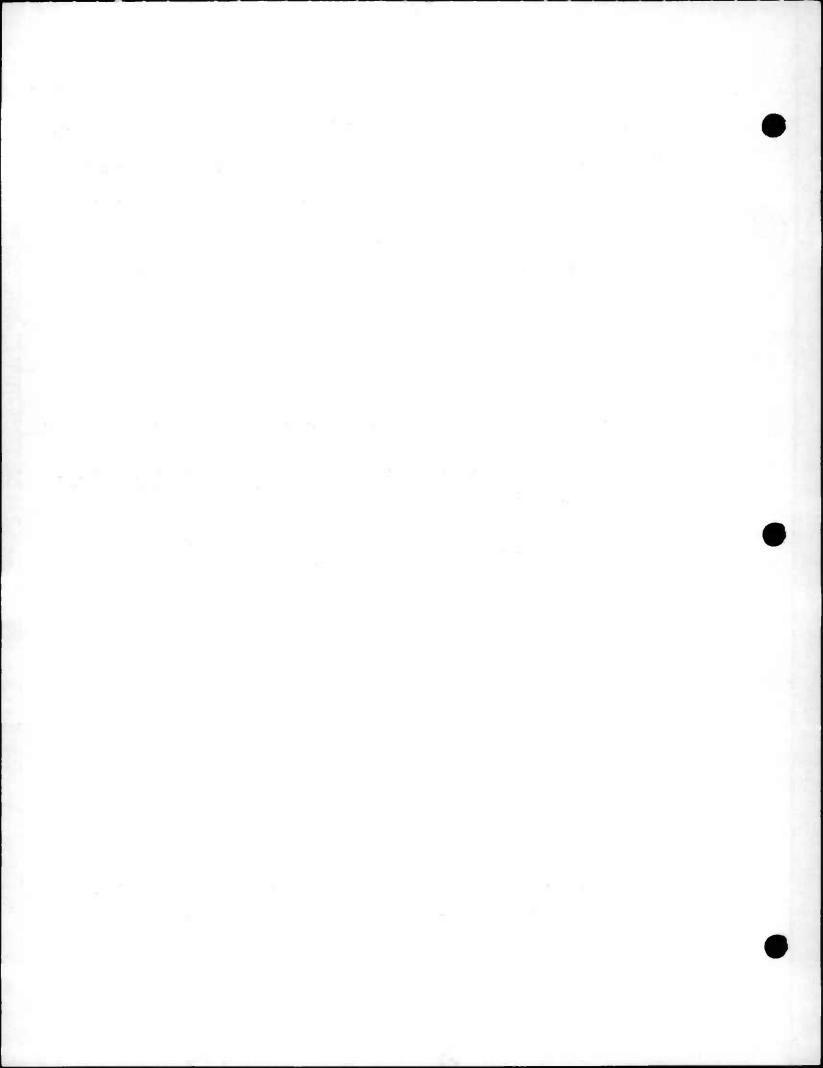
										9	13	12853	
	FOR STATE REGISTRAR	STATE OF M	CI	ERTIF	TMENT OF				HYGIEN REG. NO.	E			
		1919 James Pay	Ryan,	Ryang ST. PN, SIZ					2. DATE OF DEATH 5/2/93 3. TIME OF DEATH ONTH DAY 7 22 0				
	4. SOCIAL SECURITY NUMBER 21.2-05-0970	X M 2 □ F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF (Month, C	BIRTH (Sar)	8	e. BIRTNPI Country) Mary	LACE (State or Foreign	
TOR	9a. FACILITY NAME (# not institution, Saint Joseph F		96. CITY, TOWN OR LOCATION OF DEA					PEATN 9c. COUNTY OF DEATH Baltimore					
DIRECTOR	10a. STATE 10b. CC				odgere				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	100. STREET AND NUMBER 120 Regester Av			Rodgers Forge						10g. CITI	ZEN OF WH	AT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	EVER IN U.S. AR YES 2 DI AR OR DATES WW II	21212 FR IN U.S. ARMED ES 2 NO R DATES 13. WAS DECENDENT OF NISP If yes, apecity, Cuben, Maxi 1 YES 2 NO Specify.						14. RACE - Black,	U.S.A. E. RACE — American Indian, Black, White, sic. Specify: White			
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	(G life.	(Give kind of work done during most of working life. Do NOT use retired.)						P Telephone Co.				
BE CON	17. FATHER'S NAME (First, Middle, Las William	Ryan	18. MOTHER'S NAME (First, Middle, Maiden Surname)										
5									lumber, City or Yown, State, Zip Code)				
	26g: METHOD OF DISPOSITION 1 1 Surist 2 Cremation 3 C 4 Donation 5 Other (Specify)	20b. PLACE / cemetery, cre New C	and date of	r Disposition	(Name of	ry 5/	0ATE 5/93	20c. LO	cation = c	or Town	aryland		
	21. SIGNATURE OF FUNERAL SERVICE John G. Re	black)	_	22. NAME M	and addr	SS OF FAC	edefe	ld Ho	me		and 21212		
	23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, euch as cerdisc or respiratory arrest, interval Between Onset and Dasth disease or condition resulting in deeth) Due To (op AS A CONSEQUENCE OF): Approximate interval Between Onset and Dasth Due To (op AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentielly list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL C	PART II. Other significent cond	ditions contributing to d	leeth but not r	eculting is	n the underly	ving ceuee	given in F		a. WAS AN PERFOR	MED?	O O	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION DF CAUSE F OEATH? YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDIC. EXAMINER?	HOSPITAL:			26 OTHER:	PLACE OF E	DEATN (Chec	ck only one)					
14 SI	1 VES 2 NO	1 7 Impatiant 2 🗆 28a. DATE OF II		1	4 - Nursing N								
BY P	1 Natural 5 Pending 2 Accident investigat	(Month, De)	(, Year)	28b. TIME INJU	JRY 1	INJURY AT WORK7 YES 2 (28d. DESCR	IBE HOW IN	JURY OCC	URED		
	3 Suicide Could not be determined 28e. PLACE OF INJURY — Al home, tarm, street, factory, offics 28l. LOCATION City or Town								own, State)	A 727-02		ta Number,	
COMPLETED	2 MEDICAL/EXA	1/1/1/										nd manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF DESI	10/1/2	1			1	ENSE NUME	050	12	•	8.2	P 3	
	30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE	OF OEATN (ITE	M 27) (Type,	Print)	750	12	SY	11	nn			
	MAY 0 4 19	193 Supering	S SIGNATURE	hydrate									

	1 - FOR STATE REGISTRAR	TATE OF MARY			F HEALTH OF DEAT		NTAL HYGIEN REG. NO.	_	93 12854				
	1. DECEDENT'S NAME (First, Middle, Last) FRANCES	FRANCES SW	BERGER	s s	VARTZ	2	DATE OF DEATH D	1 9	YEAR 04:50 P. M.				
	220 24 5200		(In yrs. last birthday) 64 YRS.	IF UNDER 1 Y	EAR IF UNDER	BAIN	DATE OF BIRTH (Month, Day, Year) 5 - 17 - 192	8	BIRTHPLACE (State or Foreign Country) Maryland				
_	9e. FACILITY NAME (If not institution, give street			9b. CITY, TO	WN OR LOCATION				Y OF DEATH				
TOF	Baltimore county General Hsp Randallstown Balto C												
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c.												
	Maryland 100 STREET AND NUMBER		Sil	ver	Spring				LIMITS?				
ERA	12626 Eastbourn	e Drive			10f. ZIP CODE	209	0.4		N OF WHAT COUNTRY?				
FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER FORCES? 1 YES		13. WAS	DECENDENT O	F HISPANIC	ORIGIN? (Specify Yea	USA ea or No— 14. RACE — American Indian, Black, White, etc.					
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR I		1 🗆	Specify: White								
IE	15. DECEDENT'S EDUCATION (Specify only highest grade complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete comp	pleted)	16a, DECEDENT'S (Give kind of life, Do NOT u	work done durir	PATION og most of workin	g	16b. KIND OF BUS	INESS/INDUS	STRY				
COMPLETED	12 +	llege (1-4 or 5+)	Arti										
	17. FATHER'S NAME (First, Middle, Last) Benjamin Berger				1.000		(First, Middle, Maiden						
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S)			e Steink		odo)				
٥	Marvin Swartz						2 - A- UII		rs,MD 20904				
	20a. METHOD OF DISPOSITION 1		b. PLACE AND DATE metery, crematory or o		N (Name of	1	DATE 20c. LO	CATION Cit	ry or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Ronald						eAnat	omyBoard				
	Janaul/14	lace					reSt,Bal						
	23. PART I. Enter the diseases, or companion, or heart failure. Liet IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cance DUE TO (OR AS	secn line.						intervei Between				
NOI	Sequentielly list conditions, if any, leading to immediate Due to (or as a consequence of):												
FICAT	CAUSE. Enter UNDERLYING CAUSE (Disease or injury	DUF TO (OR AS	A CONSEQUENCE O	D.									
CERTIFICATION	that initiated events resulting in death) LAST												
CALC	PART II. Other significant conditions co	ntributing to deeth	but not resulting	in the under	iying ceuse g	iven in Pa	rt i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS				
							1 TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MED							-		1 TES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF DE	ATH (Check	only one)						
YSI	1 YES 2 NO	SPITAL: Inpetient 2 - ER/Out	patient 3 DOA	OTHER: 4 Nursing	Home 5 - Re	sidence 6	Other (Specify)						
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY	WORK?		d. DESCRIBE HOW IF	JURY OCCUP	RED				
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, socify)	street, lactory,	offica	28	28I. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	To the best of my know	viedge, death occurre	ed at the time,	dete and place,	and due to	the cause(s) end men	ner as stated.					
S S	000) 2 MEDICAL EXAMINER: Or	the beals of examination	on end/or investigation	n, in my opini	on, death occur	ed at the ilm	e, date and place, and	due to the o	cause(a) and menner as stated.				
H	29b. SIGNATURE AND TITLE OF CERTIFIER	H M.A			29c. LICE	HSE NUMBE	R	29d. DATE S	HIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)		1.508	1	5	1793				
	31. DATE FILED (Month, Day, Ybar)	HEGISTRAR'S SIGH	M HUM	oited	Run	fully	tun, 1	12.					
	MAY 04 1993	The Banden	Mindall										

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the housing physician and completely filled in by the tuneral director, page 5 abound be detached for use as the burish-transt be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burish, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



_	es 1, 2, 3 should	
T	est permit. Pag	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	0 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician. O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buffal-transit permit, Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	5 P	N P

	1 - FOR STATE REGISTRAR	STATE OF M			TMENT OF			NTAL HYGIEN		93	120	
	1. DECEDENT'S NAME (First, Middle, Last	SCHER	R	IDA S	SCHERR			DATE OF DEATH	AY 1	YEAR 3.	TIME OF DEATH	? <u></u>
	4. SOCIAL SECURITY NUMBER 213-10-8673-D	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR		MIN.	DATE OF BIRTH (Month, Day, Year)		. BIRTHPL. Country)	ACE (State or Foreig	jn
œ	9a. FACILITY NAME (If not institution, give HEBREW HOME OF (street and number)				OR LOCATION ILLE, MI	OF DEATH	SEPT. 5,	9c. COUNT	Y OF DEAT	IANIA IN IRY COUN'	TIV
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN				Y, TOWN OR LO				TION			
	MD. MONTGOMERY				CKVILL						INSIDE CITY LIMITS? YES 2 X NO	,
FUNERAL	100. STREET AND NUMBER 6121 MONTROSE A	AVE.,				101. ZIP CODE	350		10g. CITIZE	N OF WHA	T COUNTRY?	
84	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2V	MED 40	If yes,	ECENDENT OF I	NISPANIC O	RIGIN? (Specify Yea erto Rican, etc.)	or No 14	I. RACE — Black, W	American Indian, thite, atc.	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)	(Gi	CEDENT'S ive kind of v Do NOT us	USUAL OCCUPA work done during the retired.)	FION most of working		16b. KIND OF BUS		TRY		
w l	17. FATNER'S NAME (First, Middle, Last) CHARLES GRO	OSS				18. MOTNER		First, Middle, Maiden A TOBY F		₹G		
TO 8	190. INFORMANT'S NAME (Type/Print) MRS. EUNICE BLE	CKER	198	1012	ADDRESS (Street	and Number or L AVE.	POTO	Number, City or Town	n, State, Zip Co 20854)	ide)		
	20a. METHOD OF DISPOSITION 1 G/Burlat 2 Cremation 3 Rei 4 Donation 5 Other (Specify)		cemetery, cre-	AND DATE OF DISPOSITION (Name of mattery or other place) ETH ISRAEL ANSHE KOLK 5/3/93 BALTO., MD.								
	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE /	·		SOL		SON &	BROS. F				
	23. PART / Enter the diseasea, pr complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)											
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
ERTIFI	that initiated events resulting in death) LAST											
										RE AUTOPSY FINDI	NGS	
PHYSICIAN: MEDICAL	1 YES 2 NO COMP									MPLETION OF CAUS DEATH?	SE	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	28. OTHER: Nursing No	PLACE DF DEAT						
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Day	NJURY	28b, TIM	E OF 28c, I	JURY AT PORK?	28d	DESCRIBE NOW IN	JURY OCCUR	IED		
19	3 Suicide 6 Could not be 4 Nomicide determined	treet, factory, of	tory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. One) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									d manner as state	d.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	M.D.				29c. LICENS	6 SS	2	29d. DATE S	IGNED (Mo	onth, Day, Year)	
	N N	NO COMPLETED CAUSE	TROSE	27) (Type,	Print)	DCKI	icu	€ MO. 2	2085	2_		
	MAY 4 1993	guia Dan	dow-han	48	1							

Jay Olhu Jui-

permit. Pages 1, 2, 3 should

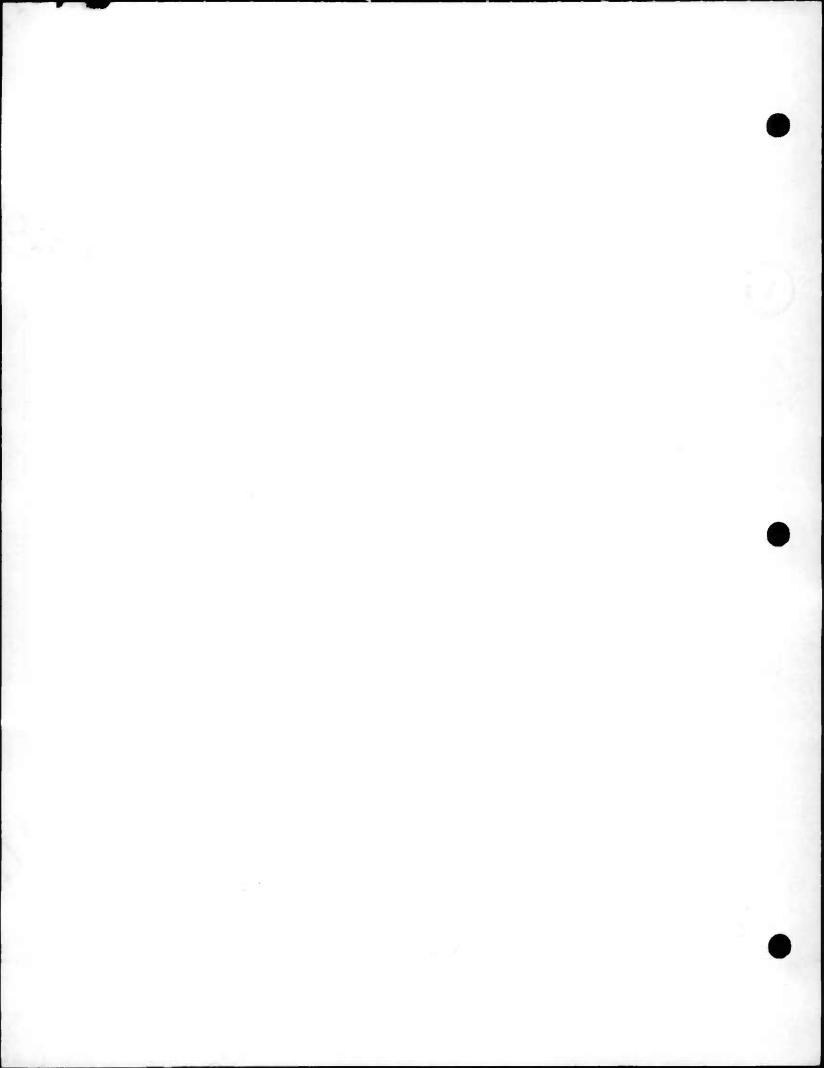
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S, P	death
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ORI	that t
REC	requires
	38
TA	The
FVI	CIAN
0	PHY
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OB ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24
\geq	A
	Ö

BALTIMORE, MARYLAND 21215

_	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN				
	DECEDENT'S NAME (First, Middle, Last)	MAXINI	E SANNER	2		2. DATE OF DEATH MONTH D	993 YEAR	3. TIME OF DEATH A		
	4. SOCIAL SECURITY NUMBER 212-26-9683	1 □ M 2 🏋 F		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) $3-12-1$	916 K	entucky		
TOR	99. FACILITY NAME (If not institution, give Union Memoria				timore	АТН	9c. COUNTY OF	F DEATH		
DIRECTOR		Y	10c. CITY,	TOWN OR LOCAT		imore		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 3306 Beech Av	enue		10f.	ZIP CODE	21211		F WHAT COUNTRY?		
B	3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, spe	ENDENT OF HISPAN celfy Cuben, Mexical 2 NO Specify	IC ORIGIN? (Specify Yes, Puerto Rican, atc.)	Ві	ACE — American Indian, lack, White, etc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	Inte. Do NOT use	rk done during mos	t of working		siness/industry			
BE COM					18. MOTHER'S NAI	ME (First, Middle, Meiden e Mae Wh	Surname)			
10 B		iveras	19b. MAILING A 1475	Roland	d Number or Rural F l Heigh	loute Number, City or Tow ts Avenu	n, State, Zip Code) e Balt	o,MD 21211		
	20e. METHOD OF DISPOSITION 1 Sturiel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	coval from State	PLACE AND DATE OF Letery, cremetary or other Glen Hav	ren Cen	netery	5/3 G1		nie, MD		
	21. SIGNATURE OF FUNERAL SERVICE U	no Cauri	entr			S Funera Road Bal		, MD 21211		
	23. PART I. Enter the disease, or shock, or court fellure. IMMEDIATE CAUSE: Finel disease or condition resulting in death)	a. Myocard	al)	n fail c		ss cerdiec or reepi	ratory arrest,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other significent condition	s contributing to deeth b	ut not resulting In	the underlying	ceuse given in i	PERFOR	I I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTO ANALABLE COMPLETIC OF DEATH? 1 YES 2 NO 1 YES			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	CE OF DEATH (Che					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJU	RY AT	28d. DEŞCRIBE HOW II	NJURY OCCURED			
D 2 Accident							and Number or Rura	If Route Number,		
COMPLETED		CIAN: To the best of my knowl R: On the basis of examination						e(s) end menner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	Jan 1			29c. LICENSE NUM		29d. DATE SIGNE ▶ 8-	ED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WH Dr. Richard D		лтн (гтем 27) (Туре, Рг 730 Fa11		Balt	imore, M				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	AYURE					· · · · · · · · · · · · · · · · · · ·		

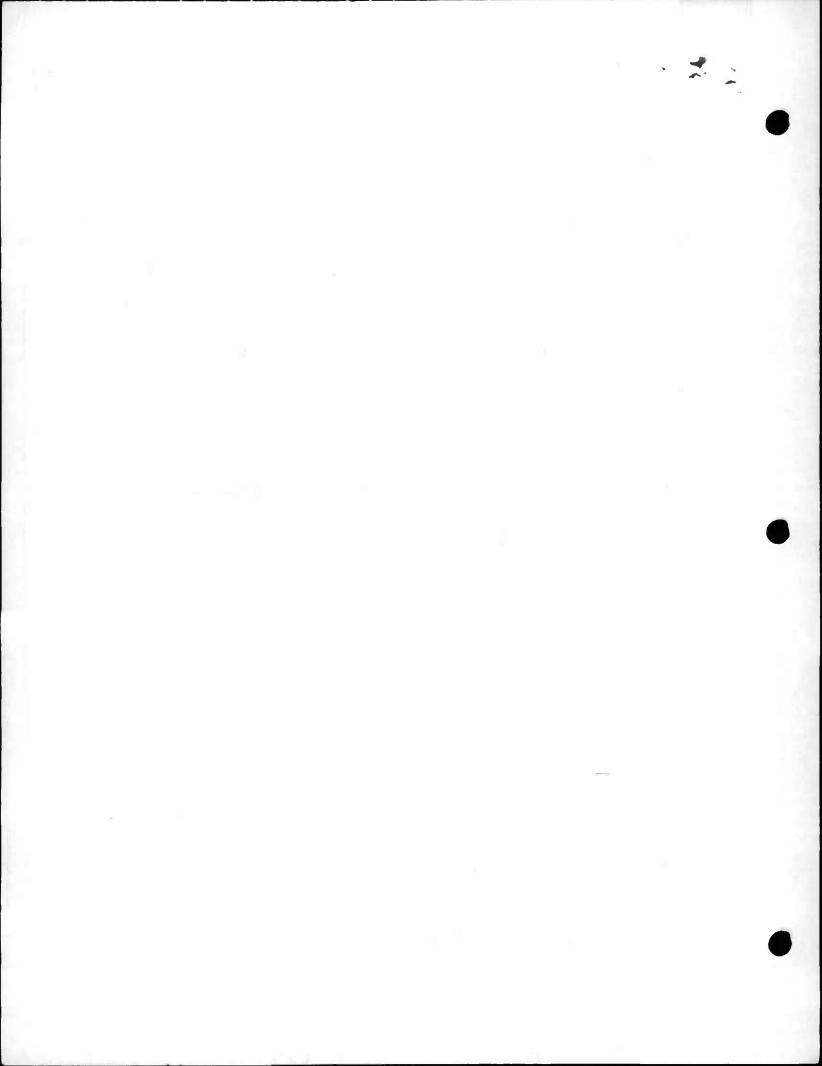
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DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 12857

	1 - STATE REGISTRAR	STATE OF M		/ DEPAR ERTIF					MENTAL HYG REG.		20	12.007
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEAT	H	MEAR	3. TIME OF DEATH
	SEYED Mohammad	Reza		S	HAH	ROK	NI		04 08		993	3:40 PM
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. In	ist birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yes	l Ir)	8. BIRT	THPLACE (State or Foreign
0	227-17-3542	1 M 2 D F	42	YRS.	WONTER	DATS	ноона		April 9.			**
œ	Se. FACILITY NAME (if not institution, give s	ireet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE	ATH	9c.	COUNTY OF	DEATH
٥	709 MORRIS AV	Ε			FR	IEN	DSVI	LLE			GARRI	ETT
2	10e. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
5	Maryland Garre	ett		Fri	ends	vi11	0					LIMITS?
AL	10e. STREET AND NUMBER				CHGC	_	. ZIP CODE	E		10g.	CITIZEN OF	WHAT COUNTRY?
EB	709 Morris Ave.; F	.0. Box 1	10				2	1531			Iran	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13.	WAS DEC	ENDENT O	F HISPANI	C ORIGIN? (Specif	Yes or No	- 14. RAC	CE — American Indien, ck, White, atc.
3≺	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	4.0				Specify:	, Puerto Rican, atc)	Spe	offy:
	15. DECEDENT'S EDUC	CATION	140 0	ECEDENT'S	LIGHAL O	001104710					Whit	ce
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(0	Give kind of a	work done	during mo	st of workin	g	16b. KIND OF	BUSINESS	MOUSTRY	
7	Living (19-12)	4.		hef					Restau	nant		
Š Ö	17. FATHER'S NAME (First, Middle, Last)	· · · · · ·		1101			18. MOTH	ER'S NAM	IE (First, Middle, Me		ne)	
	Mohammad Shahrokr	ıi .					Zera					
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a	nd Number	or Rural R	oute Number, City or	Town, State	, Zip Code)	
F	Betty J. Shahrokni		7	09 Mo	rris	Ave	.; P	.0.	Box 10;	Frier	ndsvil	le, MD21531
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Remo	oval from State	20b. PLACE	ANDDATE	OF DISPOS	ITION (Na	me of		DATE 200	LOCATION	N — City or 1	lown, State
- !	4 Donation 5 Other (Specify)		B 1 0 0 m	ing R					4/12 F	riend	dsvill	e, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1					SS OF FAC	Homes,	D A		
	XV. Len	0 Kum	an		115	5 Ma	in S	t · í	nomes, Grantsvi	7.A.	MD 2	1536
	23. PART i. Entar the diseases, or cahock, or haart failure.	omplications that	caused the de	eath. Do r	ot anter	tha mo	da of dyl	ng, such	aa cardiac or n	apiratory	arrest,	Approximata
	IMMEDIATE CAUSE (Final	out only bits cade	e on audi iii	σ.								Interval Batween Onset and Death
	disease or condition resulting in death)	ASPHYXI				TIC	ВА	G ON	HEAD			
		DUE TO (C	OR AS A CONSE	OUENCE OF	ት):					_		
O	Sequentially list conditions,	DUE TO (OR AS A CONSE	OUENCE OF								
Ä	If any, leading to immediata cause. Enter UNDERLYING				,							
	CAUSE (Disease or Injury that initiated events	DUE TO (C	OR AS A CONSE	OUENCE OF	·):	_						
H	resulting in death) LAST	1										
- 11	PART ii. Other significant condition	a contribution to d	leath but not	romultino i	n the re	elo elo do o		han to E				
<u>8</u>		- obtained to a	auti but not i	readiting i	n the un	idariying	cause g	iven in P		AN AUTOP	SY 24	MAILABLE PRIOR TO
									— ¹□X*E	S 2 🗌 NO	·	OF DEATH?
									-			1 ₹ YES 2 □ NO
N N	25. WAS CASE REFERRED TO MEDICAL					28. PI	ACE OF DE	FATH (Char	ck only one)			
	EXAMINER? 1 (X YES 2 NO	HOSPITAL:	ER/Outpetient 3	L DOA	OTHER	R:			Other (Specify)			
Ŧ	27. MANNER OF DEATH	28e. DATE OF IN	NJURY	28b. TIM	E OF	28c. INJU	JRY AT	-	28d. DESCRIBE HO	W INJURY	OCCURED	
84	1 Netural Fending 2 Accident Investigation	(Month, Day, 4 - 8 - 9 3	; 19ar)	3:1		1 🗌 Y		NO	SUBJEC	T PU	т ва	G ON HEAD
	X Suicide 8 □ Could not be	28e. PLACE OF building, et	INJURY — At ho	ome, term, e	treet, fact	ory, office			28f. LOCATION (Str	eet and Nur	nber or Rural	Route Number,
<u></u>	4 Homicide determined		H O M &						Friend	(U	9 Mo	rris Ave.
29a. CERTIFIER (Check only one) 2 MAEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner es stated.												
S S	one) 2 MEDICAL EXAMINER											s) and manner as stated.
	29b. SIGNATULE AND TITLE OF CERTIFIER	(11.	0				29c. LICE	NSE NUME	BER	29d.	DATE SIGNEI	D (Month, Day, Year)
10 85	myste	nelland					0.	C.M.	Ε.	•		9/1993
=	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print)						, 0	
		LL M.D.	111 P	enn	Stre	eet,	Ва	ltin	nore, M	ary]	land	21201
	31. DATE FILED (MONT) DAT 1000	AZ REGISTRAR	S SIGNATURE									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

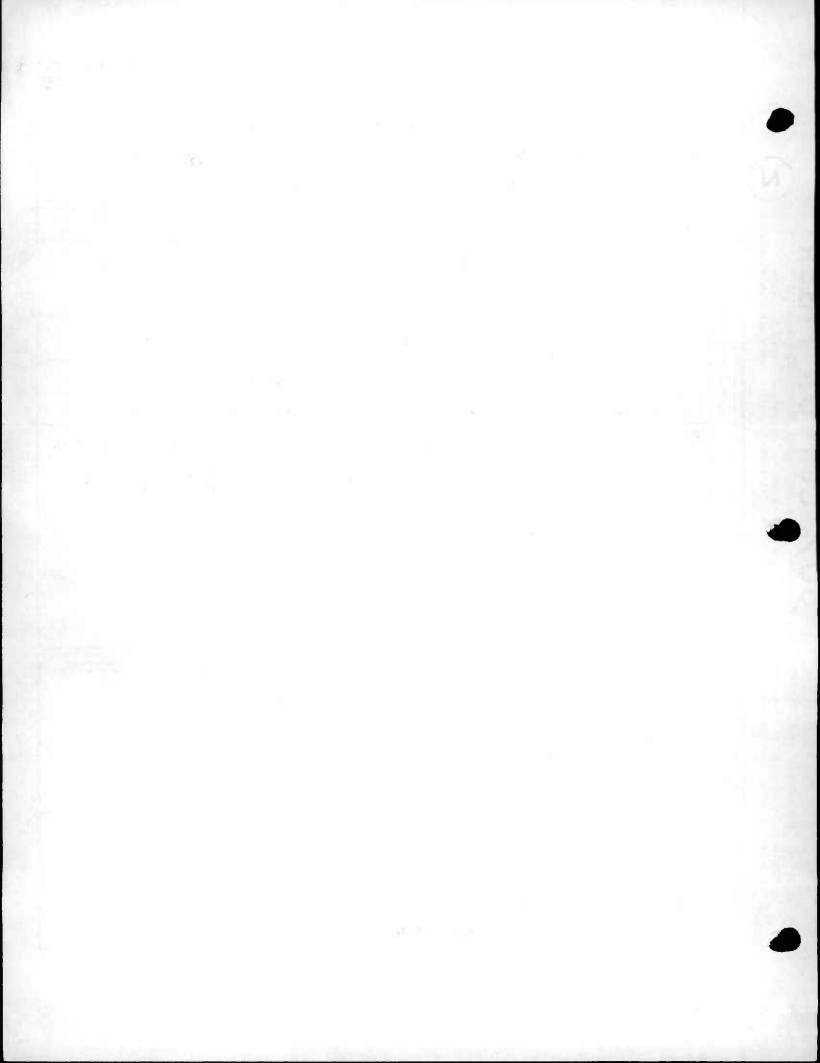
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE O	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	IZABETH	B. SM	ITH		2. DATE OF DEATH 0)_93 _YEA	3. TIME OF DEATH 7:30 P. M			
DIRECTOR		М 2 Ж Г	rs. last birthday) 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 NRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-08-1	C	IRTHPLACE (State or Foreign ountry) MARYLAND			
		NURSING)			OR LOCATION OF D	CITY	9c. COUNTY	DF DEATH			
	RESIDENCE OF DECEDENT										
DIRE	MARYLAND 10b. COUNTY		10c. CITY	BAL	L'IMORE	CITY		10d. INSIDE CITY LIMITS? XX YES 2 NO			
FUNERAL	100. STREET AND NUMBER 101 NORTH	BOND ST	REET		of. ZIP CODE 2123	ı		U.S.A.			
BY		Was decedent ever in u forces? 1 Tyes X IF yes, give war or date		If yes,		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, atc.			
	15. DECEDENT'S EDUCATIO	N 10	se. DECEDENT'S			16b, KIND OF BU					
COMPLETED		Hara (f. f. as F)	REGEST		NURSE	HEA	LTH (CARE			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumama)				
BE C	EDWI	N ARTHUR			1	ANNA HEI	LER				
٥	19a. INFORMANT'S NAME (Type/Print) HARRY E.SMITH (HUSBAND)	19b. MAILING 101	NORTH	BOND S'	Route Number, City or Tow P. , BALTIM	n, State, Zip Code	MD. 21231			
	20s. METHOD OF DISPOSITION KK. Burlei 2 Cremation 3 Removel from State 4 Oonation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or ZION LUTH. CHURCH CEM. 5-4 BALTIMORE, MD. 21221										
	21. SIGNATURE OF FUNERAL SERVICE LICENSE R. J. Russ			1		CILITY V. JENKIN ROAD, BALT					
	23. PART I. Enter the diseases, or companions, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition	only ona cause on aac	he deeth. Do n		ode of dying, suc	ch as cardisc or reap		Approximate interval Between Onset and Death 1 YEAR			
	resulting in death) a	DUE TO (OR AS A C):							
ATION	Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST										
8											
EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 □ YES XX NO										
Σ		· · · · · · · · · · · · · · · · · · ·				-		1 TES 2 NO			
<u></u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C						
<u>s</u>	TOWNS TO THE THE THE THE THE THE THE THE THE THE	SPITAL: Inpatient 2 - ER/Outpati	ent 3 DOA	OTHER:	me 8 🗆 Residence	8 Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	E OF 28c. II	JURY AT YORK? YES 2 NO	28d. OESCRIBE HOW	INJURY OCCURE	D					
	3 Suicide 8 Could not be 4 Homicide determined	28f. LOCATION (Street City or Town, State	and Number or Ru)	ural Route Number,							
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Or							use(s) and manner as stated.			
#	29b. SIGNATURE AND TITLE OF CENTREES	semi i	0		DIT	3 2 2	29d. DATE SIG	NED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO	M.D., 10	H (ITEM 27) (Type, NORT	Print) H BONI	STREET	BALTIMO	RE,MD.	21231			
	31. DATE FILED (MONTH, Day, Year) MAY 0 4 1993	32. RIGISTRAR'S SIGNAT	- Randall	L							



3. TIME OF DEATH

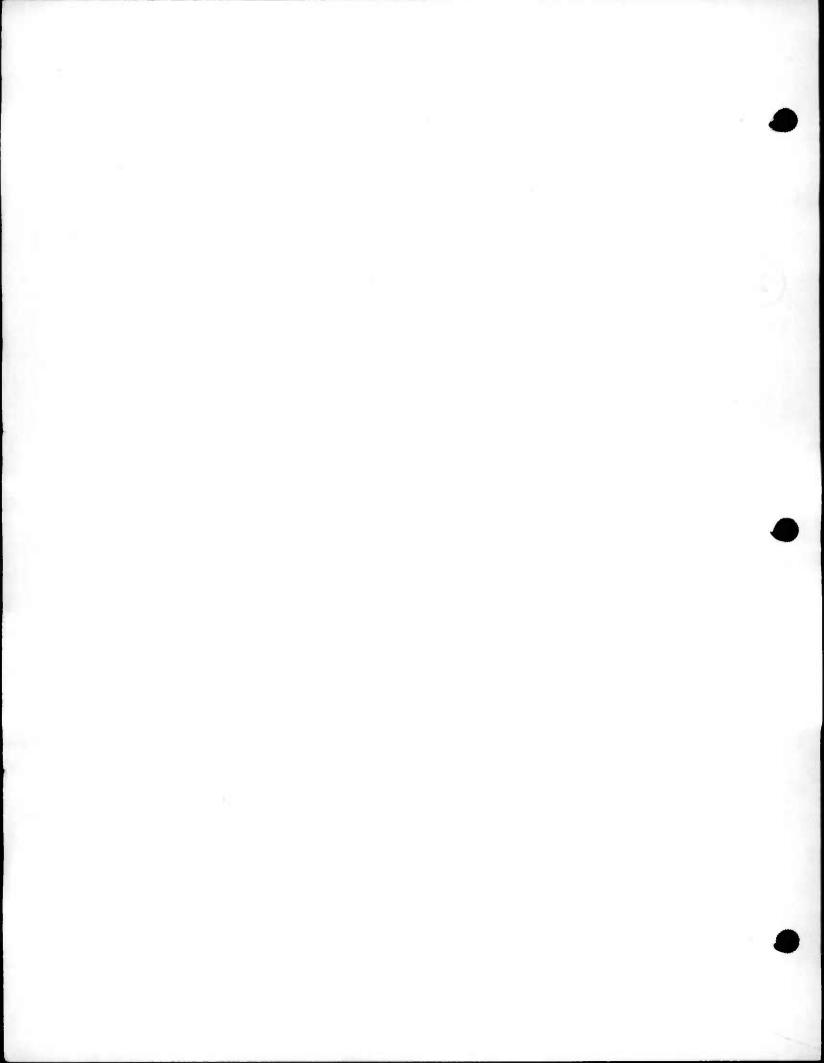
1. DECEDENT'S NAME (First, Middle, Last)

Thompson 5. Sex

Thelma N.
4. SOCIAL SECURITY NUMBER

2. DATE OF DEATH DAY 05-02-93

- 1		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In		birthday)		ER 1 YEAR	\rightarrow	IF UNDER 24 HRS.	7. 5	ATE OF BIRTH		8. BIRTHPLA	CE (State or Foreign
	ŧ	217-14-0654 1 M 2 MF 72 YRS. MONTHS DAYS HOURS MIN. 0 8-07-				8 - 07 - 20	20 Maryland								
	:	Se. FACILITY NAME (If not institution, give street and number)						-		LOCATION OF D	DEATH			NTY OF DEATI	
	DIRECTOR	6022 Herring Bay Road						eal	e				Anı	ne Ar	undel
	ត្ត	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y			10c. CIT	r, TOWN	OR LOC	ATIO	N				100	I. INSIDE CITY
	_		ARunde	el		De	eal								LIMITS? YES 2 X NO
*	FUNERAL	6022 Herring I	Bay Road	d						751				IZEN OF WHAT SA	COUNTRY?
/	à	11. MARITAL STATUS 1 Never Married 2 X Married 2 Widowed 4 Divorced	I IF YES, GIVE WAR OR D			ES 2X NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Spitt yea, specify Cuben, Mexicen, Puerto Rican, 1 YES 2 X NO Specify:				or No-	14. RACE — Black, Wi Specify:	American Indien, lite, etc. White
	ETED	15. DECEDENT'S EDU (Specify only highest grade			16a. DE0 (GA	CEDENT'S re kind of a Do NOT us	USUAL Vork dork	OCCUPAT e during r	TION most	of working		18b. KIND OF BUS	INESS/INC	DUSTRY	
- 1	PLE	Elementary/Secondary (0-12) 1 2	College (1-4 or 5	+)		<i>ъ мот и</i> : n О:		-				Banki	ng		
	COMPL	17. FATHER'S NAME (First, Middle, Last) William F. Nutwell Eleanor Gibbs													
Hed	B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
not	2	George H. Thor	npson			602	2 H	err	in	ng Bay	R	oad, De	ale	, MD	20751
must be		20e. METHOD OF DISPOSITION 1 Disposition	noval from State	20b.	other pla	fie	errion (1	Name of d	et	tery, crematory or Cery				City or Town,	
niner		21. SIGNATURE OF JUHILIPAIL SERVICE LI	CENSEE / /	1	1	7 /	25	NAME	AMD	ADDRESS OF E	ACILIT	eral Ho	me.	P.A.	
wai.		Herry	Ald	w	K	X	1	2 R	id	lgely	Αv	e. Anna	pol.	is,MD	21401
or removal medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
ion, o		II IMMEDIALE GAUSE (Fillal									2715 4 MOS				
ent,		resulting in death)	a	OR AS A	CONSEC			V 1 C	U	Colo	1116				CITS TUNUS
ourial, o	z I														
traum traum	ATIC	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING													
of Health and Mental Hyglene prior to burial, cremation, shows any injury, or other traumatic event, tha	ERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST									d.				
Nemal Ly	ပ၂	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
shows any injury,	MEDICAL	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSI										ILABLE PRIOR TO			
dealth was as												1 🗆 YES 2	No	OF	DEATH?
3 sho	∑ ;;									123 2 0					
ate Dept.	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:						PLA	CE OF DEATH (C	Check o	only one)			
or Sta	PHYS	1 TES 2 THO	1 Inpatient 2	☐ ER/Outpi	ationt 3		OTHI 4 🗆 N	lursing H		5 Neeldence	6 🗆	Other (Specify)			
markad,		27. MANNER OF DEATH Natural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)		28b, TIN	E OF JURY M	1	WOR	RY AT¹ K? S 2 ☐ NO	280	d. DEŞCRIBE HOW I	OO YRULN	CURED	
2 ==		2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY	— At ho	me, farm,	street, fa	actory, of	Mice		281	LOCATION (Street a City or Town, State)	and Numbe	r or Rural Route	Number,
Hours a		29a. CERTIFIER	NCIAN: To the heat o	d my broad	adaa da		and and the	. 11	-1	ad alasa and de	40 41				
R = 8 one											d manner as stated.				
충토	w I	296. SIGNATURE AND TITLE OF CERTIFIE	ER C	/ /	0,				7:	29c. LICENSE N	UMBER	1	29d. DA	TE SIGNED (Mo	onth, Day, Year)
Pe fi	면 연	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	UU DE DE	TH OTE	(1) 11 27) (Type	(Defeat)		1	01983	58		<u> </u>	5/4/9	13
		Stravt E. Se	louich	906	()	esta		Rd	(AUL	10	polis l	ud.	214	101
6,	:	31. DATE FILED (Month, Day, Year)	32. REGISTR									-			
		MAY 4 1993	guierde	idson-	jond										DHMH.18 Day 1/8



	1	41	-
		Page	-
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Programment	Control of the contro
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1, 2, within 25 buries after death, with the State Death of Health and Mental Hydiana prior in hinter commonly or named.	with the world again with the own pept, or negative and information to be the control of the con

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23 shows any Injury, or other traumatic event,

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item 28

TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 PM

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ITEMS: 23 PART I. PER DR. G. APPLEBAUM G-702 8/6/93 t.t 93 12860 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Mary T. Tippett 2. DATE OF DEATH 3. TIME OF DEATH 1993 MARY I PPETT 5:10A M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) April 10, 1 🗌 M 2 🔀 F DAYS HOURS 212-52-8523 YRS. 1900 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9h. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHARICSTOWN CARE CENTER DIRECTOR Catonsville Baltimore County 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County Catonsville t TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 715 Maiden Choice Lane 21228 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: WHITE В 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 2 yrs. Homemaker N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) James J. Egan Josephine Mary Moran BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 700 New Hampshire Ave. Washington, D.C. 20037 Jacqueline Sunderland-Finer 20e-METHOD OF DISPOSITION
1 M-Buriai 2 Cremation 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE New Cathedral Cemetery 5/4/93 Baltimore, Maryland 4 Donation 5 Other (Specify). 21. SIGNATURE OF FUNERAL SERVICE LICENSEE (M-00804) 22. NAME AND APPRESS OF FACILITY MITCHELL HOME 6500 York Rd. Baltimore, Maryland 21212 23. PART/. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Fine) Onset and Death G I BLEED Makeron Coffee disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF)-CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 TES 2 NO

OTHER:
What State | State | State | Other (Specify) 27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. GESCRIBE HOW INJURY OCCURED Natural 5 Pending investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be

29s. CERTIFIER
(Chark only (Ch 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

07405

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

pleboum pu 17 711 1993

No PREGISTRAN'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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P.	5	B	gie
death cartificate he executed within 24 hours after death. Done & may be received by the housiest or security		attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	ental Hygiene prior to burial, cremation, or removal.
das	200	F	eme

5-7-93 FilmG699 W.H.Per F/H 93 12861 CIP Item7 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OFATH MONTH 0.5 1993 Charles EDWARD TATE SR. 0.1 9:27 AM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR a. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 12 - 26 - 23Country) Maryland 69 YRS. DAYS HOURS 218-12-4222 75€ M 2 🗆 F 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1307 DIRECTOR ANGLESEA STREET APT #1A BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Anglesea St. 1307 Apt. 21224 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY Widowed 4 Divorced Specify.White WW2 15. DECEDENT'S EDUCATION

Author grade completed) COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Traffic Fabricator Balto. City 17. FATHER'S NAME (First, Middle Last)
Harry Tate 18. MOTHER'S NAME (First Middle Meiden Surname) Ħ notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Fordcrest Rd. 6741 Balto., Md. 0 Edward C. Tate Jr. 21237 Pe 20s. METHOD OF DISPOSITION
2C Burlel 2 Cremation 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Crownsville Md. Vet. 5/4 Crownsville, Maryland 4 □ Donation 5 □ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE W. Dabrowski F.H. P.A. anh 1005 Dundalk Ave. Balto., Md.21224 40 medical 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximete shock, or heert failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death the disease pr condition . Arteriosclerotic Cardiovascular Disease reaulting in deeth) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Enter UNDERLYING CAUSE (Disease or injury other DUE TO (DR AS A CONSEQUENCE OF): that initiated events signed by the attending a Health and Mental Hygien resulting in death) LAST injury, or PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY any 1 TYES ZYNO 1 TES 2 NO t, of h has by Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate I Item L OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate hours after death with the State HOSPITAL OTHER: 1 X YES 2 | NO Inpetient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 🂢 Residence 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED XNetural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, strest, fectory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 ETED 8 Could not be 4 Homicide 200 Item COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(e) end manner ee stated. HOSPITAL (FUNERAL (within 72 h 22 THE HOSPITA THE FUNERAL filed within 72 ZXMEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) and menner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Winter Allemas 223 O.C.M.E. 05/01/1993 2

111 Penn Street, Baltimore, Maryland

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

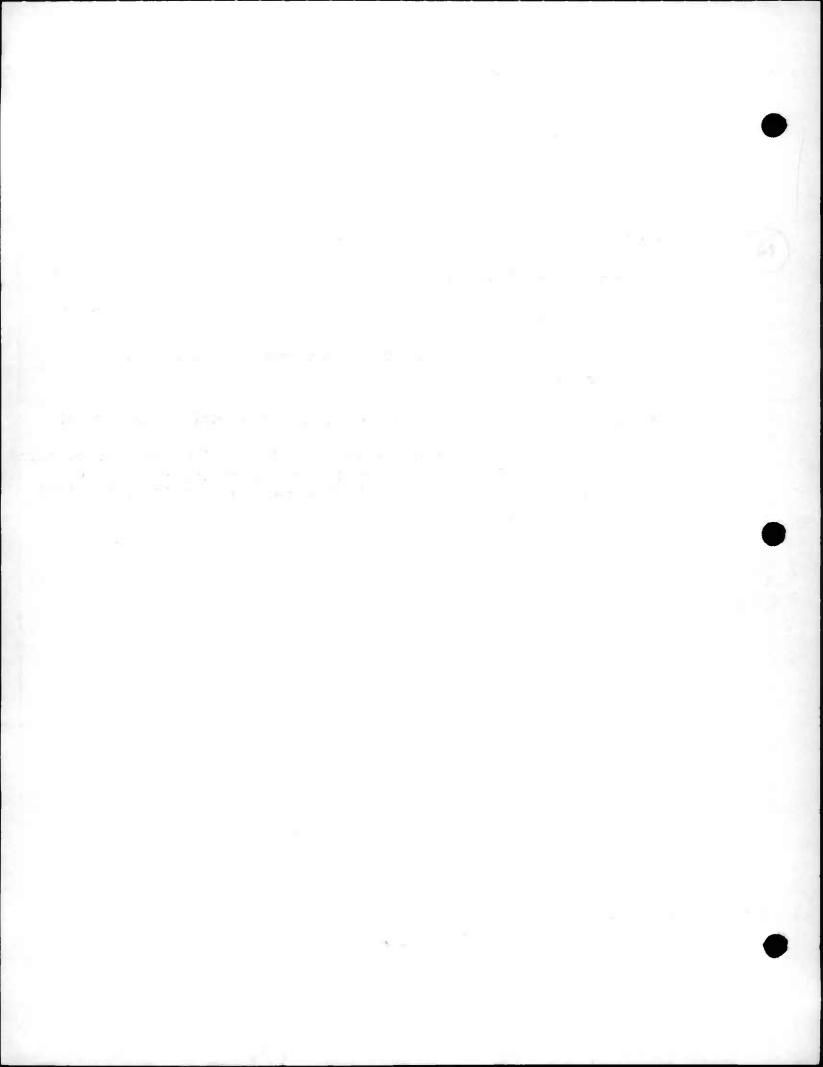
32. REGISTRAR'S SIGNATURE

DENNIS CHUTE M.D.

AY 0 4 1993

31. DATE FILED (Month, Day, Year)

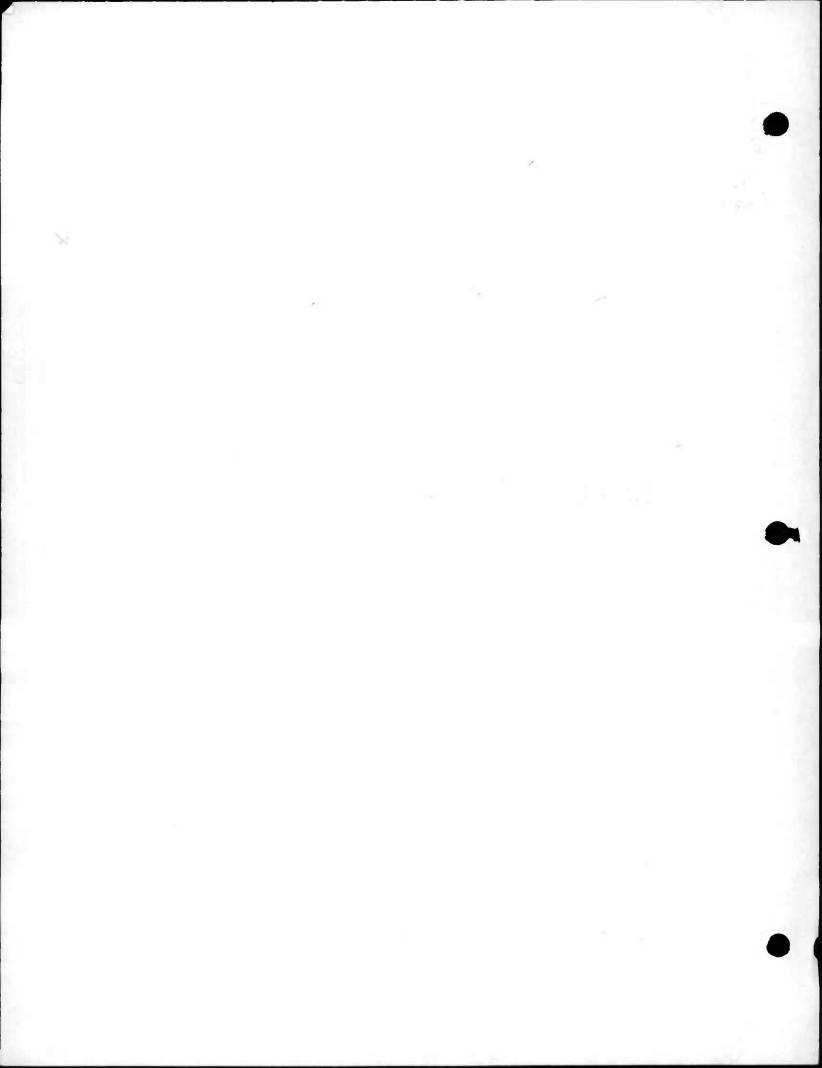
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6	aft	28
DIRE	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation	If item 28 is marked or item 22 shows any injury or other traumatic avent the
₹	2	-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF HEALT	H AND		YGIENE EG. NO.	<i>y</i> 0	1 62 0 0 63		
- 6	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATH		
- 3	Edmund	T.	IIrb	anski		Apr.3	DAY	YEAR	M M		
	4. SOCIAL SECURITY NUMBER		Y-		DER 24 HRS.	7. DATE OF B			INPLACE (State or Foreign		
1	213-14-8881	1 X M 2 □ F		NTHS DAYS HOURS		(Month, Day	Year)	Cou	ntry)		
	9e. FACILITY NAME (If not institution, give street	et end number)		9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY O					Maryland		
Œ			1		EAIN	90	COUNTY OF	OEATH			
DIRECTOR	1014 Hallimont Rd	•		Catonsvi	lle		E	altimo	ore		
3€	10e. STATE 10b. COUNTY			OWN OR LOCATION					10d. INSIDE CITY		
ā	Md Balt	imore	Cato	onsville			1,0				
AL	10st STREET AND NUMBER			101. ZIP CC	DE		100	. CITIZEN OF	WHAT COUNTRY?		
E	1014 Hallimont Rd	•		212	28			USA			
FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT EYER IN		13. WAS DECENDENT	OF HISPAN	IIC ORIGIN? (So	acify Yea or N	o_ 14 BA	CE American Indian.		
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, specify Cu	ben, Mexica	n, Puerto Rican,	etc.)	Bla	ck, White, etc.		
BY	3 Widowed 4 Divorced	04/17/42 1	2/19/45	TES 2	O Specify	y:		Spe	^{∞ny:} ¶hite		
	15. DECEOENT'S EDUCAT (Specify only highest grade co	TION moletect)	16. DECEDENT'S US	UAL OCCUPATION	0.21	16b. KING	OF BUSINES		MILCO		
Щ		College (1-4 or 5+)	life. Do NOT use n	done during most of wor stired.)	lung						
4 P	83	Yrs.	Electric	cal Engine	er						
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle,	Maiden Sums	ame)			
BE (Edmund Urbanski				Λmo	lia Kom	vioina	1 _e 4			
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Numb	per or Rural F	Route Number, Cr	y or Town, Sta	(e. Zio Code)			
F	Josephine Urbansk	i		Mallimont 1					27.220		
	20e, METNOD OF DISPOSITION	205.1		DISPOSITION (Name of	Mucal	DATE		Md ON — City or 1	21228		
	1 Buriel 2 Cremation 3 Remova		tery, cremetory or other	Comotory		5-3					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								Maryland			
	Danie V. 11	David J. Weber FH 5311 Edmondson									
_	22 DATE COURT	- Niver	_						ason Ave.		
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis IMMEDIATE CAUSE (Finel	t only one cause on esc	in line.		lying, suct	h es cerdiac d	or reapirator	y srrest,	Approximate interval Between Onset and Death		
	disease or condition resulting in death) a. Makis with Prostanto Cancer Due to (or as a consequence of):										
_											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A C	CONSEQUENCE OF):								
8	cause. Enter UNDERLYING CAUSE (Disease or injury										
Ĕ	thet initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):								
E	resulting in death) LAST										
2	PADT II Other significant and distance										
CAL	PART II. Other aignificent conditions of	contributing to death but	not reauiting in t	he underlying cause	given in I		WAS AN AUTO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă						10	YES 2	6	COMPLETION OF CAUSE OF CEATH?		
2									1 TES 2 NO		
ä						_					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PLACE OF	DEATH (Che	ock only one)					
PHYSICIAN: MEDIC	1 VES 2 NO 1	☐ Inputient 2 ☐ ER/Output		THER: Nursing Home 5,27	Residence	6 Other (Spec	city)				
E	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 26c. INJURY AT WORK?		26d. OEŞCRIBE	NOW INJUR	OCCUREO			
β	1 Natural 5 Pending 2 Accident Investigation			M 1 TES 2	□ NO						
	3 Suicide 6 Could not be										
COMPLETED	4 Nomicide determined					Oily of low	n, State)				
2	29e. CERTIFIER (Check only	N: To the best of my knowled	ige, death occurred a	t the time, date end plac	e, end due	to the ceuse(e)	and manner e	a stated			
290. CERTIFIER (Check only one) 1									e) end manner ee stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER	11			CENSE NUM						
H	Mich by 11. 1	ul Klar		D-		ý.	294	MA.A.	(Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED UNUSE OF DEAT	H (ITEM 27) (Time Date	<i>V</i> 5	8509	1		ring	11495		
	Nimeras Koutrali	OMPLETED CAUSE OF DEAT	Entury 1	MZ9#47	46	lumbu	* MD	ZK	44		
	MAY 0 4 1993	1993 file Jandon-Nordan									



-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE O	F DEATH	RE	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH		3. TIME OF DE	ATH		
1	Robert (NMN)	VanFleet /	Robert	(NMN)	Jan Fleet	MONTH 4	30 DAY	93	8:35	D M		
į į	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BI	RTH		IPLACE (State or	Forelan		
	004-28-2870	1 X M 2 - F	60 YRS.	MONTHS DAYS	HOURS MIN.	12/05	Year)	Countr	v)			
	9e. FACILITY NAME (If not institution, give s			9b. CITY, TOWI	OR LOCATION OF I			OUNTY OF D	sachus	etts		
HC.	MEMORIAL HOSP	ITAL AT EA	STON		STON			ALBO				
5	RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNTY		10c, CITY	r, TOWN OR LOC	ATION				10d. INSIDE CIT	ΓY		
۵		Talbot	bot St. Michael					21s				
₹ I	10e. STREET AND NUMBER				101. ZIP CODE		10g. (CITIZEN OF W	VHAT COUNTRY?	,		
FUNERAL		Chew Street			216	63		USA	A			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13, WAS D	ECENDENT OF HISPA specify Cuben, Mexic	ANIC ORIGIN? (Spe	city Yes or No-		— American Inc.	flen,		
B	1 Never Married 2 XMerried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		ES 2 NO Spec		etc.)	Speci	fv:			
	15. DECEDENT'S EDUC	CATION							White			
E 1	(Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of w	ork done during i	rion riost of working CSONNe1	16b. KIND	OF BUSINESS/	INDUSTRY				
7	Elementary/Secondary (0-12)	Vrs.	M	Per	rsonnel	77.0	0		/ == = .			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	yrs.	<u> Manager</u>	nent S	peciali				/ N.O.A	.A.		
	Kenneth Va	n Floot				AME (First, Middle,						
BE	19e. INFORMANT'S NAME (Type/Print)	II FIEEL	10h MAH INO	ADDRESS (State	t and Number or Rura	Elizabet	h Norc	ross				
2	Helen M. Van F	Floot										
			200 1	cone	w St. S							
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	netery, crematory or ot	ANDDATE OF DISPOSITION (Name of panetory or other place) O Crematory, Inc 5/3 Baltimore, MD 212								
	21. SIGNATURE OF FUNERAL SERVICE LICENSESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY								\mathbf{P} , \mathbf{M} D \mathbf{Z} .	L Z Z 8		
1	Ser 2 C.	In		Cre	mation	Societ	y of N	1d, I	nc.			
-	George E. Ma			299	Freder	ick Rd	. Balt	.o.,M	D 2122	28		
	23. PART I. Enter the diseases, or of shock, or heart failure.	complications that ceused List only one ceuse on e	d the death. Do n	ot enter the n	node of dyling, su	ch as cerdiac D	r reapiratory	arreat,	Approxin	nata		
	IMMEDIATE CAUSE (Finel							Intarvel E Onset an				
	disease or condition resulting in death)	. ACUSE	RESP.	D	5 Mes	5 5V	NACE	18028	26	0		
1		DUE TO (OR AS A	CONSEQUENCE OF):						4		
S	Sequentielly list conditions,	256	217						26	i)		
Ě	If any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF		-				110	_		
5	CAUSE (Disease or Injury	C. DUE TO (OR AS A	CONSEQUENCE OF	THE CO	2AFT				40	=2		
Ē	that initieted events resulting in death) LAST	CA	CONSEQUENCE OF	C m					4			
CERTIFICATION									-	7K.		
¥	PART II. Other significant conditions	s contributing to deeth b	ut not reculting in	the underlyl	ng ceuse given ir		MAS AN AUTOPS	Y 24b.	WERE AUTOPSY	FINDINGS		
EDICAL						- 1	YES 2 100		AMILABLE PRIOR COMPLETION OF			
								- 1	OF DEATH?	NO		
ž										No		
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (C	heck only one)						
Sign	1 TES 2 NO	HOSPITAL: 15 Inputient 2 ER/Outp		OTHER:	me 5 🗆 Residence	6 Other (Spec	(fv)					
€	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c, IF	JURY AT	26d. DESCRIBE		OCCURED				
BY	1 Accident 5 Pending Investigation	(MONUN, Day, 1641)	INJU		ORK? YES 2 NO							
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm, st	reet, fectory, off	Ice	26f. LOCATION	(Street and Numi	ber or Rural R	oute Number,			
H	4 Nomicide determined		,			City or Town	i, Stata)					
<u> </u>	29e. CERTIFIER (Check only	CIAN: To the best of my know	ledge, death occurred	at the time, da	te end place, end du	to the cause(s)	and manner as a	totad				
COMPLETED		R: On the basis of examination							end menner ee	stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU							
BE	18	100			D 0/3			T 1	(Month, Day, Year)	1		
유	30. NAME AND ADDRESS OF PERSON WAS	COMPLETED CAUSE OF DE	ATN (IPEM 27) (Type	7 Print)	010	. C 2		4-1	13			
i	Stephen P. Car				Λ17.0 E.	10+0m 1	(0 m 1 -		21601			
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	509 Id1	GMITA	Ave. La	aston, N	<u>iary1a</u>	na .	Z1601			
	MAY 0 4 1993 Julia Duridson Mondage											

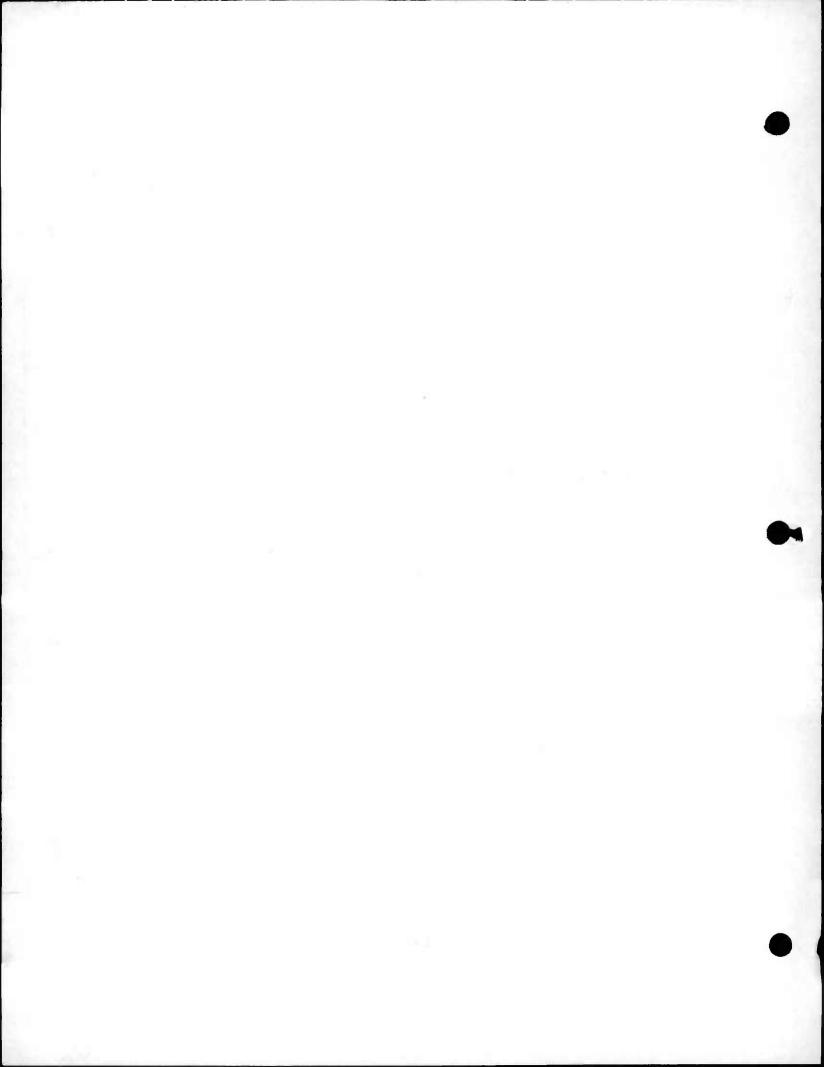
BALTIMORE, MARYLAND 21215 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be intained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

at Bermit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

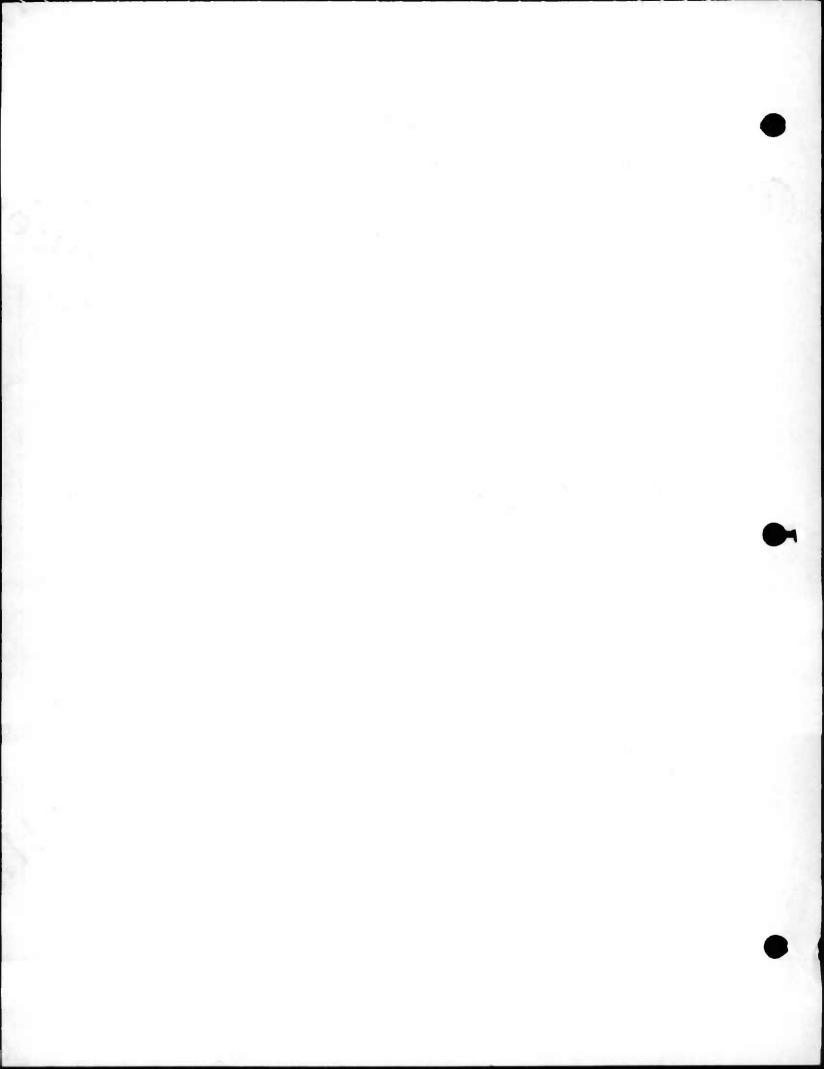
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	Cert	ding	Ř	r ot
	death	atte	auta	7,
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	that	ed to	th an	any
	uires	sign	Hear	M
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	2	2	8	≊

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN			
	1. DECEDENT'S HAME (First, Middle, Last)	LEONE C	ALLICOT		RTZ	2. DATE OF DEATH		3. TIME OF DEATH	
	Wertz x	eone C	Approor	T WE	KTZ		9 97	6:08PMM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign	
1	411-62-0832	1 □ M 2X□ F 8	4 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5-24-19		country) rkansas	
	9e. FACILITY NAME (If not institution, give str	eet and number)	9	b. CITY, TOWN O	R LOCATION OF D		9c. COUHTY		
8	Anne ARundel (General Hos	pital	Annap	olis		Anne	Arundel Co	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		120 0000	TOWN OR LOCAT			1		
E I		e Arundel C		10d. INSIDE CITY LIMITS?					
	10e. STREET AHD NUMBER	- HI WHIGE C	O Ann	apoli			· · · · · · · · · · · · · · · · · · ·	1 YES 2 NO	
RA	1981 Fairfax	Road		107.	ZIP CODE		10g. CITIZEH	OF WHAT COUHTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U		T	21401		US.		
	1 Never Married 2 Married	FORCES? 1 YES	2 HO	If yes, spe	cify Cuben, Mexica	NIC ORIGIN? (Specify Ye in, Puerlo Rican, etc.)		RACE — American Indian, Black, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES	1 TYES	2 HO Specif	y:		Specify: White	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION 1	6a. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIND OF BU	SINESS/INDUST	TRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	k done during mos etired.)	it of working				
를		-1118							
Ö	17. FATHER'S HAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
BE (John Pled Ca	llicott			Alice	Kitchell			
0	19e, IHFORMAHT'S HAME (Type/Print)		19b. MAILING AD	DRESS (Street or	nd Number or Rural	Route Number, City or Tow	n, State, Zip Coo	de)	
-									
	20e. METHOD OF DISPOSITION 1 Derived 2 Cremetion 3 Remove	val from State comete	LACE AND DATE OF	DISPOSITION (Ner	ne of	DATE 20c. LO	CATIOH — City	or Town, State	
	4 Donation 5 Other (Specify)		ny, oromatory or other	piace)					
- 3	21. SIGNATURE OF FUNERAL SERVICE LICE	Rona d Wa	de, Dir	22. NAME AN	D ADDRESS OF FA	CILITY	Annt	omy Board	
	mand/		3/93	1	.Baltim	ore St.B	al+o	omy Board	
1	23. PART I. Enter the diseases, or co	emplications that caused to	he deeth. Do not	anter the mod	ie of dying, suc	h es cardlec or respi	ratory arrest.	Approximate	
	shock, or haert failure. L IMMEDIATE CAUSE (Finel	ist only one ceuse on each	h ilne.				,	interval Between	
	disease or condition	Dulmana	100 A 10/1	254				Onset and Death	
	resulting in death)	DUE TO (OR AS A C	ONSEQUENCE OF):	<u> </u>				Thenases	
z		Cardioser	- / /					486115	
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):					1000/	
<u>S</u>	CAUSE (Disease or injury								
H I	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):						
CERTIFICATION	d.								
	PART II. Other significant conditions	contributing to death but	not resulting in t	he underlying	ceuse given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
ICAL	intestinal of	struction d	we his	elecci	n's	PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE	
B					V. / 1	1 YES 2	□ NO	DF DEATH?	
2							i	1 TYES 2 HO	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			28. Pl /	ACE OF DEATH (Ch	eck only one)			
Sic		HOSPITAL:		THER:		8 Other (Specify)			
₹	27. MANHER OF DEATH	280. DATE OF INJURY	28b. TIME O	F 28c. INJU	IRY AT	26d. DESCRIBE HOW I	NJURY OCCURE	D .	
ВУР	Haturel 5 Pending Investigation	(Month, Day, Year)	ihjur		IK? ES 2 NO				
	2 Accident Investigation 3 Soulde 8 Could not be	28e. PLACE OF IHJURY —	At home, ferm, street			28f. LOCATION (Street	and Number or R	ural Route Number,	
Ē	4 Mamicide determined	building, etc. (Specify)				City or Town, State)			
۳ ا	294 CERTIFIEN 1 CERTIFYING PHYSICI	AH: To the best of my knowled	ne death occurred a	t the time date	and place and dur				
COMPLETED	2 MEDICAL EXAMINER	on the beele of examination e	nd/or investigation, i	n my opinion, de	ath occured at the	time date and place an	d due to the co	use/e) and manner as atotad	
	266. SIGNATURE AND TITLE OF CERTIFIER	1/2 1							
BE	LUINY	29c. LICENSE HUMBER 29d. DATE SIGNED (Month, Day, Year)							
2	30. HAME AHD ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Time Del	nt)	11/4) (-	4/	29173	
	RICHARD N	1. 0=====	MA A		11 /// 2=::			J	
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNATO	DRE.	1/11	UNAPOL	(), N(D_			
	MAY 04 1993	John Davidons	- Amdalda						



UNKNOWN FOR

	1 - STATE REGISTRAR	SIAIE OF MA				DEATH	MENI	AL HYGIEN REG. NO.	È		
	1. DECEOENT'S NAME (First, Middle, Last) Kevin	En	-1	F.7. 7	7		1404	E OF DEATN	W 1.0	XEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	Ear		Wil			4	30	13	9 9 3	12:15 A M
	A STATE OF THE STA	1 X M 2 F	AGE (In yrs. lest birthday, 21 YRS.	-	DAYS	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH	4	Country	
	290-70-5456 9a. FACILITY NAME (If not institution, give s		21 YRS.	Ob CITY 7	20401.0	R LOCATION OF D	14	2/03/7	_		hio
DIRECTOR	NORTH ARUNDEL		L	90. CITY, 1		EN BUR			ANI	NE A	RUNDEL
<u> </u>	10e. STATE 10b. COUNTY	,	10c. Cl	TY, TOWN OR	LOCAT	ION					10d, INSIDE CITY
	Maryland .	Anne Aru	ndel			Mill	ers	ville			LIMITS?
¥	10e. STREET AND NUMBER				10f.	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
5	8217 Rupert Ro	ad				21	108	3		USA	A
BY FUNERAL	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IN IF YES, GIVE WAR	YES 2 NO	lt y	yes, spe	ENDENT OF NISPA	en, Puerte	IN? (Specify Yee Pican, etc.)	or No —	14. RACE Black Specif	— American Indian, White, etc.
	- WWW.					30					Black
COMPLETED	15. OECEDENT'S EDUI (Specify only highest grade	completed)	18e. DECEDENT' (Give kind of life. Do NOT	work done du	ring mos	N st of working	10	ib. KIND OF BUS	INESS/IND	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)			י [ב	2			Foc	t F	203
W O	17. FATHER'S NAME (First, Middle, Last)		I KIC.	Kitchen Help 18. MOTNER'S NAME						o re	30a
Ö	"Unavailab	le to Red	cords"			Antoi				ielo	70
BE (19e. INFORMANT'S NAME (Type/Print)			G ADORESS (Street ar	nd Number or Rural			_		20
5	Antoinette M.	Williams	4			ay Road		altim			21218
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 🔀 Cremetion 3 ☐ Remo		20b. PLACE AND DATE	OF DISPOSIT	ION (Na	me of				City or Toy	
	4 Donation 5 Other (Specify)	Oval from State	Metro C	remat	ory	v.Inc.	5/3	Ba	ltim	ore	MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FAME Cremation S							CILITY				
	George E.	MaaNabh									MD 21228
	23. PART I. Enter the disesses, or o	complications that ca	used the death. Do	not entar th	ns mod	te of dving, suc	th as ca	rdiac or respi	pal u	0.9	Approximats
	shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF):										
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST d										
	PART ii. Other significant condition	s contributing to ds:	sth but not resulting	in the unde	erlying	causs given in	Part i.	24e. WAS AN	WTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
빌								TATES 2	_ NO		OF DEATH?
ž											1 C YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PL/	ACE OF DEATH (Ch	eck only o	one)			
Š	1 Å YES 2 □ NO	1 Inputient 2 ER	/Outpatient 3 🗆 DOA	OTHER:	g Nome	5 Residence	8 🗆 Ott	er (Specify)			
BY PHYSICIAN: ME	27, MANNER OF DEATN	4 Annual Day, Y		ME OF 28	8c. INJU WOF		28d. DI	SCRIBE NOW IN			DED
ሕ	1 Natural 5 Pending 2 Accident Investigation	4 29	1993 11:	J. 25. 15. 1	1 🗌 Y	ES 2 NO		SUBJE	CT :	STAB	BED
	3 Suicide 8 Could not be determined	WENDY, S	JURY — At home, ferm, (Specify) OLD FAS	street, factory HIONI		REST	28t, LO C/t	CATION (Street a or Town Marte) 3 VETE	LER	or Rural Ro	LE Md.
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC DESCRIPTION ON DESCRIPTION OF THE CONTROL OF					and plece, end due	to the c	luse(e) end men	ner ee stat	ed.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				1	29c. LICENSE NUI					
H	1	Chista	2.4			OCME	HOER		≥ 5	E SIGNED (Month, Day, Year) 1 1993
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE C	アリン OF DEATN (ITEM 27) (Type	e, Print)							
	Dennis J. Chut	- BE T				T D-1	<u> </u>		f = :	1 7	21201
		LAZ DEPIDAR	Spinish Per	m Sti	ree	r. Bal	T 1 M	ore. M	lary	Land	21201
	MMI 0 = 1999			,							- 1

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

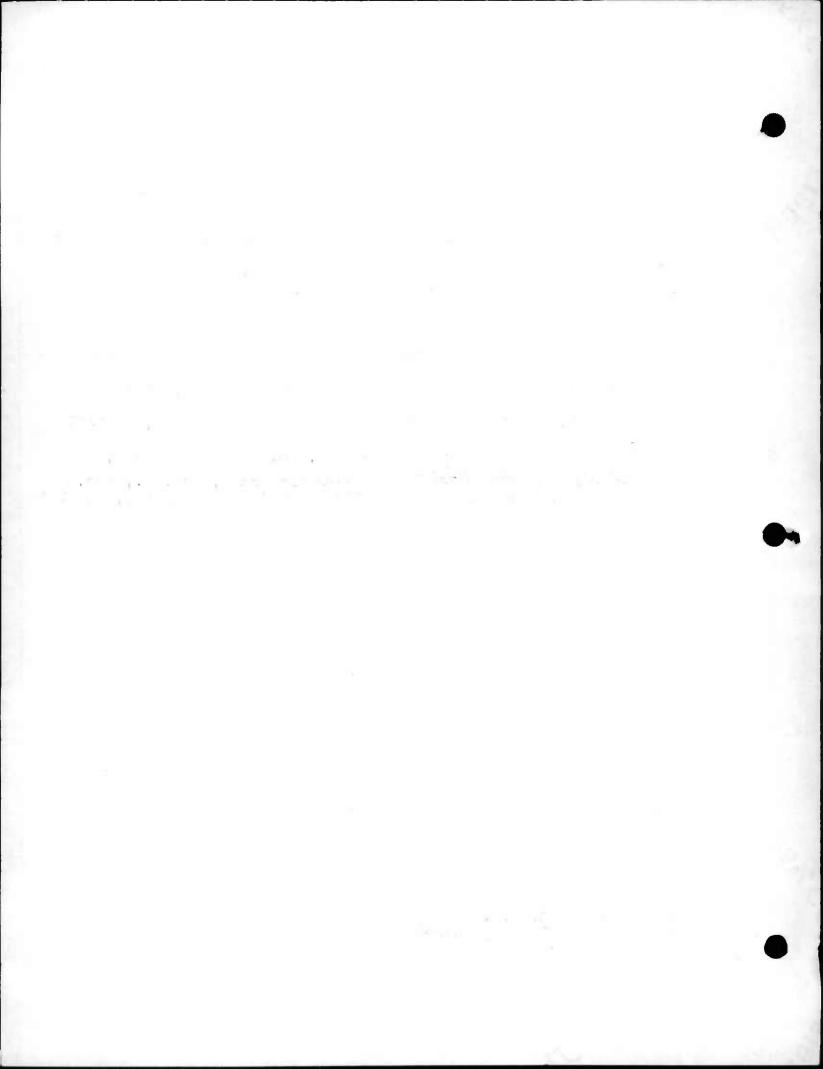
BALTIMORE, MARYLAND 2

al-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

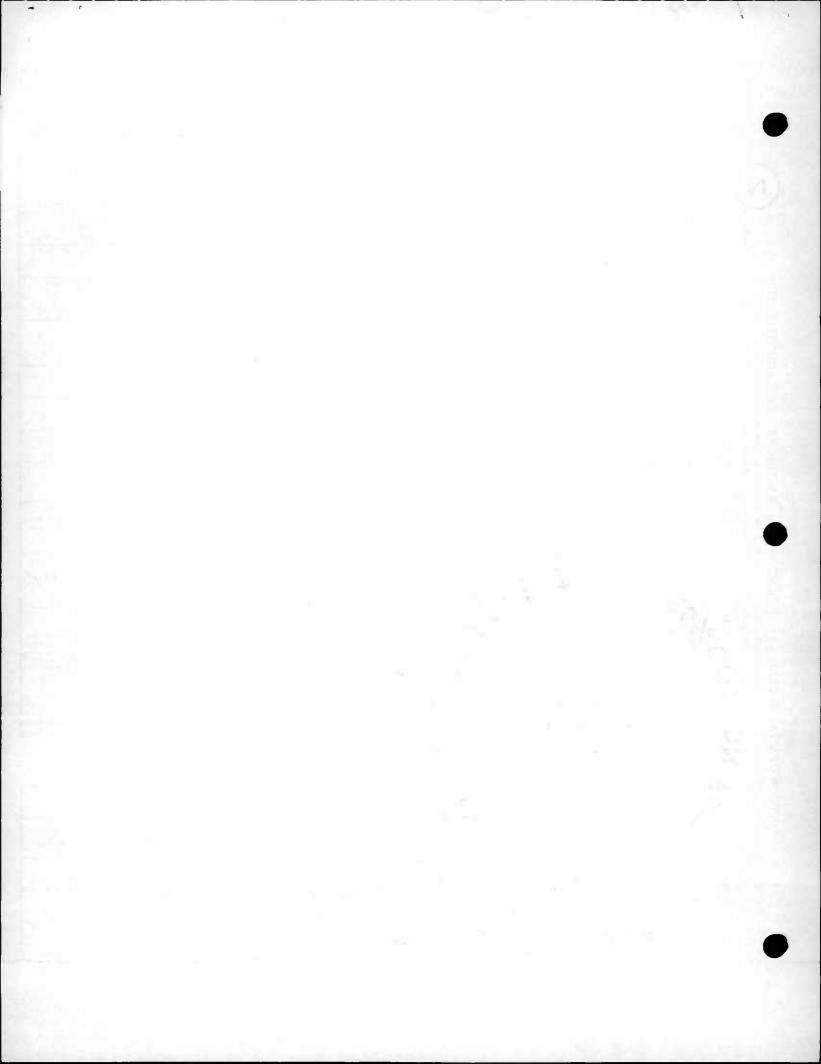
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		1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF FICATE OF) MENTAL HYG! REG.		70	1200
		1. DECEDENT'S NAME (First, Middle, Lest)	MARIE CI	LAIRE WE	Υ		2. DATE OF DEAT		CYEAR 3. TIN	NE OF DEATHS
		4. SOCIAL SECURITY NUMBER	CLAIRE 5, SEX B. AGE	(In yrs. lest birthday)	EY		S	2_	12	10分
		213-60-6548	1 D M 2XXF 7		MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH		0Klal	(State or Foreign
		9e. FACILITY NAME (If not institution, give	7.77		9b. CITY, TOWN	OR LOCATION OF			INTY OF DEATH	TOITIG
(142)	OR I	Mercy Hospita	1		Ba	altimore			N/A	
des X	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c. CI	TY, TOWN OR LOC	ATION			10d. I	INSIDE CITY
it. Pa		Maryland Ba	ltimore		Baltimo	ore				LIMITS? YES 2 🕅 NO
t perm	RAL	10e. STREET AND NUMBER	.1		,	Of. ZIP CODE		10g. CIT	IZEN OF WHAT C	OUNTRY?
cian. -transi	FUNER	6401 North Cha	12. WAS OCCEDENT EVER II	NIIS ADMED	12 340 00	21212	DANIC ORIONIS (S/4	<u></u>	USA	
5-0020 nding physician. Is the burla-transit permit. Page	BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, s	pecity Ouben, Mex S 2/17/NO Spe	PANIC ORIGIN? (Specify Ilcan, Puerto Rican, atc. Icify:	/ Yes or No—	14. RACE — Arr Black, White Specify:	e, atc.
r attending use as the	ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. OECEDENT'S	S USUAL OCCUPAT	TON	16b, KIND OF	BUSINESS/IN	DUSTRY	White
2 2 2	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT		nost of working				
AND the hospital detached to once.	MP	17. FATHER'S NAME (First, Middle, Last)	4		Teacher	- Indiana constitution		Educat	10n	
8 6 4 X	ECC	Oscar Herman W	еу				name (First, Middle, Me ara Marie		berger	
MARY retained by 5 should be notified at	0 8	19a. INFORMANT'S NAME (Type/Print)	Failingen CC	196. MAILIN	G ADORESS (Street	and Number or Ru	rel Route Number, City or	Town, State, Zi	ip Code)	
N be re sage 5		Sr M. Bernice								
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		1 Dy Burtat & Cremation 3 Dise	Sold from States	La Mar	other plane!	varne of	10.2332.23		Maryla Maryla	
TIM h. Page eral direc		21. SIGNATURE OF FUNDIAL SERVICES	77. /h. l	2	22. NAME /	ANO AOORESS OF	FACILITY Mitche	11-Wia	defeld b	-lome
0 = 0		Dennis Stephe	n Xenakis	M006	40 6500	York Ro	ad Baltimo	ore, M	arvland	21212
1 3 a		23. PART i. Enter the diseases, or	complications that caused List only one cause on e	d the death, Do					rest,	Approximeta
24 hours filled in lition, or re		IMMEDIATE CAUSE (Final	_		^ ^					interval Between Onset and Death
t dely		disease or condition resulting in death)		ARDIA A CONSEQUENCE O		KEST				
P 20 2 6	z		Ac	The Y	Wun Co.	1 Diap	Tille	Ata	4	3 days
	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):	no o	Tufor	^	0.	1
O. BOX ertificate be er ing physician a giene prior to other traum	FIC	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO (OR AS A	CONSEQUENCE	ic Cor	chac	one Vos	cular	disers	years
P.O. The certification of the	E	that initiated events resulting in death) LAST	Sep	tice	FHLIA					3 Doys
S, I death death lemtal lemtal	S	PART II. Other aignificant condition	na contributing to death it	out not resulting	in the underivin	na ceuse alven	in Part i 24, una	S AN AUTOPSY	Last were	-0
ORD that the ted by th th and N	DICAL	Protolle	wchemi	. ()	/1 0	isese	PEF	RFORMED?	AMAILA	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE
Sign Sign	MED	Acute C	os Drounto		Propos	Dun	1 [] YE	S 2 NO	OF DE	ATTACK
						0				20 1 110
F # # # 5	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF OEATH	'Check only one)			
F VIT.	PHYS	1 YES 2 NO	26e. DATE OF INJURY	patient 3 DOA	4 - Nursing Ho		6 Other (Specify)			
		1) Netural 5 Pending	(Month, Day, Year)		JURY W	IJURY AT ORK? YES 2 NO	26d. DESCRIBE HO	JW INJUHY OC	CUREO	
VISION OF VI ATTENDING PHYSICIAN: ECTOR: After this certifical s after death with the St 28 is marked, or it	D BY	Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY building, etc. (Spec	/ — At home, farm,			28f. LOCATION (St. City or Town, S	reet and Numbe	r or Rural Route No	umber,
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is mai	COMPLETED	4 Homicide determined					City of lown, S	tale)	_	
DIV AL OR A AL DIREC 72 hours 11 Item	AP.		ICIAN: To the best of my know							
HOSPITAL FUNERAL WITHIN 72 I	Ö	2 MEDICAL EXAMINI	ER: On the basis of examination	n end/or investigati	on, in my opinion,	death occured at I	he lime, date and place	, and due to t	he cause(a) end n	nanner es stated,
물 물을 통	BE	296. SIGNATURE AND TITLE OF CERTIFII). t. OO.	ATTON	Ding	29c. LICENSE N	NTO 3	29d. DA1	TE SIGNED (Month	, Day, Year)
663₹	2	30. NAME AND ADDRESS OF PERSON AND	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print) h //	ARINA	TEE	UNIA	NWS	12
		301 St. Pa.	11 Place	Bal	tino	re, Y	nd Z	202	-	
		31. DATE FILED (MORTH, Day, Year) 1993	32. MEGISTRAR'S SIGN	A Acada M			,			
	- 11		10	1-1-1	_					

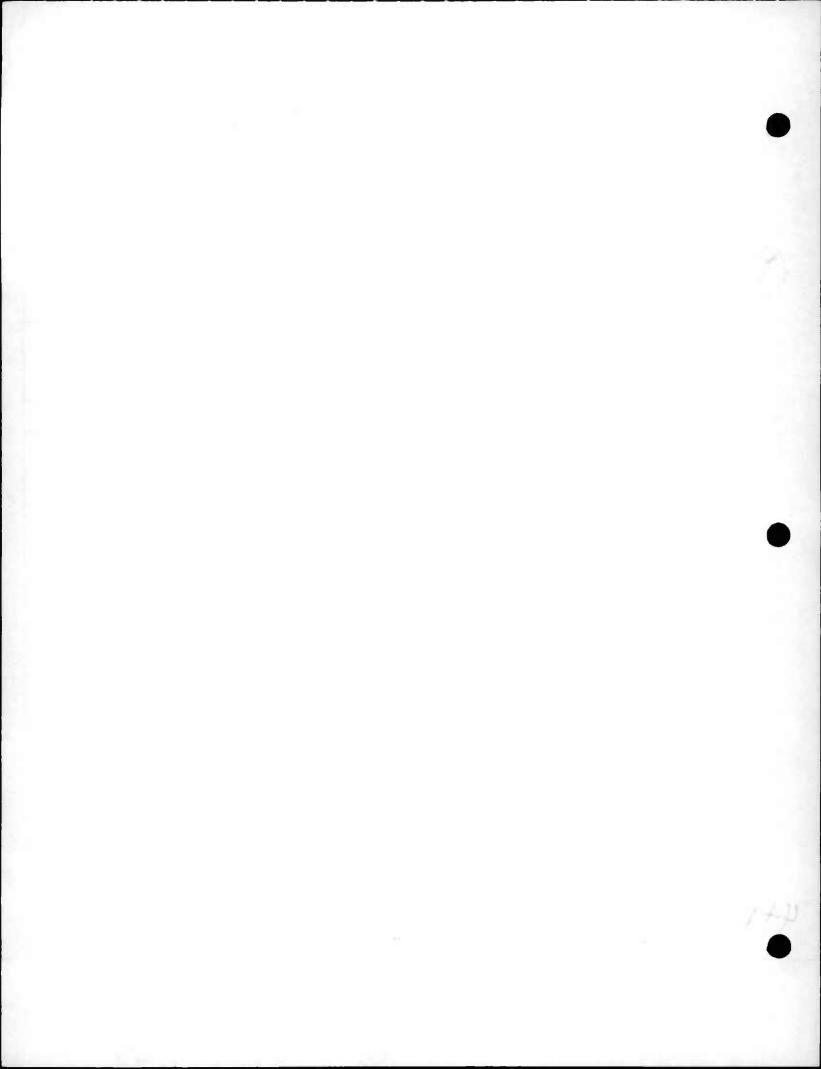
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-18 Rev 1/89



Pages 1, 2, 3 should

_	REGISTRAR				ERIIF	ICALI	E OF	DEAL	Н		REG. NO.			
	1. DECEDENT'S NAME (First, GLEN BERNA	RD WHE	ELER							2. DATE OF MONTH 05 (104	1993	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMB 219-10-255	2	5. SEX 1 X M 2 - F	6. AGE (In yrs. In	yrs.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, E	Day, Year)	926	Countr	IPLACE (State or Foreign y) YLAND
<u>E</u>	9a. FACILITY NAME (if not institution, give street and number) 2621 GEORGETOWN ROAD							MODE	ON OF DE	ATN			NTY OF D	EATN
DIRECTOR	RESIDENCE OF DEC		TTOTTE			BALTIMORE N/A					A			
m	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION	**					10d, INSIDE CITY
	MARYLAND 100. STREET AND NUMBER		BA1	LTIMO		. ZIP CODE				10- CITI	754 05 4	LIMITS? 1 X YES 2 NO VNAT COUNTRY?		
FUNERAL	2621 GEORG	ETOWN						2103	0			U.	S.A.	
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 X YES 2 FYES, GIVE WAR OR DATES						If yes, sp	ENDENT O ecity Cuber 2 X NO	n, Mexicar	IIC ORIGIN? (n, Puerlo Ric	Specity Yea an, etc.)	or No-	14. RACE Black Speci	— American Indian, t, White, etc.
BY	3 Wildowed 4 Divo	rced						- 21.10	ороспу	•			Speci	WHITE
	15. DECI (Specify only	DENT'S EDUC	ATION completed)	1 (ECEDENT'S Give kind of	work done	CCUPATIO	ON st of workin	a	16b. K	ND OF BUS	INESS/IND	USTRY	***
COMPLETED	Elementery/Secondary (0- 1.2	-12)	College (1-4 or 5 + NONE) #	ELF E	se retired.)	-				CONST	רסוומי	'TON	
S S	17. FATNER'S NAME (First, Mi	ddle, Last)					7111	18. MOTN	ER'S NAM	ME (First, Mid			TON	
BEC	ROY		ELER					CH	ARLO	TTE			MICH	IAEL
2	SUSAN M. S									loute Number, LERSVI				
	20a, METNOD OF DISPOSITI	ON n 3 🗆 Remo	val from State	20b. PLACE	AND DATE	OF DISPOS	SITION /Ne	me of		DATE	20c. LO	CATION —		
	4 Donallon 5 Other 21. SIGNATURE OF FUNERAL	LAND V	VETER	RANS	CEME		Y 15-5	CRC	<u>WNSV</u>	ILLE	, MD			
			S	INGI	LETON	FUN	ERAL							
	23. PART i. Enter the di	seasea, or co	mpilcetions that	ceused the d	eath Do r	ot enter	SEC	OND do nt dul	AVE.	S.W.	GLEN	BURN	IE,	MD 21061
	ahock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	iert Tellure, L ai	SUB:	se Dn eech iin	le.									interval Between Onset and Death
z			END-	STA-	EOUENCE OF	(00	SEE	3671	100	Hen	-8-	Face	UDE	2
ATIO	Sequentially liet condition if any, leading to immediate. Enter UNDERLYII	liate	DUE TO	OR AS A CONSE	EOUENCE OF	F):					1	41.74		
CERTIFICATION	CAUSE (Disease or injust that initieted events	y 6	DUE TO	OR AS A CONSE	EOUENCE OF	ጉ:								-
CER	resulting in death) LAST	d.												
- 11	PART ii. Other significer	nt conditions	contributing to	death but not	resuiting i	n tha un	deriying	cauee g	lven in F	Part i. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL										- 1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
≥										-				1 YES 2 NO
ጀ▮	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DE	ATN (Che	ck only one)				
S .	EXAMINER?		HOSPITAL: 1 Inpetient 2	ER/Outpetlent	3 DOA	OTHER		a 5 🗆 Res	sidence f	8 Other (S	inecifu)			
PHYSICIAN:	27. MANNER OF DEATN		26e. DATE OF		28b. TIM	E OF	28c. INJ	URY AT		28d. DESCR		JURY OCC	URED	
BY		ending reatigation	(Month, Da	y, rear)	INJ	URY M	1 Y	RK? /ES 2 [NO					
	3 Suicide 6 0	Could not be	26e. PLACE Of building,	INJURY — AI h	ome, farm, s	treet, fact	ory, office	•		281. LOCATIO	ON (Street a fown, State)	nd Number	or Rural R	oute Number,
OMPLETED	an- Official													
ᅙᆘ	(Check only		AN: To the best of ax											end manner as stated.
δIJ	296. SIGNATURE AND TITLE													
Ō	THE PROPERTY OF THE PARTY OF THE PERTY OF TH							29d. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)						
O BE CO	Ceth	OF CERTIFIER	Co					-		0 (29d. DATE	SIGNED	(Month, Day, Year)
BEC	30. NAME AND ADDRESS OF	OF CERTIFIER						DB	34)	5/1	(93
BEC	30. NAME AND ADDRESS OF ARTHUR M. FF	PERSON WHO	MD ROS	S BUIL			NS H	DB	34		AL,BA)	5/1	(93
BE C	30. NAME AND ADDRESS OF	PERSON WHO	MD ROS		DING,		NS H	DB	34		AL,BA)	5/1	(93



TO BE COMPLETED BY FUNERAL DIRECTOR

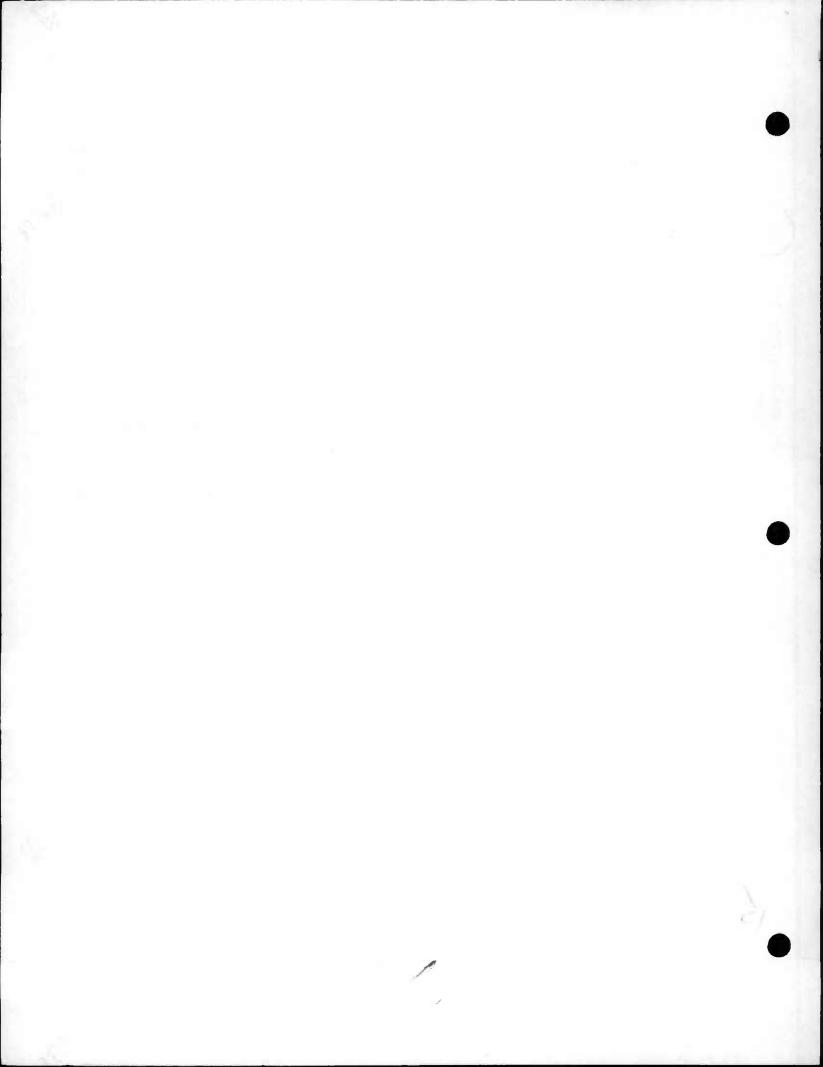
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physicia	y the funeral director, page 5 should be detached for use as the burial-transmission
	NOUIS	lied in b
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-for now and plantal thorough the state fleath and Martial Horising proper to burial premoval.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

-UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	
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1 - STATE REGISTRAR		STATE OF N	IARYLA	ND / DEPA	RTMENT FICATE	OF H	EALTH AND DEATH	MENT	TAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First BERTHA IRE)	NE	WALDO						2. DA MO	ATE OF DEATH DATE OF DATE OF	199	YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER 213-26-805		5. SEX 1 M 2 X F		yrs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(M	TE OF BIRTN onth, Day, Year) -24-193	0	Counti	IPLACE (State or Foreign ry) Y L'AND
90. FACILITY NAME (If not in 7704 TELEGI						TOWN O	OR LOCATION OF E		24 133	9c. COU	NTY OF D	
RESIDENCE OF DE	10b. COUNT	TY		19c. Cl	TY, TOWN C	R LOCAT	ION					10d. INSIDE CITY
MARYLAND 100. STREET AND NUMBER		ARUNDEL			VERN							LIMITS? 1 YES 2 NO
7704 TELEGR		OAD				101	21144				ZEN OF V	VHAT COUNTRY?
				' '	l yes, sp	ENDENT OF HISPA ectfy Cuban, Mexic 2 XNO Speci	en, Puer	GIN? (Specify Yes to Rican, etc.)		14. RACE	E — American Indian, c, White, etc.	
	EDENT'S EDI			Give kind of	work done of		ON st of working		16b. KIND OF BUS	INESS/INC	USTRY	
Elementary/Secondary (t	0-12)	College (1-4 or 5+ NONE)	HOME	use retired.) MAKER	,			OWN HO	ΜC		
17. FATNER'S NAME (First, N	fiddle, Last)			110111	I II II(L) I		18. MOTHER'S N	AME (Firs	et, Middle, Maiden		· · · · · · · · · · · · · · · · · · ·	
FERRIS		HOOD					ANNA	1112-113	М.			SCHULTZ
19a. INFORMANT'S NAME (MEDII					nd Number or Rural				,	
MRS. BONNIE		WITH	20h B	LACE AND DATE			ROAD, M					
1 Burial 2 Crematic	(Specify) E	NTOMBMENT	cemet	ery, crematory or DAR HI	other place) LL CE	METI	ERY	15	/5/ BRO	OOKLY		ARK, MARYLANI
21. SIGNATURE OF FUNDINA	Live	Th					OND AVEN		SINGLE.			RAL HOME E,MD.21061
snock, or n IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju that initiated events resulting in death) LAS	ions, diete	bDUE TO (OR AS A C	ONSEQUENCE C	DF):	04	cer					Interval Between Onset and Death
PART II. Other significa		dns contributing to	deeth but	not resulting	In the un	derlying	g cause given in	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH (C	heck only	one)			
1 YES 2 NO		1 Inputient 2 I		ent 3 DOA	_	ing Hom	Rasidence	_	ther (Specify)	HIBY OC	NIBED	
	Pending Investigation	(Month, De	y, Year)	IN	JURY M	WO	RK?	200.1	PEQUADE NOW III	JOH! OCC	ONED	
3 Suicide 6	Could not be datermined	28e. PLACE OF building, a	tc. (Specify	At home, larm,	street, lacto	ory, offici		281. L	OCATION (Street a ity or Town, State)	nd Number	or Rural R	oute Number,
		BICIAN: To the best of a) end manner ea stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	Forl	oto	an	0		29c. LICENSE NU	MBER 9 3	8	29d. DATI	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WI		E OF DEAT	N (ITEM 27) (Type	a, Print)	na	hart	R	d. G1.	en E	3600	1.8 402100
31. DATE FILED (Month, Day,	1993	32. REGISTRAL							1			7



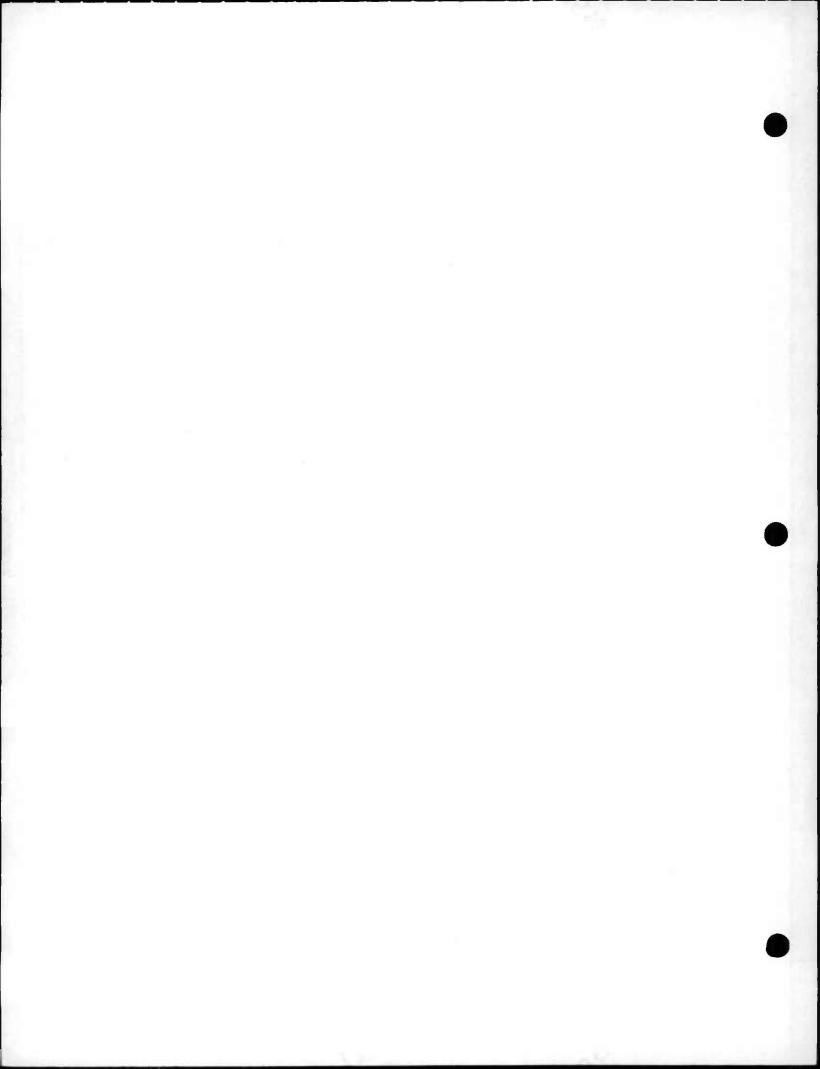
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

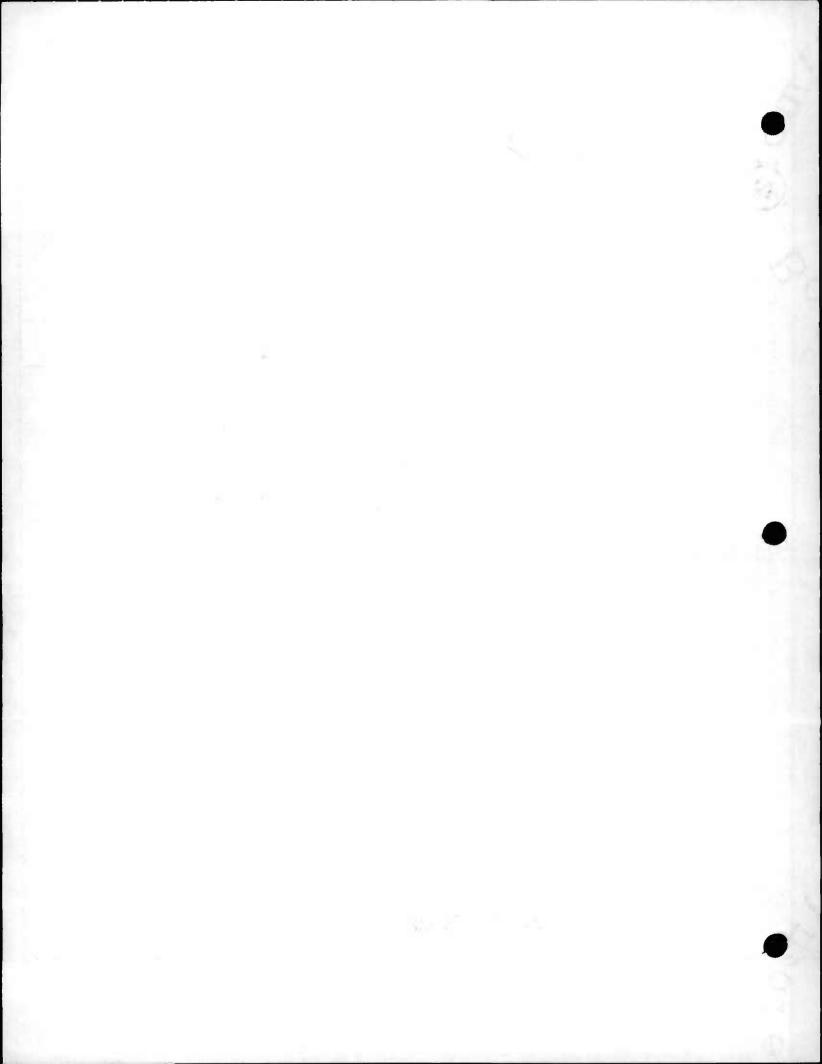
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TIEGISTIPAT					CAIE	<u> </u>			REG. NO.			
. 3	1. DECEDENT'S NAME (First,								2. DATE OF	DEATH	V	VEAD	3. TIME OF DEATH
	Jan	nes	<u>Frederi</u>	ck [Wilson				05-	02-	"199	3'	M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In y	rrs. last birthday)	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE OF	BIRTH		6. BIRTH	PLACE (State or Foreign
	212-98-160)1	1 XM 2 - F	;	27 YRS.	MONTHS D	AYS HOURS	MIN.	(Month, De 01-16	ny, Year) _196	ء ا	Countr	nsylvania
	9s. FACILITY NAME (If not in:	stitution, give s	treet and number)			9b. CITY. TO	WN OR LOCAT	ION OF DE		_150		NTY OF D	
Œ.	3686 Baltim			ni leo									
띭	RESIDENCE OF DEC	EDENT	acional i	rke_		ETTI	cott C	ıty			HOW	ard (County
Ĕ	10s. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY
1	Maryland	Howa	rd County	7		E114	cott C	i +				1	LIMITS?
ار	10e. STREET AND NUMBER	110110	ea course			11111	101. ZIP COD				40. 0.7		1 TYES 2 X NO
N.	2000 Pol	+ i mass	e Nationa	ונת ו			24 100 200						HAT COUNTRY?
FUNERAL DIRECTOR	3686 Bal	LINOIT						043				J.S.A	
F	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES :	2 NO	13. WAS	DECENDENT	OF HISPANI en, Maxicen	IC ORIGIN? (S	pecify Year, atc.)	or No-	14. RACE Black	- American Indian, White, stc.
ВУ	3 Widowed 4 Divor		IF YES, GIVE W	AR OR DATE	S	1 🗆	YES 2 XNO	Specify:		,		Specif	y: r.m - 1 t
	16 DEC!	EDENT'S EDU	CATION	1					_				White
12	(Specify only	highest grade	completed)	18	Give kind of	vork done durir	PATION g most of worki	ing	16b. KIN	D OF BUS	INESS/IND	USTRY	
ا يا	Elementary/Secondary (0-	-12)	College (1-4 or 5 -	+)	life. Do NOT us	,							
COMPLETED	12				Labo	rer			E	xten	sion	Agen	СУ
웅	17, FATHER'S NAME (First, Min						16. MOT	HER'S NAM	AE (First, Middl	e, Maiden	Sumame)		
BE	James E		son					Patri	cia A	nn Pe	earce	غ	
2	19s. INFORMANT'S NAME (Ty	rpe/Print)	-		19b. MAILING	ADDRESS (St	reet and Numbe	r or Aural Ad	oute Number, C	Ity or Town	, State, Zip	Code)	
۴	Mrs. Patric	ia A.	Wilson		1037 T	av Ro	ad Syke	esvi l	le Ma	arula	and 2	1784	
	20s. METHOD OF DISPOSITION	ON		20b. PL	ACE AND DATE	F DISPOSITIO			DATE			City or Ton	
	1 Donstlon 5 Other	n 3 ⊔ Rem (Specify)	oval from State	comota	ne comptone or o	thor placel		0.767.7	1			,	aryland
	21. SIGNATURE OF FUNERAL		CENSEE	IGLA	ce rbra	22. NAM	E AND ADDRE	SS OF FAC	3/ D	EIL	criac	e, M	aryland
	•						IGHT F			E (P.	O. F	30x 1	95)
							kesvil						
	23. PART I. Enter the dis	seeses, Dr	complications the	ceused th	e deeth. Do r	ot enter the	mode of dy	ing, euch	es cardiec	or respi	etory arr	eet.	Approximate
1	IMMEDIATE CAUSE (Fina	art Isliure.	Liet Dnly Dne ceu	ee Dn eech	ine.								interval Between
ĺ	disease or condition	a1	A	- Tu		, , ,	0	m	С.			MT?	Onset and Death
ļ	reaulting in deeth)		DUE TO	OR AS A CO	MSECILENCE OF	7 (4-	N13 L1	DACC-	1 10	YNI	onov	1/2_	+
_		_								1			
5	Sequentielly liet condition	ons,	b. DUE TO	DALLE	NSECHIENCE OF	3.					_		
\simeq 11		Sequentielly liet conditions, if any, leading to immediate b. Aw Dw. is Due to (or as a consequence of):											
ATK	cause. Enter UNDERLYING											1	
FICATION	CAUSE (Diseese or Injur	NG	DUE TO	OR AS A CO	that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
TIFICATION	CAUSE (Diseese or Injur	ng y	DUE TO	(OR AS A CO	INSEQUENCE OF	7):							
CERTIFICATION	CAUSE (Diseese or Injur that initieted events	ng y	DUE TO	(OR AS A CO	INSEQUENCE OF	·):							
L CERTIFICATION	CAUSE (Disease or Injur that initieted events resulting in death) LAST	NG Y	d				lying ceuee	given in P	Part i. 24a	WAS AN	WITOPSY	245	WEST ALITODOV EIMOIAIOS
CAL CERTIFICATION	CAUSE (Diseese or Injur that initieted events	NG Y	d				lying ceuee	given in P	Part i. 24a	. WAS AN /			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL CERTIFICATIO	CAUSE (Disease or Injur that initieted events resulting in death) LAST	NG Y	d				lying ceuee (given in P			MED?		
MEDICAL	CAUSE (Disease or Injur that initieted events resulting in death) LAST	NG Y	d				lying ceuee (given in P		PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	CAUSE (Disease or Injur that initieted events resulting in death) LAST	NG Y	d				lying ceuee (given in P		PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	CAUSE (Disease or Injur that initieted events resulting in death) LAST	ng r	de contributing to			n the under	lying ceues s		_ 10	PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	CAUSE (Disease or Injur that Initiated events resulting in death) LAST PART II. Other significer 25. WAS CASE REFERRED TO	ng r	d	death but i	not resulting i	n the under	6. PLACE OF D	EATH (Chec	1 [PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	CAUSE (Disease or Injur that initiated events resulting in death) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ng r	e contributing to HOSPITAL: 1 Inpetient 2 266. DATE OF	death but i	not resulting I	or the under	6. PLACE OF D	EATH (Chec	_ 10	PERFORI	WED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or Injur that initiated events resulting in death) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P	nt condition MEDICAL	e contributing to HOSPITAL:	death but i	not reaulting i	orher: OTHER: 4 Nursing E OF 28c	6. PLACE OF D	EATH (Chec	ck only one)	PERFORI	WED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injur that initiated events resulting in death) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P 2 Accident In	one condition MEDICAL Pending nestigation	HOSPITAL: 1 Inpatient 2 26e. DATE OF (Month, Delication)	ER/Outpaties INJURY FINJURY	not resulting I	OTHER: 4 Nursing E OF 28c JRY M 1	6. PLACE OF D Home PAR INJURY AT WORK? YES 2	EATH (Chec	1 [Other (Sp. 26d. DE\$CRIE	PERFORI	JURY OCC	CURED	AWALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injur that Initiated events resulting in death) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 P Accident In 3 Suicide 6 C	nt condition MEDICAL	HOSPITAL: 1 Inpatient 2 26e. DATE OF (Month, Delication)	ER/Outpatie	not resulting I	OTHER: 4 Nursing E OF 28c JRY M 1	6. PLACE OF D Home PAR INJURY AT WORK? YES 2	EATH (Chec	ck only one)	PERFORI	JURY OCC	CURED	AWALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injurthat Initiated events resulting in death) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P 2 Accident 5 Science 6 C 4 Homicide 6 C	ont condition MEDICAL Pending needigation could not be letermined	HOSPITAL: 1 Inpatient 2 26s. DATE OF (Month, Delinding, Delinding, Delinding, Delinding, Delinding)	ER/Outpaties INJURY sy, Year) FINJURY — stc. (Specify)	not resulting i	OTHER: 4 Nursing E OF 28c URY M 1	6. PLACE OF D Home S Re INJURY AT WORK? YES 2	BEATH (Chec	the control of the co	PERFORI YES \$\frac{1}{2}\text{VIII.} PEHOW IN (Street an win, State)	MED? ND JURY Occ	CURED or Rural Ro	AWALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injurthat Initiated events resulting in death) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P 2 Accident 3 Suicide 6 C 4 Homicide 29s. CERTIFIER (Check only 1 CERTIFIER)	o MEDICAL Pending nestigation Could not be starmined	HOSPITAL: Inpatient 2 26e. DATE OF (Month, Delinding, Delinding)	ER/Outpaties INJURY ny, Year) F INJURY — jatc. (Specify) my knowledg	not resulting i	2 OTHER: 4 Nursing E OF 28cURY M 1 trest, factory,	6. PLACE OF D Homs PAR HOME AVAILABLE WORK? YES 2 Offics	EATH (Check Seldence 8	tok only one) Other (Sp. 28d. DESCRIE 28t. LOCATION City or Tok	PERFORI	JURY OCC	or Rural Ac	AWALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injurthat Initiated events resulting in death) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P 2 Accident 3 Suicide 6 C 4 Homicide 29s. CERTIFIER (Check only 1 CERTIFIER)	o MEDICAL Pending nestigation Could not be starmined	HOSPITAL: Inpatient 2 26e. DATE OF (Month, Delinding, Delinding)	ER/Outpaties INJURY ny, Year) F INJURY — jatc. (Specify) my knowledg	not resulting i	2 OTHER: 4 Nursing E OF 28cURY M 1 trest, factory,	6. PLACE OF D Homs PAR HOME AVAILABLE WORK? YES 2 Offics	EATH (Check Seldence 8	tok only one) Other (Sp. 28d. DESCRIE 28t. LOCATION City or Tok	PERFORI	JURY OCC	or Rural Ac	AWALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injur that Initiated events resulting In death) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 PACIDIAN III 3 Suicide 6 CAUCHOCK Only One) 2 MEDIC	MEDICAL Pending nestigation could not be letermined FYING PHYSIC CAL EXAMINE	HOSPITAL: Inperiant 2 26s. DATE OF (Month, December 2) 26s. PLACE Of building.	ER/Outpaties INJURY ny, Year) F INJURY — jatc. (Specify) my knowledg	not resulting i	2 OTHER: 4 Nursing E OF 28cURY M 1 trest, factory,	6. PLACE OF D Homs ARA INJURY AT WORK? YES 2 Office data and placa on, death occur 29c. LICE	EATH (Check Seldence 8	1 Charles (Spots and other (Spots and other (Spots and other (Spots and other (Spots and other a	PERFORI	JURY OCC	or Rural Ro	AWALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injurthat Initiated events resulting in death) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P Autural	ont condition MEDICAL Pending Investigation Could not be latermined FYING PHYSIC CAL EXAMINE OF CERTIFIEE PERSON WHO	HOSPITAL: Impeliant 2 26s. DATE OF (Month, Delining).	ER/Outpaties INJURY — / sy Year) F INJURY — / atc. (Specify) my knowledg amination and	not resulting i	OTHER: OTHER:	6. PLACE OF D Homs ARA INJURY AT WORK? YES 2 Office data and placa on, death occur 29c. LICE	PEATH (Checo	1 Charles (Spots and other (Spots and other (Spots and other (Spots and other (Spots and other a	PERFORI	JURY OCC	or Rural Ro	AWALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO Note Number, and manner as stated.
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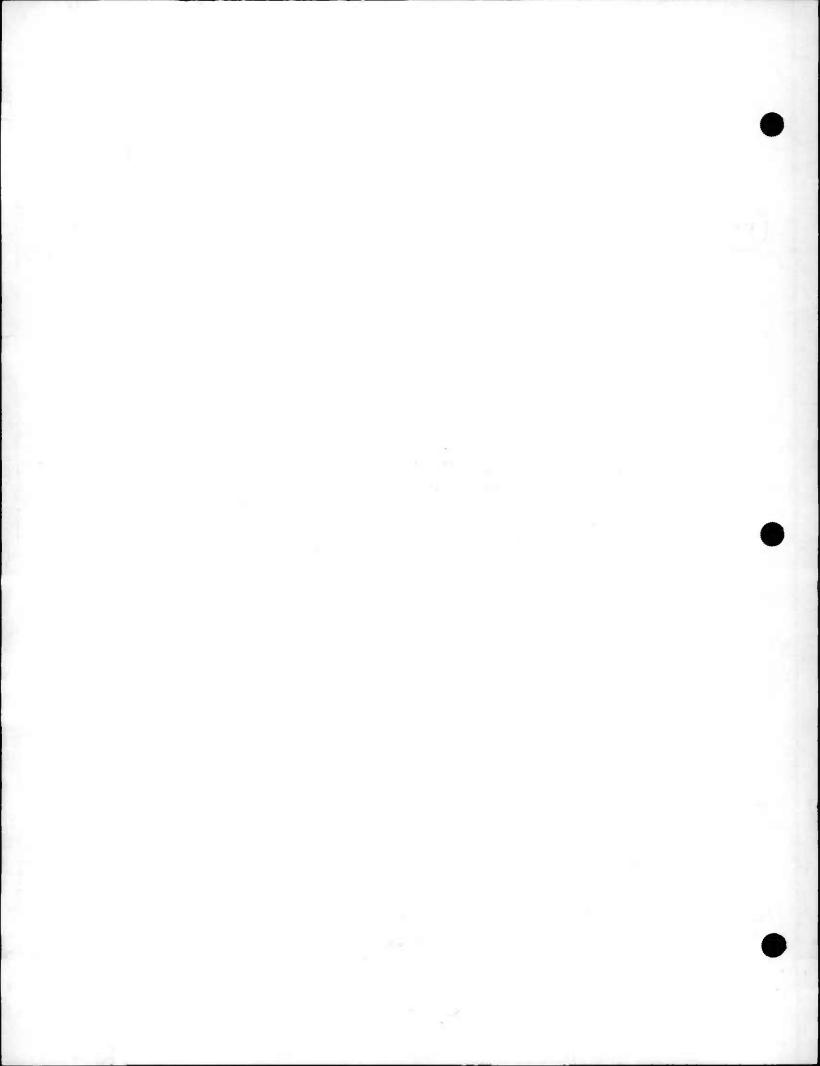


BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit imoval.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF HEALTH AN						
	1 DECEDENT'S NAME (First, Middle, Last)	una Willie	Vouna	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER // 250-03-5810	5. SEX. 6. AGE (In yrs. last birth		RS. 7. DATE OF BIRTH (Month, Day, Year) 5-7-0	8. BIRTHPLACE (State or Foreign Country)				
OR	98. FACILITY NAME (If not institution, give street and number) 99. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH								
DIRECTOR	10a. STATE 10b. COUNTY	Y 104	CITY, TOWN OR LOCATION		10d. INSIDE CITY				
	10a, STREET AND NUMBER		Balto		LIMITS? 1 YES 2 NO				
FUNERAL	3010 Edmo	ndson Ave	101. ZIP CODE 2/22.	7 10g.	CITIZEN OF WHAT COUNTRY? U · 5 /4				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT ÉVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HI If yes, specify Cuban, M 1 YES 2 NO S	SPANIC ORIGIN? (Specify Yes or No- exican, Puerto Rican, etc.) Specify:	14. RACE — American Indian, Black, White, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	completed) (Give kir.	NT'S USUAL OCCUPATION of of work done during most of working (OT use retired.)	16b. KIND OF BUSINESS	INDUSTRY				
SON	17. FATHER'S NAME (First, Middle, Last)		10. MOTHER	S NAME (First, Middle, Malden Surnam	ne)				
BE	19a, INFORMANT'S NAME (Type/Print)	9	Se	Ioma Your	~9				
2	Tenella Lau	vience 301	ILING ADDRESS (Street and Number of F O EdmundSu	00 16 11	2/27-3				
	20s, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	complery, cramator	y orbither place) Park Cl	DATE 20c. LOCATION	I — City or Town, State				
1	21. SIGNATURE OF FUNERAL SERVICE LIC		22. NAME AND ADDRESS O	F FACILITY	1				
	Portia	. Coron	Frach 43	00 Wabus	h Ave				
	snock, or neart failure.	complications that caused the death. List only one cause on each line.	Do not enter the mode of dying,	such as cardiac or respiratory	Interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. The UNION DUE TO (OR AS A CONSEQUENCE			Onset and Death				
Z	Sequentially list conditions,	a Chroni	hondi	tis					
ATIO	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENT	E OF:	nce shelve	1				
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENT	CE OF):	Vi Cagi V	-3				
	PART II. Other significent condition	ns contributing to death but not result	ing in the underlying cause give	n in Part I. 24a. WAS AN AUTOP	SY 24b. WERE AUTOPSY FINDINGS				
EDICA				PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE				
2					1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	1 (Check only one)					
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 De	OTHER: 4 Nursing Home 5 Reside	nce 8 - Other (Specify)					
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	. TIME OF 28c, INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY	OCCURED				
	3 Suicide 8 Could not be determined	26a. PLACE OF INJURY — At home, to building, etc. (Specify)	irm, street, factory, office	28f. LOCATION (Street and Nun City or Town, State)	nber or Rural Route Number,				
COMPLETED		CIAN: To the best of my knowledge, death or							
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE		DATE SIGNED (Month, Day, Year)				
TO BE	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (ITEM 27)	(None, Print)	0182 >	4/30/93				
	WILLIAM - Pry	The state of the s	3-320 BANSON	AVE BALTO	MD 21227				
	MAY 0 4 1993	guilliant - House							



		1 - STATE REGISTRAR	STATE OF MARYLAI		TMENT OF H		MENTAL HYGIEN REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last)	armstea	erd			2. DATE OF DEATH DO	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH (Month, Day, Year)	8. BIF	THPLACE (State or Foreign intry)
pino		220-22-3044 9a. FACILITY NAME (If not institution, give str	1 M 2 F	5 YRS.		OR LOCATION OF D	1-23-192		INDEL CO.
2, 3 should	8	Harbor Hospita	1 Center		BAH	- i zum n-e	MA	9c. COUNTY OF	DEATH
	DIRECTOR	RESIDENCE OF DECEMENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION	/		10d INSIDE CITY
			EL COUNTY			_ G	LEN BURNIE		10d, INSIDE CITY LIMITS? 1 1 YES 2 NO
it pe	RAL	10e. STREET AND NUMBER	ATTENTITE		101	. ZIP CODE		10g. CITIZEN O	WHAT COUNTRY?
020 physician. burtal-transit	FUNERAL	410 MORRIS HILL	12. WAS DECEDENT EVER IN U		13. WAS DEC	21060 ENDENT OF HISPA	ANIC ORIGIN? (Specify Yea		SA . CE — American Indian, ack, White, etc.
D g ag	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 17 YES IF YES, GIVE WAR OR DATI		If yes, sp	ecify Cuban, Maxic 2 X NO Spec	an, Puarto Rican, atc.)	Sp.	eck, White, etc. ecity: LACK
21215 al or attend for use as	ED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S	USUAL OCCUPATION	ON set of warding	16b. KIND OF BUS		LACK
oital or	LEI .	Elementary/Secondary (0-12)	College (1-4 or 5+)		vork done during mo e retired.)	st or working	TT (1)	V) (IIII) (III	··· CIT
AND the hospit detached	COMPLETED	17. FATHER'S NAME (First, Middle, Last)		PUSTAL	WORKER	18. MOTHER'S N	AME (First, Middle, Maiden	POST OFF	ICE
7 2 2 k	111		ARMSTEAD		172	BARBA			
MARYL retained by 5 should be	2	19a. INFORMANT'S NAME (Type/Print) G. NADINE ARMSTEA)					Aoute Number, City or Town		21.060
6 may be octor, page t		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Ramo	20h P	LACE AND DATE	F DISPOSITION (No			CATION — City or	
E 0 5		4 Donation 5 Other (Specify)		ERAR		CEMETER		EN BU	ENIE, MD.
death death		21. SIGNALURE OF FUNERAL SERVICE PICE	NSEE ON		JOSEI		ÓWN JR. FUN		ME, P.A. ; P.O. BOX 4453
OX 68760, be executed within 24 hours after of cician and completely filled in by the into to burial, cremation, or removal.		IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate	PUE TO (OR AS A C	consequence of	Brone	de of dying, sur	none ny	ratory errest,	Approximata Interval Batwean Onset and Death
P.O. By the certificate ending physical Hygiene procession of the certificate procession of the		cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c						
D S the d	AL C	PART II. Other significent conditions		not recuiting I	n the underlying	g cause given in	Part I. 24a. WAS AN PERFOR		46, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
//TAL RECOR N: The law requires that ficate has been signed by State Oept. of Health and item 23 shows and	MEDIC	Hypertensi	٥-٢				1 _ YES 2		COMPLETION OF CAUSE OF DEATH?
law re law re beept. o	Ϊÿ								
F VITAL SICIAN: The lav certificate has the State Dep	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 THO	HOSPITAL: 1 Inpetient 2 ER/Outpeti	lent 3 🗆 DOA	OTHER:	ACE OF DEATH (C			
正 2 8 = .		27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	···
ON OING PHYS After this death with		1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	rES 2 NO			
TISI TTEN TOR: after		3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY — building, atc. (Specify)	- At home, farm, a	treet, factory, offic		261. LOCATION (Street a City or Town, State)	nd Number or Rurs	I Route Number,
■ 型本な ==	3		IAN: To the best of my knowled : On the bayes of examination a						e(a) and manner as stated.
물 물 을 통	BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	1	40		29c. LICENSE NU			ED (Month, Day, Year)
2639	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH			DOZ	5/(R.A.	1-10	Pt-17-5
1+6		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATI		nluyd	00/40	4 1000	Tucare	V10 21226
		MAY 0 5 1993	Julia Devidor	Bindall					



	Clan.	I must permit. Pages 1, 2, 3 should	154
BALTIMORE, MARYLAND 21215-0020	24 hours after death, Page 6 may be retained by the hospital or athers are	filled in by the funeral director, page 5 should be detached for use a time four or removal,	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attributed and the second of the complexity of the second of the se	FUNERAL DRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use at the burning permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	TAME. Il tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

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TO THE HOSPITAL TO THE FUNERAL IS TO THE FUNERAL IS IMPORTANT. IF

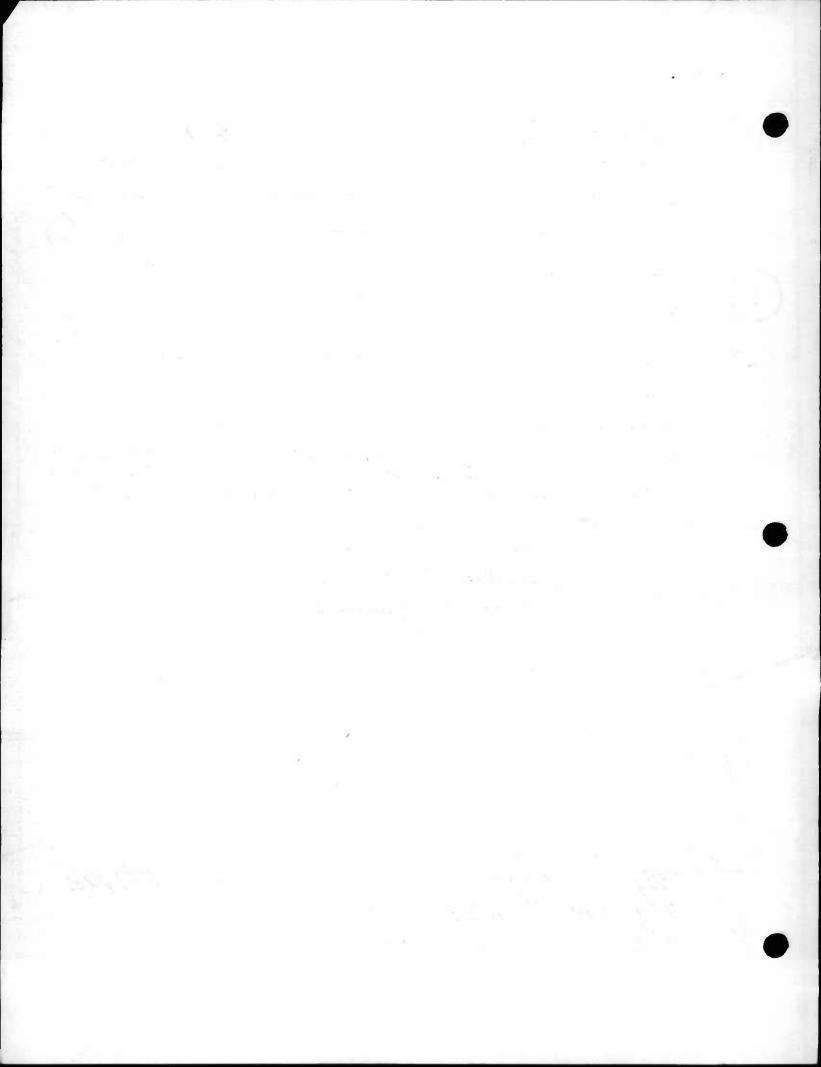
93 12872 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO Audrey J. Agro 2. DATE OF DEATH 3. TIME OF DEATH

5 HOD M 4. SOCIAL SECURITY HUM 6. AGE (In yrs. lest birthday) 5. 9EX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 04/28/1912 1 M 2 4 212-14-2824 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NA Harbor Hospital Center Baltimore City 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Baltimore Maryland (Baltimore Highlands)□ YES 2X No 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3023 Pennsylvania Ave 21227 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIYE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—)
If yes, specify Cuben, Mexican, Puerlo Rican, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, Whita, etc. 3 Widowed 4 Divorced Specify: 166. KIND OF BUSINESS/INDUSTRY HOUSEWIfe White 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) and Mother 8 0 Domestic Homemaker -Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Calvert Susan John Calvert 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Dolores A.Barrell 3023 Pennsylvania Ave. Balto.,Md. 21227 20a. METHOD OF DISPOSITION
1 N Burial 2 Cremation 3 1 1
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE 20c. LOCATION - City or Town, State Md. Vet.Cem.Crownsville 5/4/93 Crownsville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY 237 E.Patapsco Ave. Kevin E. Ecker McCully Funeral Home Balto. Md. 21225 23. PART I. Eptar tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata attock, or heart failure. List only one cause on each line. Interval Batwean IMMEDIATE CAUSE (Final Onset and Death disease or condition resuiting In death) OR AS A CONSEQUENCE OF Sequantially list conditions, if any, laading to immediate Entar UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUE resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE t TYES 2 PHO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 284. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) end manner ea stated. MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, data and pieca, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Mogh, Day, Year) 29c. LICENSE NUMBER

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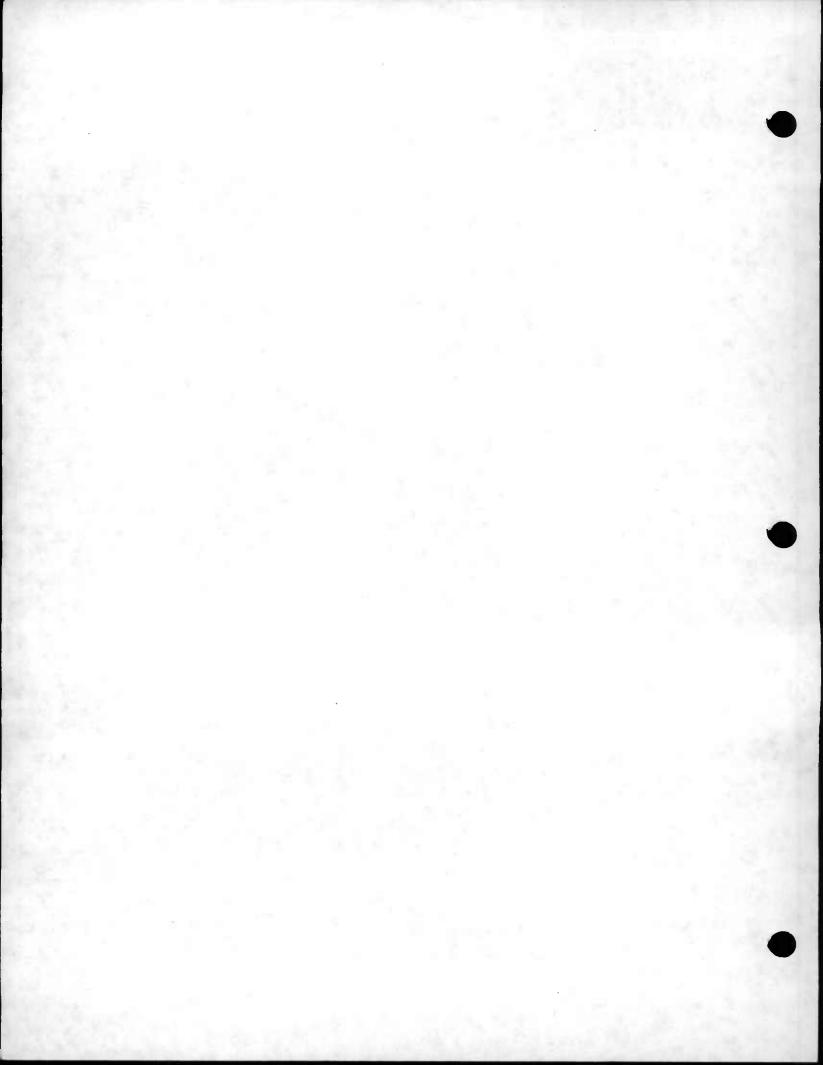
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DHMH-16 Rev 1/89



DOCUMENT
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STATE S
NOTE

- FOR	STATE OF MAI	CERTIF	FICATE (OF DEATH		REG. NO.	¥.	
DECEDENT'S NAME (First, Middle, Last)					MONT		VEAR	3 TIME OF DEATH
BOOM BECURITY HUMBER S. 6		I'm yre, leet birthday)		EAM . IF UNDER 24 Hms.	0.5		1993	2:50 P
		3 YRS.		HOURS MIN.		Dev. Year)	Conn	NPLACE (STATE OF FOREIGN My) YOUK
s. FACILITY HAME (If not institution, give street a	and number)		96. CITY, TO	OWN OR LOCATION OF D	EATH	90	COUNTY OF	DEATH
IN FRONT OF 1218	WEST NO	RTH AVE	NUE	BALTIMO	RE			
Ou. STATE 10b. COUNTY			TY, TOWN OR I					10d. IHBIOE CITY
Maryland		Bal	ltimo	te.		<		I () YES R NO
09. STREET AND HUMBER	.			101, ZIP CODE		- 10		WHAT COUNTRY?
824 Allendale S			1	21229		72	USI	
O Haver Married 2 Married	WAS DECEDENT EVER FONCES? 1 TYPE IF YES, CHYE WAR DR	2 NO	If y	B DECEMBENT OF HISPA es, specify Cuban, Maxico J YES 22 NO Specific			Bie	CE - American Indian, ck, White, etc.
15. DECEDENT'S EDUCATIO	DN (ulastra d')	16s. OECEDENT'S	B USUAL OCCU	UPATION	166	. KIND OF BUSINE	\$\$/INDUSTRY	
	ollege (1:4 or 5 ()			ing most of working"		11m 1 m		
12		Barber				Hair		
7. FATHER'S NAME (First, Middle, Last)						Middle, Malden Surr	nama)	5.00
George Byrd		19b. MAILIN	G AOORESS /S	MILOT Street and Number or Burel			Into Zio Coviet	
Mildred Byrd				5th St.		-	and the same	
09. METHOD OF DISPOSITION Burlai & C.) Cremetion 3 M Removal	1 2	06. PLACE AND DATE			DAT		OH - City or	Town, Blide
shock, or heart failure. List	plications that cause on	od the death: Do each line.	170	uglass Fu 01 McCull e mode of dying, sur	oh S	St.		
whock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition	pnly one cause on	each line.	not enter th	D1 MCCU11 le mode of dying, su	oh se care	diac or respireto		Interval Between
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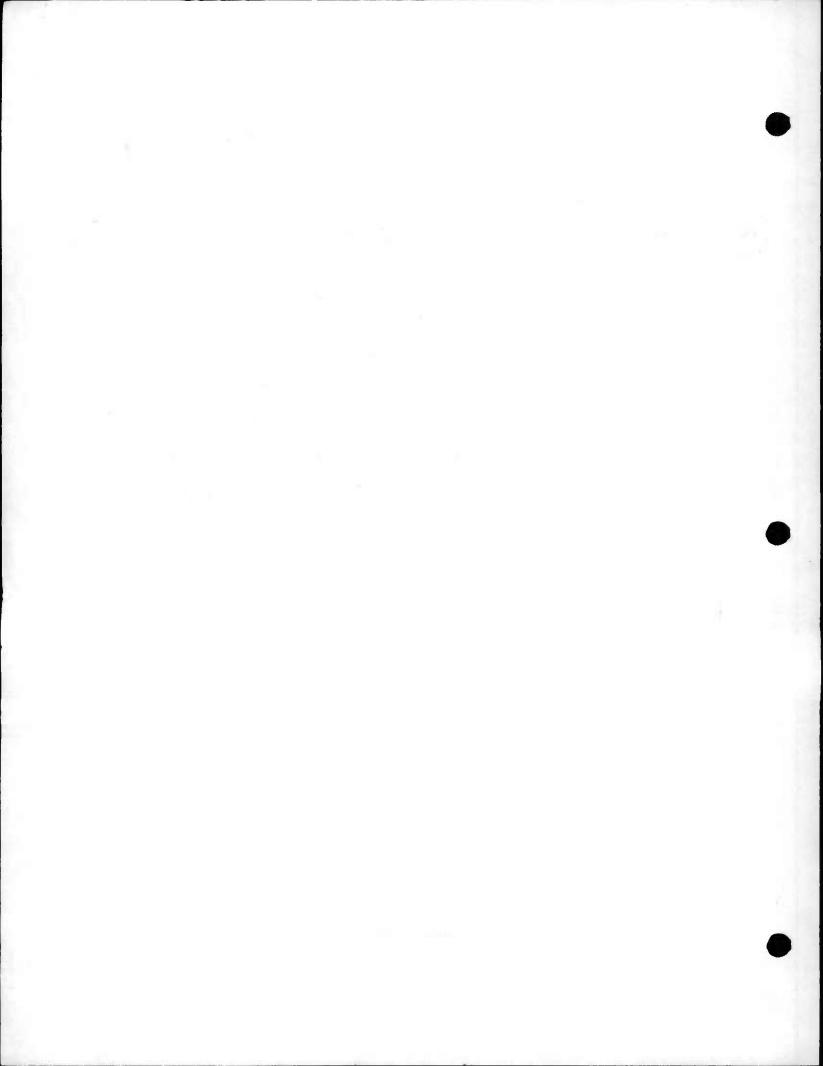
1	-	STATE REGISTRAR

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	1 - STATE REGISTRAR	SIAIE OF I					IEALTH DEAT		MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Las	st)							2. DATE OF DEATH MONTH.	DAY	767	3. TIME OF DEATH
	Rita	Harri		Brow	m			I	4ay 3, 19		YEAR	2:03 P M
	4. SOCIAL SECURITY HUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRT Coun	HPLACE (State or Foreign
	212-12-0568 9a. FACILITY HAME (If not institution, giv	1 🗆 M 2 🔀 F	73	YRS.				-	Nov. 5,		Ma	ryland
œ					9b. CITY		R LOCATIO		ATH	2.4	JNTY OF	
6	Franklin Square	HOSPITAL				Bal	timor	æ		Bal	timo	re
DIRECTOR	Maryland 106. COU	Baltimore	9	10c. CIT		OR LOCAT						10d. INSIDE CITY LIMITS? 1 YES 2 HO
AL	10e. STREET AND HUMBER					101	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
EH	32 Landmark Ct.						2	2122	L	U	. s.	Α.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V			13.	WAS DEC If yea, spe 1 _ YES	ENDENT O	F HISPAN n, Mexicer Specify	IC ORIGIN? (Specify) n, Puerto Rican, etc.)	ae or No—	14. RAC Blac	E - American Indian, ck, White, etc.
圓	15. DECEDENT'S E (Specify only highest gra	DUCATIOH ade completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON et of workin		16b. KIND OF B	USINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) N/A	College (1-4 or 5 N/A	7)	Do NOT U		during mo	st of workin	9	Own Ho	ome		
S	17. FATHER'S NAME (First, Middle, Last) Joseph Keller								ME (First, Middle, Maide	n Surname)		
BE									Mlfelder			
5	190. INFORMANT'S NAME (Type/Print) Ronald G. Brown	(Son)	198	32 La	andma	s (Street a	nd Number	or Aural A Balt	oute Number, City or R	wn, State, Zi 1. 212	221	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Re 4 Donation 5 Dotter (Specify)	emoval from State	206. PLACE A	HD DATE	OF DISPOS	emori emori	me of Lal G	arde	DATE 20c. 1	ocation - Baltir	Cify or To	own, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22.	NAME AN	D ADDRES	S OF FAC	HLITY			
	11	[1]							eral Home ene, Balti	mana	Ma	21212
	23. PART Enter the diseases, D	r complications the	t caused the de	ath. Do r	not enter	the mo	de of dyin	ng, such	ea cardiec or ree	piratory er	reat.	Approximete
	shock, pr heart felium immediate CAUSE (Finel disease or condition resulting in death)	Severe (ise on aach iina	obsti	ruct	ive	p il mo		y disease			intervei Between Onset and Death
TION	Sequentially list conditions, if any, leeding to immediate	Brain ag			fa:	ilur	e					
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO	(OR AS A CONSEC	UENCE OF	F):							
SER		d										
AL.	PART ii. Other eignificant condition	one contributing to	death but not n	esulting i	n the un	derlying	ceuse g	iven in F		N AUTOPSY	241	. WERE AUTOPSY FINDINGS
DICAL	<u>nyptertension</u>								1 TYES	PRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME	cancer of brea	st								Χ		OF DEATH?
ÿ	<u>hypothyroidism</u>											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Che	ck only one)			
I-S	1 YES 2 NO	1 Inputient 2	ER/Outpatient 3		4 🗆 Nun	sing Home		ildence 6	Other (Specify)			
BY PH	27. MAHNER OF DEATH 1 X Hatural 5 Pending Investigation	26e. DATE OF (Month, D.	IHJURY ay, Year)	26b. TIM	E OF URY M	28c. INJU WOR			28d. DEŞCRIBE HOW	INJURY OC	CURED	
	3 Suicide 6 Could not b	26s. PLACE O	F IHJURY — At hor atc. (Specify)	ne, farm, s	treet, fact	ory, offica			26f. LOCATION (Street City or Town, State	end Number	or Rural I	Route Number,
COMPLETED		SICIAN: To the best of										a) and mennar as stated.
	290. SIGHATURE AND TITUE OF CERTIFI				, in my o	pinion, de						
TO BE	Lun L	left					29c. LICE	SY/	O O	29d. DAT	5/3/	(Month, Day, Year)
	Dr. Liya Pfeffer	9000 Fr	anklin S	quar	e Dr	. Ba	ltimo	ore,	Maryland	2123	Ź	
	31. DATE FILE MAY DOUG 19	93 32. 5000	DESIGNATURE /	andel	L			-				

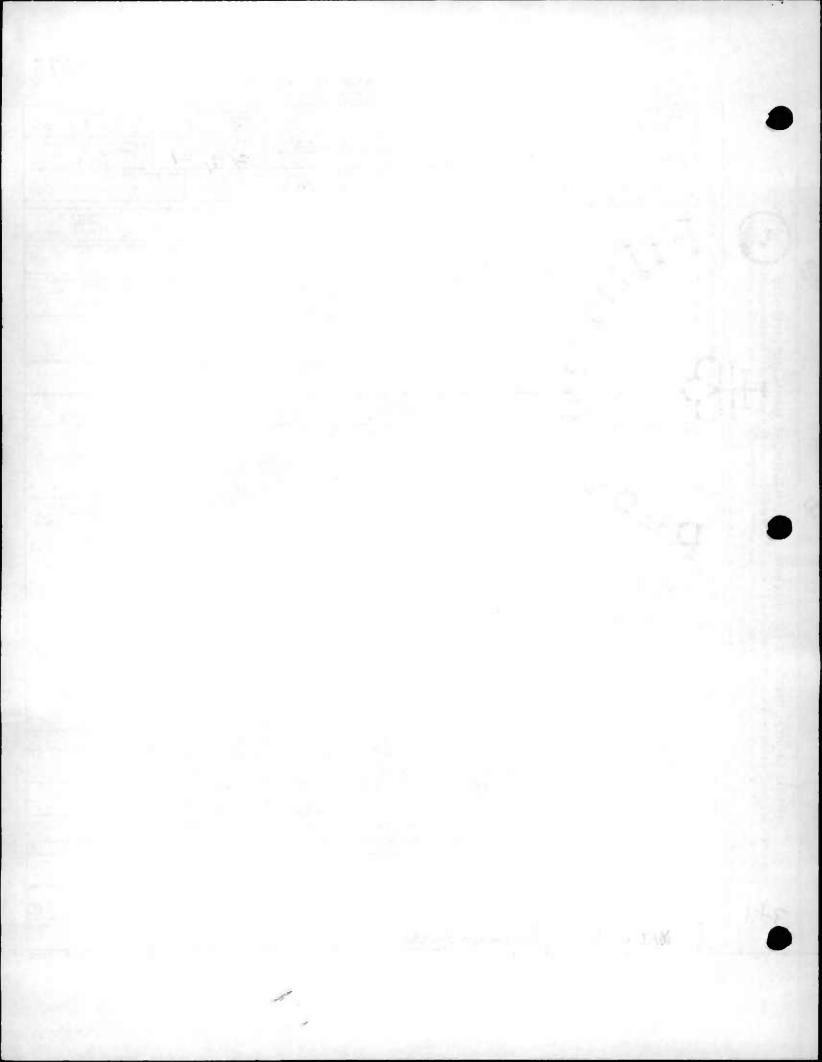
BALTIMORE, MARYLAND 21215-0020

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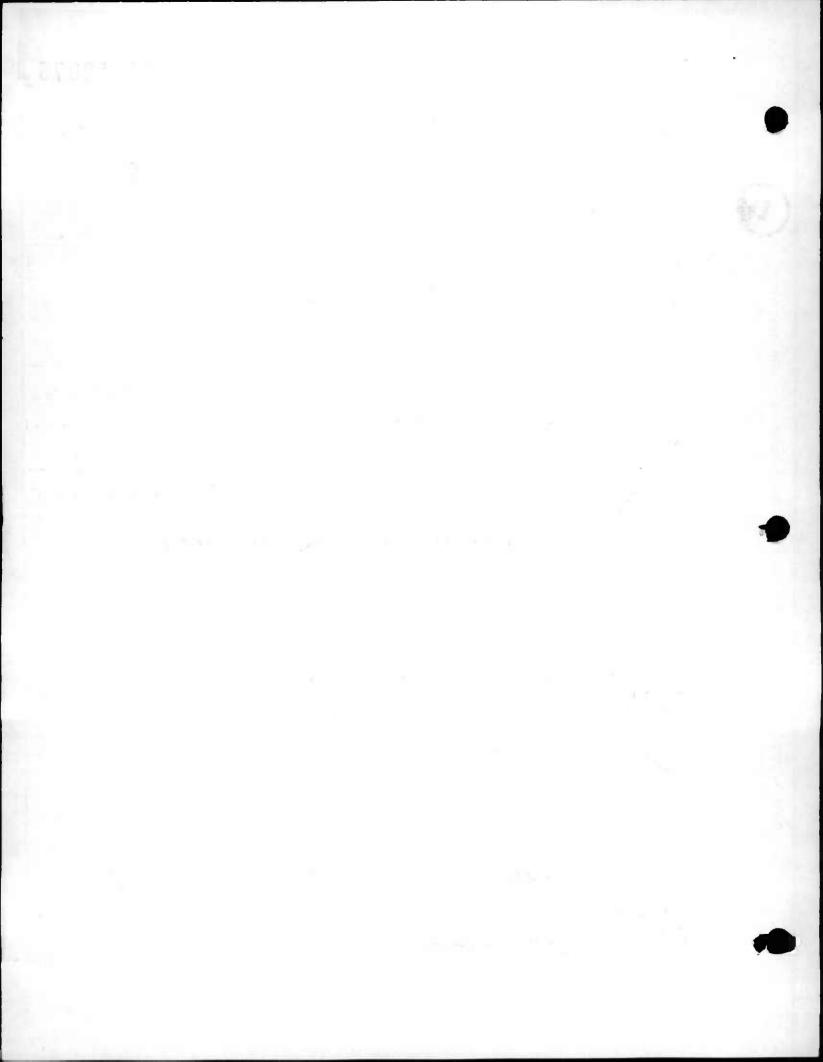
BAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune
m	ther	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fact within the property of the filled in by the fact within the property of the filled in by the fact within the property of the property of the fact within the property of the p
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	With	plete
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	_	1 - STATE REGISTRAR		STATE OF I	MARYLA	ND / DEPAI CERTIF						YGIENE REG. NO.					
	ı	1. DECEDENT'S NAME (First, Middle, Last) JOSH BOYD (JOSH)							2. DATE OF DEAT			DEATH DAY	DAY / WEAR		3. TIME OF DEATH		
OR.		4. SOCIAL SECURITY NUMBER 220 -07 -0	5. SEX	6. AGE (In	yrs. lest birthday) 72 YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE OF (Morith De	BIRTH 2	1	-	HPLACE (State or Foreign			
		FACILITY NAME (If not institution, give atreet and number) Head Center				77 40	Part MD					9c. COUNTY OF DEATH					
5		RESIDENCE OF DECEDENT				Tage on	TV TOURI	20.1004									
DIRECTOR		MD				Baltimore						1)			10d. INSIDE CITY LIMITS? 1XXYES 2 NO		
FUNERAL		1106 N. M	101. ZIP CODE 21213					3		10g. CIT		WHAT COUNTRY?					
B		11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT EVEN FORCES? 1X X Y				2 NO if yes, specify Cuban, Mexican, Pue					IC ORIGIN? (S n, Puerlo Rica	Puerlo Rican, etc.) Black, Whi			E — American Indien, k, White, etc.		
		15. DECEI (Specify only i	DENT'S EDUC	CATION	1	6a. DECEDENT'S	DECEDENT'S USUAL OCCUPATION						16b. KIND OF BUSINESS/INDUSTRY				
COMPLETED		Elementary/Secondary (0-1: 11th		College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use retired.) Laborer Bet						th S	h Steel				
	1	17. FATHER'S NAME (First, Mide							18. MOT	HER'S NAI	ME (First, Midd	le, Maiden S	urname)				
BE		Simms Ander							В	erth	na Br	ice					
TO BE CON		19e. INFORMANT'S NAME (Typ									loute Number, (NAME OF		
		Jesse Boyd				1106				rd /	Ave./				MD 21213		
		29a. METHOD OF DISPOSITIO 1 Densition 5 Other (S	3 - Remo	wal from State	20b. P	LACE AND DATE	ACE AND DATE OF DISPOSITION (Name of Park Randalls						-				
		21. SIGNATURE OF FUNERAL		ENSEE /	//					SS OF FAC	HITY	i Kuli	dui	1300	JWII, III		
DYD		WM C.MARCH F.H./1101 E. NORTH AVE.															
CERTIFICATION		23. PART T. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Between Onset and Death 1 - 2 d															
N: MEDICAL		PERFORMED? AMI COM 1 YES 2 NO OF E									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO						
PHYSICIAN:		25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPIE:					ACE OF C	EATH (Che	ck only one)						
YSI I	1	1 TYES 2 THO		HOSPITAL:	ER/Outpati	ent 3 🗆 DOA	4 Nur		n 5 🗆 R	saldence (6 🗆 Other (Sp	ecify)					
BY PH		27. MANNER OF DEATH 28s. DATE OF INJURY 1 Netural 5 Pending 2 Accident Investigation 28s. DATE OF INJURY 28s. TIME OF INJURY AT A 28d. DESCRIBE HOW INJURY OCCURED WORK? 1 YES 2 NO															
		3 Suicide 8 Co	Al home, ferm,	e, ferm, street, factory, office 281. LOCATION (Street and Number or City or Town, Steps)						or Rural R	Route Number,						
COMPLETED		29a. CERTIFIER (Check only one) 1 CERTIFVINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.															
B		296. SIGNATURE AND PITLE OF CERTIFIER 296. LICENSE NUMBER 29d. OATE SIGNED (Moght, Day, Year) 3/1/93															
1 2		Robert Malamis, mp Univ. of MD Hosp, 205, Greenest, Boltmo															
		31. DATE FILED (Month, Day, Yes	993	32. REGISTRA	R'S SIGNATI	andata"							-				
	_			W.													



BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physicial	ad in by the funeral director, page 5 should be detached for use as the burial-trop removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trope filed within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremarion, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	00 12010						
	1. DECEDENT'S NAME (First, Middle, Last)	FLORENCE EST	ELLE BRO	TZMAN	2. DATE OF DEATH	3. TIME OF DEATH						
	FLORENCE	E DROE	ZMAN	,	MONTH DAY	93 145/AM M						
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In	yrs. last birthday) #	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign						
1	12-28-51-49-	1 M 2 X F 89	YRS.	NTHS DAYS HOURS MIN.	3-20-04	BALTIMORE, MD						
l ~	9e. FACILITY NAME (If not Institution, give s		CITY, TOWN OR LOCATION OF E		UNTY OF DEATH							
DIRECTOR	RESIDENCE OF DECEDENT	THERAN HO,	ne	LOCHEARN	\mathcal{B}	ALTIMORE						
Ü	10a. STATE 10b. COUNTY	r	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY						
ā	mo B	ALTIMORE	Bal	timore	(Lochear	LIMITS?						
¥	10e. STREET AND NUMBER			101, ZIP CODE		TIZEN OF WHAT COUNTRY?						
FUNERAL	6811 CAMPFIE	Ld ROAd		2120	7 7	LSA						
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U FORCES? 1 TYES		13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	NIC ORIGIN? (Specify Yae or No-	14. RACE — American Indian, Black, White, etc.						
8	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR DATE		1 TYES 2 NO Spec		Specify: White						
ED	15. DECEDENT'S EDUC	CATION 1	Se. DECEDENT'S US	IAL OCCUPATION	18b. KIND OF BUSINESS/IN							
H	(Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during most of working tired.)	INC. KIND OF BUSINESS/IN	DUSTRY						
P.	8	0	HAIRD	Cesser	BEAUTY SI	Hard						
COMPLET	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden Surname)							
BE (JOHN MART	IN		5	GARAH G	serbrick						
0	19e. INFORMANT'S NAME (Type/Print)				Route Number, City or Town, State, Zi							
_	DORIS Lewis	>	516	OAKwood 1	Rd Glen Bu	WigMD 21061						
	20s. METHOD OF DISPOSITION 1. ■ Burlet 2 □ Cremetton 3 □ Remo	oval from Stata comete	ary, crematory or other	ISPOSITION (Name of place)	DATE 20c. LOCATION	City or Town, State						
	4 Donetion 5 Other (Specify)	Ne	42 Catheri	ial Cem.	15/5/9. Balt	city mo						
	21. SIGNATURE OF FUNERAL SERVICE LIC	Kevin E. E	cker	22. NAME AND ADDRESS OF FA	0 0 /	E PATAISCO Me						
	12-12				RA	170.MD 21225						
	23. PART i. Enter the diseases, or o shock, or heart failure.	complications that caused to List only one cause on each	he daath. Do not h lina.	enter tha mode of dying, aud	ch as cardiac or respiratory ar	reat, Approximata interval Between						
	IMMEDIATE CAUSE (Final	disease or condition ORRERED ACCOUNTS										
	DUE TO (OR AS A CONSEQUENCE OF):											
õ	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
SAT	cause. Enter UNDERLYING CAUSE (Disease or injury											
Ĕ	that initiated evants	DUE TO (OR AS A CO	ONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST	J										
MEDICAL	-LARCE CE	LL CARGIN	and S	IP RANGE	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
0	- ADULT D	NICET N	100576	The state of	1 TYES 2 ANO	OF DEATH?						
	- HYPERTENSION, DEMENTA											
IAN	25. WAS CASE REFERRED TO MEDICAL 28 PLACE OF DEATH (Check code code)											
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie		HER: Nursing Home 5 - Residence								
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW INJURY OC	CURED						
BY	1 Natural 5 Pending 2 Accident Investigation	(month, bay, rear)	INJUNY	M 1 YES 2 NO								
	3 Suicide S Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stree	t, factory, office	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	4 Homicide determined				only of form, order							
7	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated.											
Š	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data end piece, and dus to the ceuse(s) and menner ee stated.											
wil	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SEGNED (MINNE). Day, Veloc)											
TO B	Jasueen D	talelian	in	1) 1285	95- 1	5/3/93						
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	/	/	1 - 0	11.						
ł	IHSNEEM L	HKHANI,		ARK HEICHT	HVE, BAL	18 MD 21208.						
	MAY 5 1993 4	32. REGISTRAR'S SIGNATU	IRE									
	1333 7	merkentern-fland	100									

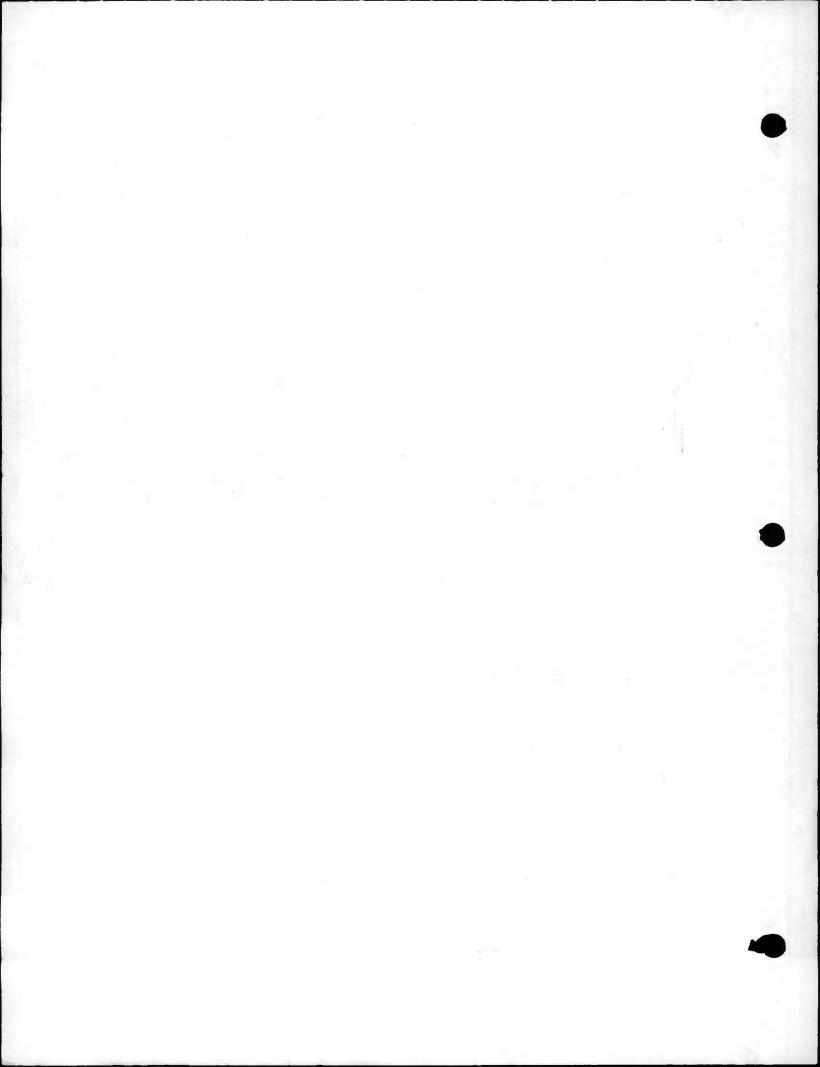


	1 - STATE REGISTRAR		CERT	FICATE	OF DEATH	REG. N					
	1. DECEDENT'S NAME (First, Middle, Last)	VE BO		hy E. E		2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y			y) IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH	-	BIRTHPL	ACE (State or Foreign		
	212-16-5149	1 🗆 M 2 💢 F	71 YRS	MONTHS C	AYS HOURS MIN.	June 8,	1	Country)	vland		
~	9a. FACILITY NAME (If not institution, give :			9b. CITY, TO	OWN OR LOCATION OF D			Y OF DEAT			
DIRECTOR	Harbor Hospital Center Baltimore Baltimore City										
JE (100. STATE 10b. COUNT Maryland Ann		10c.	CITY, TOWN OR		3		10	Dd. INSIDE CITY		
	100. STREET AND NUMBER	ne Arundel			Pa 101. ZIP CODE	sadena			YES 2 NO		
FUNERAL	2313 229th St.		101. ZIP CODE 109. CITIZEN OF V United								
FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WA	S DECENDENT OF HISPA Ps, specify Cuben, Maxic	NIC ORIGIN? (Specify Y		4. RACE —	American Indien,		
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2 NO Speci			Specify:	White		
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION c. completed)	16e. DECEDEN	'S USUAL OCCI	IPATION ng most of working	16b. KIND OF B	USINESS/INDU:	STRY			
E)	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+)				D	Domoskie				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	17. FATHER'S NAME (First Middle Leet)				Homemaker Domestic 18. MOTHER'S NAME (First, Middle, Maiden Surname)					
BE C	Harry	Wise		Cla		G. Baker					
D B	19a. INFORMANT'S NAME (Type/Print) Alvin P. Bosse				treet end Number or Aural						
	20a. METHOD OF DISPOSITION				St., Pasa		2112				
	1 Buriel 2 V Cremation 3 Rem 4 Donetion 5 Other (Specify)	noval from State Cen	b. PLACE AND DA netery, cremetory of etro Cr	r other place)			OCATION — CI				
	21. SIGNATURE OF PUNERAL SERVICE LI	Catonsv									
	McCully Funeral Home of Pasadena, 3204 Mountain Rd., Pasadena, MD 21122										
	23. PART I. Enter the diseases, preshock, present fellure.	complications that cause Liet only one cause on a	d the deeth. Deech line.	not enter th	e mode of dylng, aud	ch ee cerdlec or ree	piretory arree	ıt,	Approximete Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition								Onset and Death		
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE	050	-anwa				20a4		
2		· Mull	riple	ω	MOIGU	α			2 40		
2	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
띮											
ERT											
	PART II. Other significant condition	as contributing to death b	out not reculting	g in the unde	rlying ceuse given in	Part I. 24s. WAS A	N AUTOPSY	24b. WE	ERE AUTOPSY FINDINGS		
DICAL	Seulle	Kyph	10 SC	olic	Sis	PERFO	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ME		3 (OF DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL				to the second second second						
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO										
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		-	c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED			
B	1 Natural 5 Pending 2 Accident Investigation	24- 81 405 05 101 1150			YES 2 NO						
ETED	3 Suicide 6 Could not be 4 Homicide datermined	building, etc. (Spec	atreet, factory, office 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State)								
PLE	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beat of my know	rledge, death occi	erred at the time	date end place, and due	to the cause(s) and m	enner se stated				
COMPL		ER: On the beals of examination							d menner es stated.		
	296. SIGNATURE AND TITLE OF CERTIFIES	0000		010	29c. LICENSE NU			IGNED (Mo	onth, Day, Year)		
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLES CO. CO.	to We	STQ	68 HS-21	141614-2	3 > 5	, 3	193		
	AFROZE N	NO EER.			HOSP	ITAL (FR	TE	P		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		10010	1.001				1		
	MAY 5 1993	Jethe Devidon-A	andelle								
	11111 0								DHMH-16 Rev 1/I		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

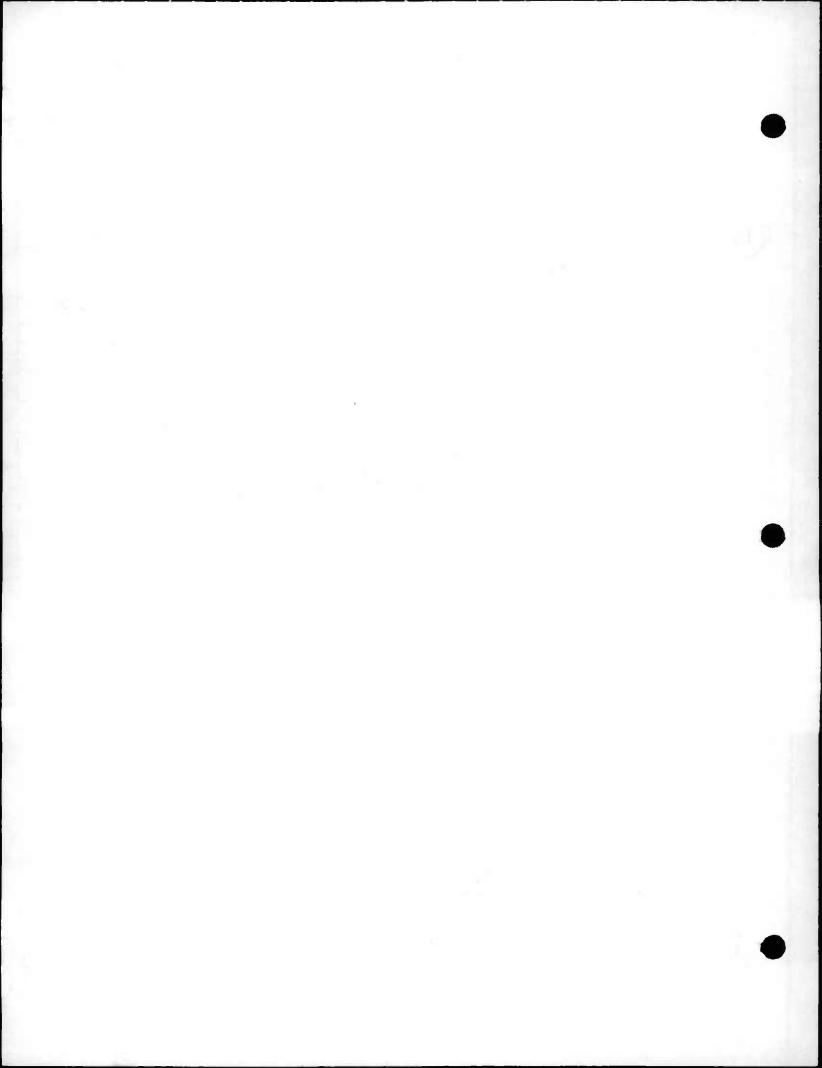
BALTIMORE, MARYLAND 21215-0020

FOR



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 12878 FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH ALPHONSO COVERDALE 04 28 93 7:21 P.M 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTHPLACE (State or Foreign 222-22-1610 56 DAYS 4-26-37 12€30M 2 □ F Delaware 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR 1915 MOSHER STREET BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY M.D. Baltimore YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1915 Mosher Steet 21217 funeral director, page 5 should be detached for use as the burial-transit U.S.A retained by the hospital or attending physiclan. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XIX YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried XX Merried 1 YES ZONO BY Specify: Specify: Black 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Coppin State College Chef 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) To Willis Coverdale BE Annie Winchest er notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ruth Coverdale 6310 Southwood Rd. Balto. M.D. 21239 pe Pe 20a. METNOD OF DISPOSITION
1 ☐ Burlel ※ ☑ Cremation 3 ☐ Removal from State hours after death. Page 6 may 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must cemetery, cremetory or other placer eenmount 4 Donation 5 Other (Specify) 4/30 BAltimore City examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ko uneral in by the f removal. medical 23. PART i. Enter the diseasea, or complications that ceused the deeth. Do not enter the mode of dying, such ea cardiac or respiratory arrest, filled in by Approximate ahock, or heert feilure. List only one ceuse on each line. 9 completely filled **IMMEDIATE CAUSE (Final Onset and Death** the disease or condition HYPERTENSIVE CARDIOVASCULAR DISEASE certificate be executed within resulting in death) traumatic event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): hysician and com CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): attending physician a ental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury other that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 0 n signed by the attent f Health and Mental H requires that the death Injury, PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL any COMPLETION OF CAUSE 1 TES 2 NO shows a 1 TYES 2 NO been L of l INOUIRY has be Dept. PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) this certificate h tem OTHER: 1 X YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Nome 5 X Rasidence 8 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) Natural 28c. INJURY AT WORK? marked, 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 YES 2 NO After to BY Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 50 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after d ETED 8 Could not be 4 Nomicide COMPL 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the ceuse(a) and menner ae stated. (Check only FUNERAL within 72 h IMPORTANT: IL 2XXMEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(e) end manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 를 표 등 0 4-29-1993 223 O.C.M.E. 9 NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 J.LARON LOCKE MD. 31. DATE FILEO (Month, Day, Year, 42 REGISTRAR'S SIGNATURE

DNMH-16 Rev 1/89



3. TIME OF DEATH

BRUNSWICK CY

10d. INSIDE CITY

1 📉 YES 2 🗌 NO

9c. COUNTY OF DEATN

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. RACE — American Indian, Black, White, etc.

Specify: BLACK

7:04 P

8. BIRTNPLACE (State or Foreign VIRG

2. DATE OF DEATH MONTH DAY

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

CLARENCE

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5_2_93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 229-34-4104 9-9-27 65 DAYS 12 M 2 - F HOURS YRS. use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 1002 LYNDHURST ST. DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c CITY TOWN OR LOCATION MD. BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1002 LYNDHURST AVE 21229 ay be retained by the hospital or attending physician. page 5 should be detached for use as the burial-tran 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married
3 Widowed 4 Divorced B COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl College (1-4 or 5+) Elementary/Secondary (0-12) RYDERS TRUCK COMP. 10th MECHANIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) AUSTIN CLAIBORNE notified at MATTIE BYRDSONG BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) DALLAS CLAIBORNE 2303 PENTLAND DR. BALT. MD. 21234 24 hours after death. Page 6 may be 9 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 15 Burlel 2 Cremation 3 1 1 4 Donation 5 Other (Specify) 3 - Removal from State director, ARBUTUS MEM. PK. 5-8-93 BALT. examiner 21. SIGNATURE OFFUNERAL SERVICE LICENSES "NUTTER FUNERAL HOME funeral 2501 GWYNNS FALLS PKWAY 21216 filled in by the fion, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final cremation, an and completely fi to burial, cremation disease or condition resulting in death) I Dio you Dilated andiomy ayoth within event, DUE TO (OR AS A CONSEQUENCE OF): executed traumatic been signed by the attending physician and one of Health and Mental Hygiene prior to buri CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING death certificate be CAUSE (Disease or Injury or other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? requires that any 1 TYES 2 NO shows ? r this certificate has been with the State Dept. o PHYSICIAN: ME 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO DR ATTENDING PHYSICIAN: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO THE HOSPITAL DR ATTENDING F THE FUNERAL DIRECTOR: Affer I flied within 72 hours after death BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 is I 3 Sulcide 6 Could not be determined E 4 Homicide Е Item 29a. CERTIFIER
(Check only one)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated.
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the c COMPL TO THE HOSPITAL
TO THE FUNERAL C
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER mo 31976 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

SCHAM

N 0 38 REGISTRAR'S SIGNATURE

Julia Deviden - Routerde

DAVID

MAY 05 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

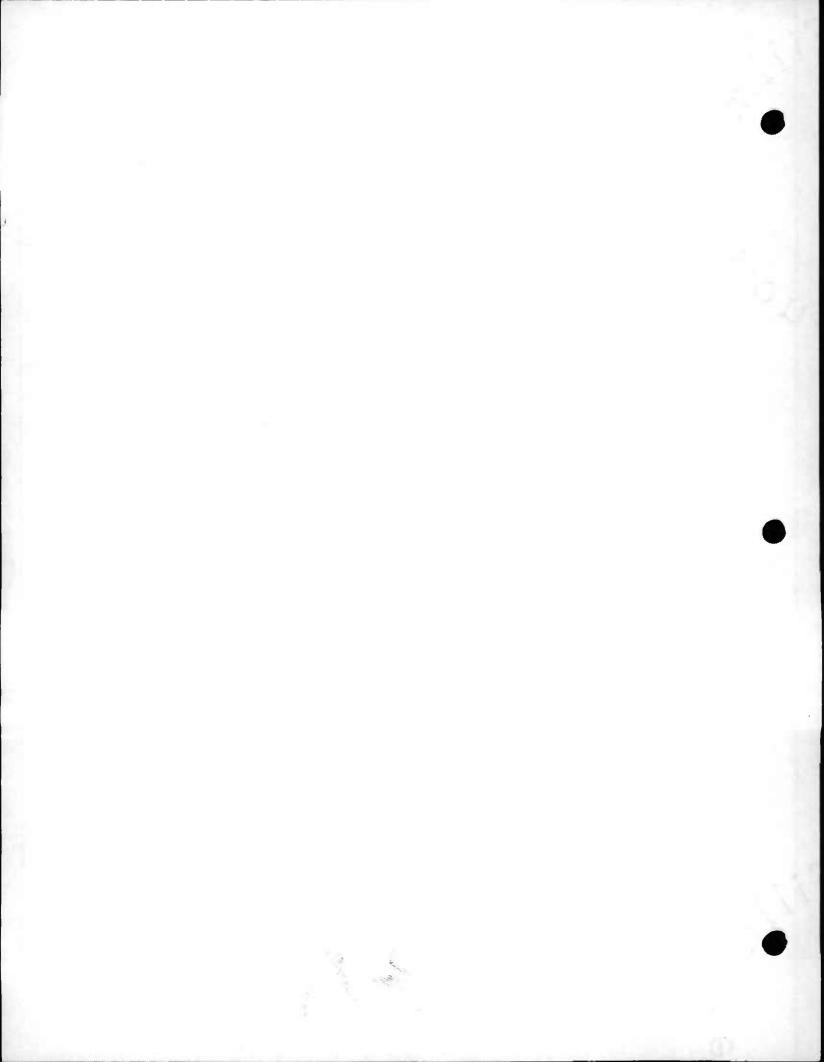
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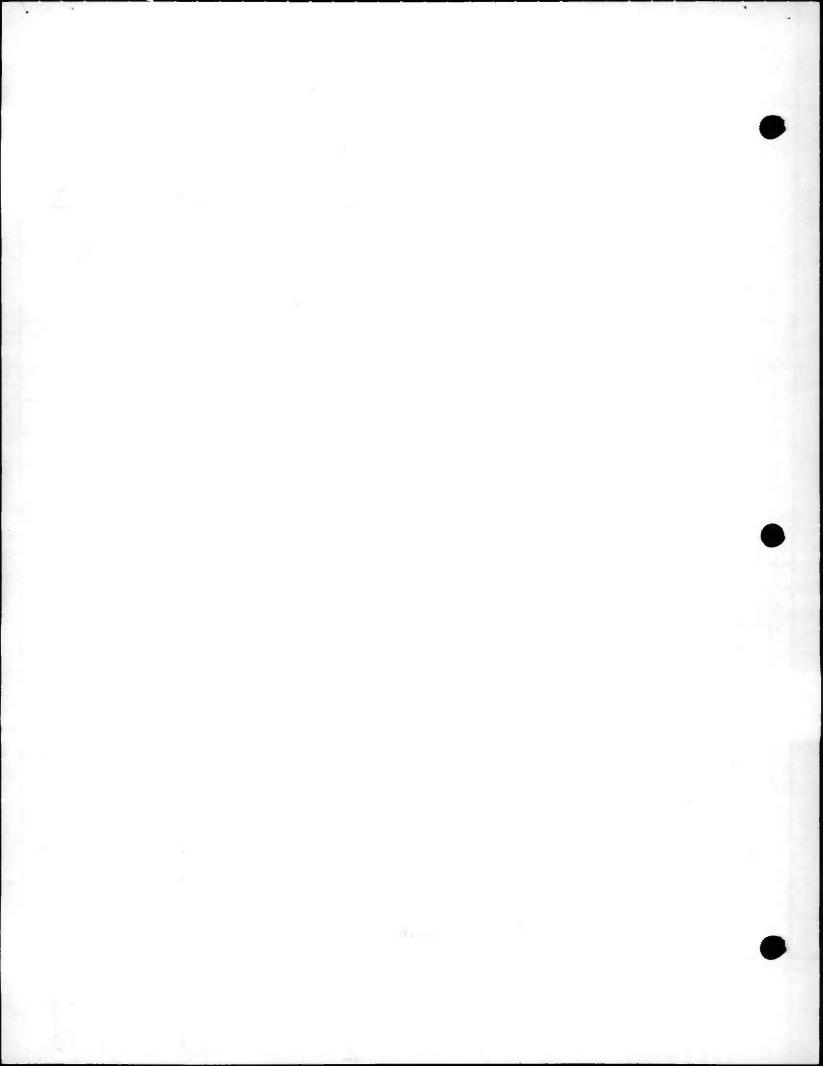
MIKE

20c. LOCATION - City or Town, State Approximate interval Between Onset and Death sales 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d, DATE SIGNED (Month, Day, Year) D515/53 30170 mp 21209 DNMN-16 Rev 1/89



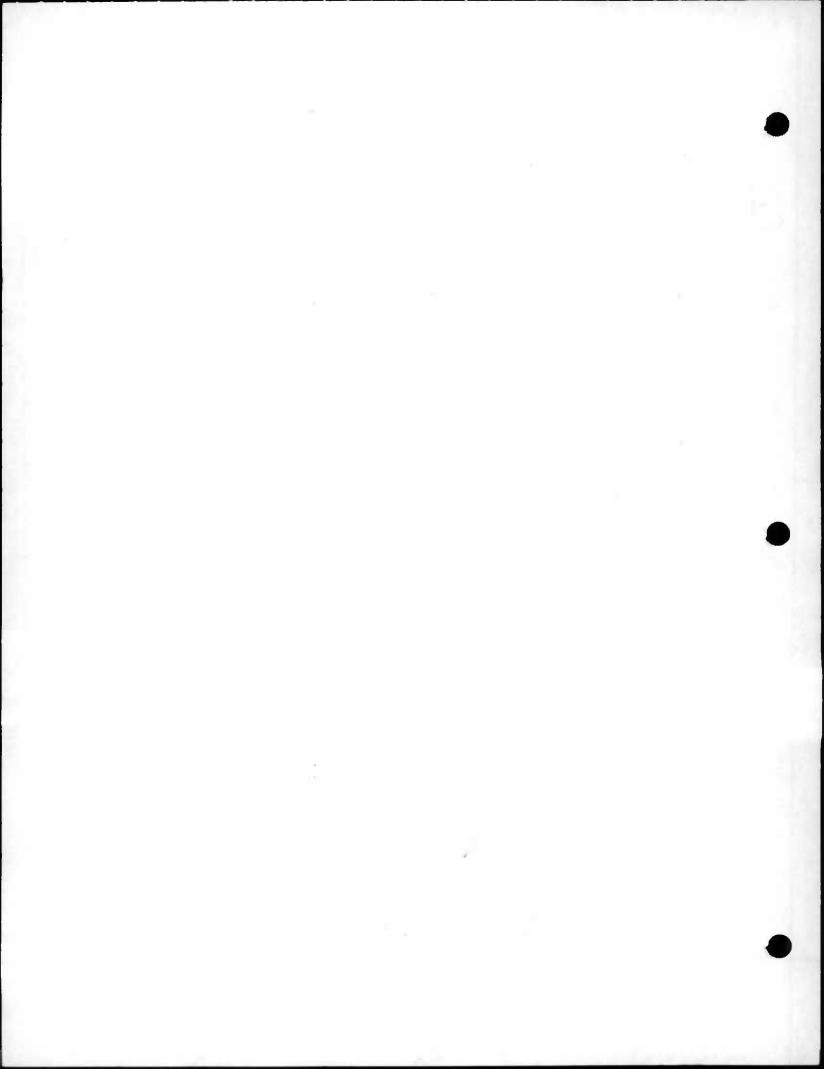
BALTIMORE, MARYLAND 21215-0020	AN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	madical avaminar must be nessigned as seen
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMDODYANT: If item 22 is marked or liam 23 shows any intervent the market avaning must be needled at some

	HEGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	IO.		
18	1. DECEDENT'S NAME (First, Middle, Last) EVa	FAUSTINA		Curtis		2. DATE OF DEATH	9 4 , 1993	3. TIME OF DEATH 7:05am	
73	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 T F 80 YRS. 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. NONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year) 11-22-1912 BAI								
CTOR	9a. FACILITY NAME (If not institution, give str Maryland Gen		al al	96. CITY, TOWN OR LOCATION OF DEATH Baltimore City 9c. COUNTY OF DEATH Baltimore City					
[5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY								
DIRE	MD.		10c. CI1	Y, TOWN OR LOCATED BALTIN	ORE CIT	ď		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	1600 WEST MT. ROY.	AL AVENUE		101	OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	13. WAS DEC	RACE — American Indian, Black, Whita, etc. Specify:				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Elementary/Secondary (0-12) Elementary/Secondary (0-12) College (1-4 or 5 +)								
A P			DOMEST	IC					
ш	17. FATHER'S NAME (First, Middle, Last) CHARLES SYLVI	ESTER HENRY			16. MOTHER'S NA	AME (First, Middle, Maid	en Sumeme)		
00	19a. INFORMANT'S NAME (Type/Print)	ESTER HENRY	19b. MAILING	ADDRESS (Street a		Route Number, City or 1		dal	
2								3.7	
GILDERT JOHNS 929 MOUNT DESERT HARBOR, PASEDENA, MD, 21122 20a. METHOD OF DISPOSITION 1 QBurlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE DISPOSITION (Name of campleing cremeting of chief place). OATE 20c. LOCATION — City or Town, State								or Town, Stata	
	A Donation S Other (Specify) MT. CALVARY CEMETERY BALTIMORE, MD. 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A.								
	23. PART I. Enter the disesses, or co shock, or heart failure. L	omplications that cause list only one cause on	ed the deeth. Do each line.					Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic adenocarcinoma of the colon Due to (or as a consequence or): Due to (or as a consequence or):								
ATION	Sequentially list conditions, oue to (or as a consequence of): if any, leeding to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):					
	PART II. Other significant conditions	contribution to death	h			T			
MEDICAL	- Signican Condition	contributing to death	but not resulting	in the underlying	g cause given in	Part I. 24a. WAS: PERF 1 YES	AN AUTOPSY ORMED? 2 本 NO	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
ż									
PHYSICIAN:		HOSPITAL:	Ipatient 3 🗆 DOA	OTHER:	ACE OF OEATH (Ch	8 Other (Specify)			
PHY	27. MANNER OF OEATH 1) Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)		E OF 28c. INJ		28d. DESCRIBE HOV	V INJURY OCCUR	ED	
TEO BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28. Could not be determined 28. Could not be determined 28. Could not be determined 28. Could not be determined 28. Could not be determined 28. Could not be building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, tactory, office City or Town, State)								
COMPLETED		IAN: To the best of my know						ause(a) and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	71	0		29c. LICENSE NUI			GNED (Month, Day, Year)	
TO BE	Tomando A	Jan O	tion			/a	D 4-	29-93	
	30. NAME AND ADDRESS OF PERSON WHO Leonardo Gai	m Lin, M.D.	EATH (ITEM 27) (Type	70 Mary	and Gene	eral Hosp	ital		
	31. DATE FILED (Month, Day, Year)	FUND DAY COM	MAT / Some			-	· ·		

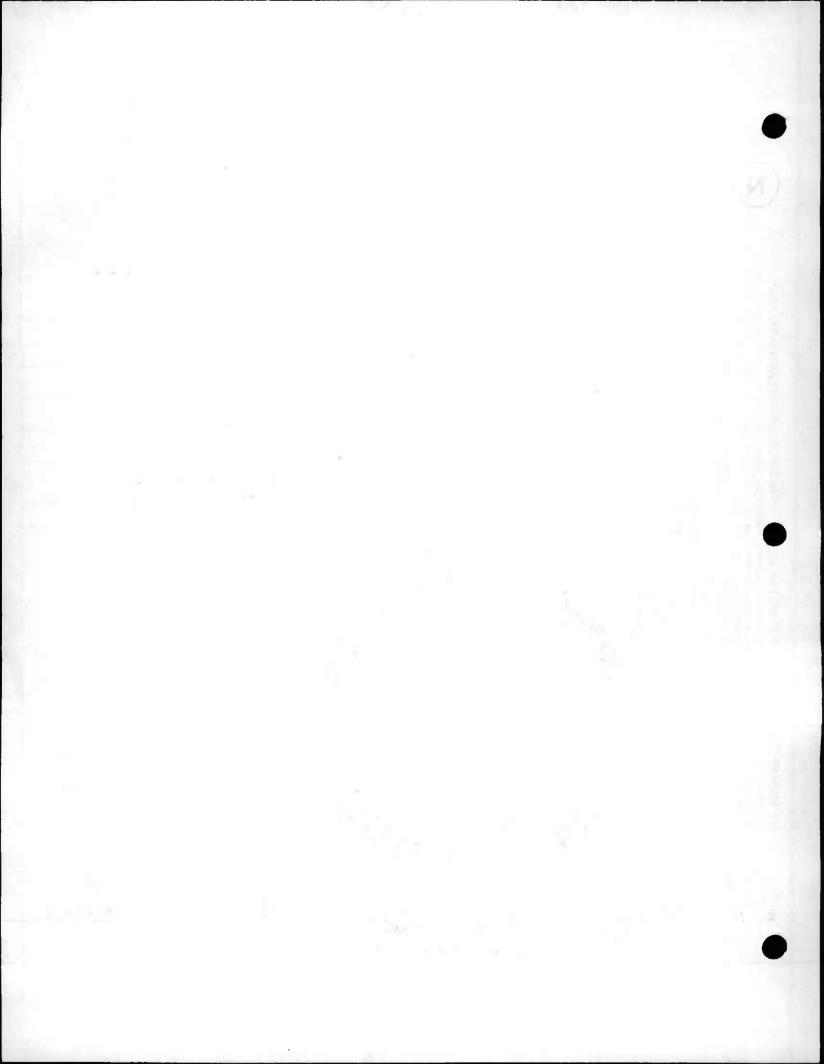


BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physics	of in by the funeral director, page 5 should be detached for use as the burian- or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlants be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlai, cremination, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAI CERTIF	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	0 12001				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH				
	CHARLES		CLAYBORNE	05 03 9	3 07:05 AM M				
	4. SOCIAL SECURITY NUMBER 229-30-1000 10. FACILITY HAME (If not institution, give in	S. SEX 1 X M 2 F street and number) 5. AGE (in yrs. loss birthday) YRS.	# UNDER 1 YEAR F UNDER 24 HYS. MONTHE DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF 6	1-27-32	BHITHPLACE (State or Foreign				
DIRECTOR	NORTH ARUNDEL HO	OSPITAL ASSOCIATION	GLEN BURNIE	A	.A. COUNTY				
	100. STATE 100. COUNT	6	Y, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 VES 2 NO				
FUNERAL	7399 FURANCE	12 WAS DECEDENT EVER IN U.S. ADMED	101. ZIP COOR 240/1/	7 11	OF WHAT COUNTRY				
BY	1 Never Married 2 Married 3 Wildowed 4 Divisioned	1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuten, Mexican, Puerto Rican, etc.) Black,							
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		S USUAL OCCUPATION work done during most of working see retired.)	166. KIND OF BUSINESS/INDU	STRY				
BE CON	17. FATHER'S NAME (First, Agoga, Lago), 18. MOTHER'S NAME (First, Mysique, Adolen Surreame)								
0	DIANA BATI	55/1 //	BIRO VA	Route Number, City or Yown, State, Zip C	oole)				
	20 METHOD OF DISPOSITION 10 Burlal 2 Crempton 3 Rem 1 Donation 5 Spec (Specify)	Could from State	OF DISPOSITION (Name of	14/13 ANGTON - CH	ty or Town, State				
	21. SIGNATURE OF PHINERAL SERVICE LIC	Vant	DARY I'M	APCH FUNERS!	June Ta,				
	23. PART I. Sinter the diseases, or o shock, or heart failure.	complications that caused the death. Do not be complications that cause on each line.	not enter the mode of dying; su	th as cardiac or respiratory arres	it, Approximate interval Between				
	IMMEDIATE GAUSE (Final disease or condition resulting in death)	. Cgedio Dulmo	naro unest	-	Onset and Death				
NO	DUE TO (OR AS A CONSEQUENCE OF):								
CATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c. Of the solution of the consequence of the conseq	enotic candiov	asc. objec					
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE O	F):						
MEDICAL (PART II. Other significant condition	ns contributing to death but not resulting	in the underlying cause given in	PERFORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
: MED				1 D YES 2 NO	OF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF OEATN (C	neck only one)					
YSIC	1 TES 2 NO	HOSPITAL: 1 X Inpatient 2 - ER/Outpatient 3 - DOA	OTHER: 4 □ Nursing Nome 5 □ Residence	6 ☐ Other (Specify)					
ву Рн	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIM	DE OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d, OEȘCRIBE HOW INJURY OCCU	REO				
	3 Suicide 6 Could not be datarmined	28s. PLACE OF INJURY — At home, farm, building, atc. (Specify)	street, tactory, offica	261. LOCATION (Street and Number of City or Town, State)	Rural Route Number,				
COMPLETED		CIAN: To the best of my knowledge, death occurr R: On the bests of examination and/or investigation							
BE C	296. SIGNATURE AND TITLE OF CERTIFSES		79c, LICENSE NU		GIGNEO (Month, Day, Year)				
5	30. NAME AND ADDRESS BY PERSON WH	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print) Da56	011 1 5	14/93				
	IRA E. KAPLAN, M	.D./7845 OAKWOOD ROAT	D, SUITE 200/GLE	N BURNIE, MARYL	AND 21061				
	MAY 0 5 1993	32 AUGISTINA S SIGNATURA							



		FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H			SIENE /	3-12880
	1000	1. DECEDENT'S NAME (First, Middle, Lest)	CHARLES		OK.	SR	2. DATE OF DEA	TH -	YEAR 9: 20 HM
		4. SOCIAL SECURITY NUMBER 213-03-6063		n yrs. last birthday) O YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye Jan. 11	ear)	BIRTHPLACE (State or Foreign Country) Maryland
(N)	DIRECTOR	Sa. FACILITY NAME (If not institution, give so Fall Ston) Ganera	reet and number)			OR LOCATION OF D			Y OF DEATH
		RESIDENCE OF DECEDENT 104. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY
permit. Pages		Maryland Har	ford		Bel Ai				1 TES 5 XXNO
	FUNERAL	900 Araby Court			101	21014			U.S.A.
5-0020 nding physician. is the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 1 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2XXNO	If yes, sp		NIC ORIGIN? (Speci an, Puerto Rican, et fy:	fy Yes or No- 1	4. RACE — American Indian, Black, White, atc. Specify: White
2121 al or atte for use a	ETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a, DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION work done during mose retired.)	ON ist of working	16b. KIND O	F BUSINESS/INDU	
N hospitt	COMPL	N/A 17. FATHER'S NAME (First, Middle, Last)	N/A	Servi	ce Manag			o Deale	rship
# 8 a Z	ш	Wilbert S. Cook				Į.	AME (First, Middle, M Iasson	laiden Sumame)	
MA retain 5 sho	TO B	19a. INFORMANT'S NAME (Type/Print) Barbara Agnes Cod	ok (wife)				Route Number, City of		,
	1	20a. METHOD OF DISPOSITION 1 □ Burial □ 2 □ Cremation □ 3 □ Ramo	20h	PLACE AND DATE	DEDISPOSITION (No	ame of	Air, Ma	C LOCATION - CI	by or Town State
		4 Donation 5 M Other (Specify) ET	tombment Lo	Pan Pan	ck Cem.	Mausoleu	m 5/5 B	altimore	Maryland
		Man -	Turis		Schim 9705	unek Fun Belair R	eral Hom	imore, 1	D 21236
24 hours after of filled in by the ion, or removal.	- 1		List only one ceuse on ea	ch line.				reepiratory arres	Interval Between
60, within 24 ho npietely filled cremation, or vent, the m		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Conges			Farly	ve		Onset and Death 3 days
B 6 - 6	2		DUE TO (OR AS A	D .	F):				3040.
Ta clan	ATIO	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF	F):				
th certificat ending physical Hygiene p	CERTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):				
	7	PART II. Other significant condition	e contributing to deeth bu	it not resulting	in the underlying	g cause given in	Part i. 24a, W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
signed Health	MEDIC/							ES 2 (NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
		25. WAS CASE REFERRED TO MEDICAL			-				
_ F 8 8 5 b	PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	itlent 3 DOA	OTHER:	ACE OF DEATH (CI	6 Other (Specify	")	
G PHYS er this narked	ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY WO	URY AT PRICE 2 NO	28d. DESCRIBE H	IOW INJURY OCCU	REO
OIVISION OR ATTENDING DIRECTOR: After hours after death	8	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, etc. (Speci	— At home, farm, (street, factory, office	•	28f. LOCATION (S City or Town,	Street and Number of State)	Rural Route Number,
로 작은 ==	COMPLET		CIAN: To the best of my knowledge. R: On the besis of examination						cause(s) end manner as stated.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	BE	296. SIGNATURE AND TITLE OF CERTIFIEF				29c. LICENSE NU	MBER - 609 ·	29d. DATE	SIGNED (Month, Day, Year)
FFA	2	30. NAME AND ADDRESS OF PERSON WHI		TH (ITEM 27) (Type,					
10		31. DATE FILED HOPEN, PHY HOUNG QQQ	32/E#27/E32	William da	vo lution	n St - M	arre De	L'ace	My 21078
		MHI 0 1333	9		22 1				



FOR STATE REGISTRAR

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BE

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23

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH монтн 0.5 Michael David Cohen 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTN (Month, Day, Year, 1 M 2 D F DAYS 10-Se. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RAILROAD/RT RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MAYIAND FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 0 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-1 Never Married 2 Merried Il ven specify Cubar M В IF YES, GIVE WAR OR DATES 1 TYES 2 AO Specify 4 Divorced BE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NQT use retired.) 15. DECEDENT'S FOLICATION (Specify only highest grade comp College (1-4 or 5+) tome 17. FATHER NAME (First, Middle, Lest) ohen 0 RNARD notified at 19b. MAILING ACORESS 2 ORRIS ound pe 20a. METNOD OF OISPOSITION
1
Burlel 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (No. DATE Must 3 🗆 4 Donallon 5 Other (Specify) examiner 21. SIGNATURE OF PUMERAL SERVICE Zannino Joseph N. medical complications that coused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, 23. PART I Enter the dis shock, or hand feiture. List only one cause on each line IMMEDIATE CAUSE (Final the LE THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the A CONSEQUENCE OF OUE TO (O CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) OTHER 1 XYES 2 NO 1 | Inpatient 2 | ER/Oulpatient 3 | DOA 27. MANNER OF DEATH OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5/1/93 30P M 2 X NO В SUBJECT 2 Accident 28e. PLACE OF INJURY — building, atc. (Specify) ETED. Suicide 6 Could not be 4 Nomicide RAILROAD COMPL 1 CERTIFYING PNYSICIAN: To the best of my kind ne, data and place, end due to the cause(a) and menner as stated,

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CERTIFICATE OF DEATH

29c. LICENSE NUMBER

Street.

C.M.E

Baltimore.

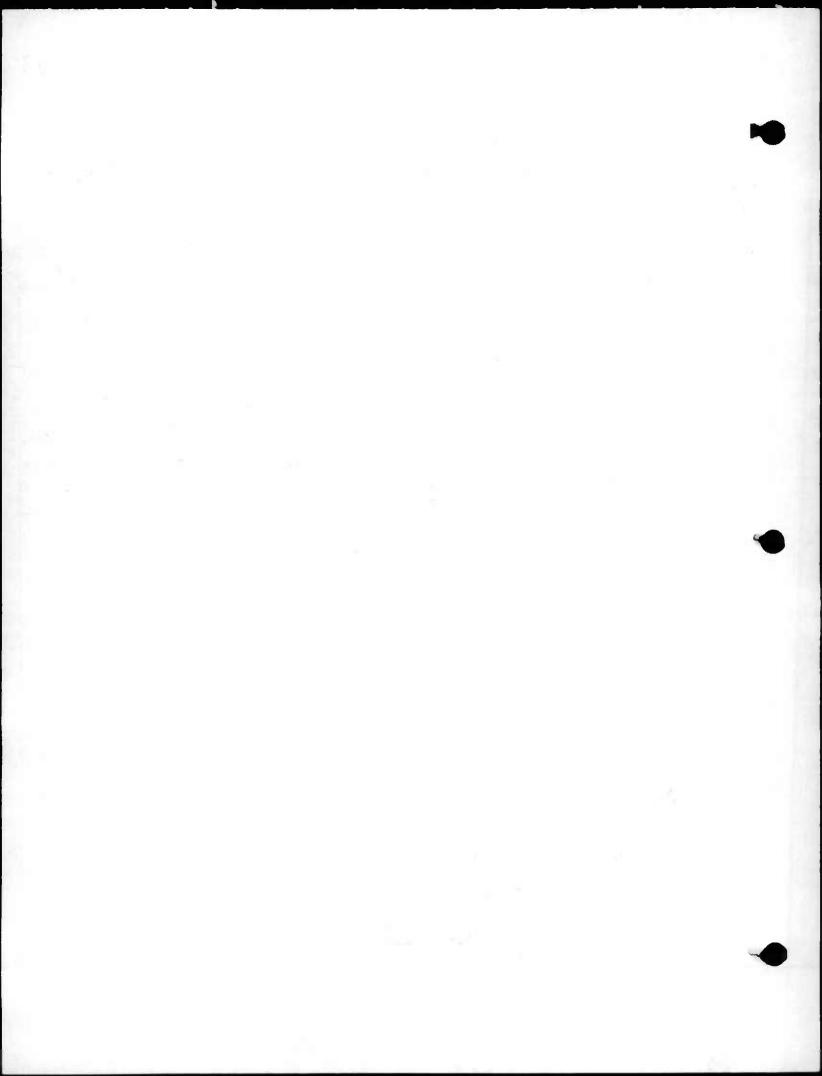
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 3. TIME OF DEATH 01 11:00 P 9c. COUNTY OF OEATH HARFORD 10d. INSIDE CITY 1 TES 2 PNO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE Black. American Indian te 16b. KIND OF BUSINESS/INOUSTRY 1040 20c. LOCATION -Conkling St. Balto. Md. Approximate intervel Between Onset end Death 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 1 YES 2 | NO SCENE OF ACCIDENT STRUCK BY TRAIN 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 22&ROGERS ST OVERPASS ath occured at the time, date and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)



21201

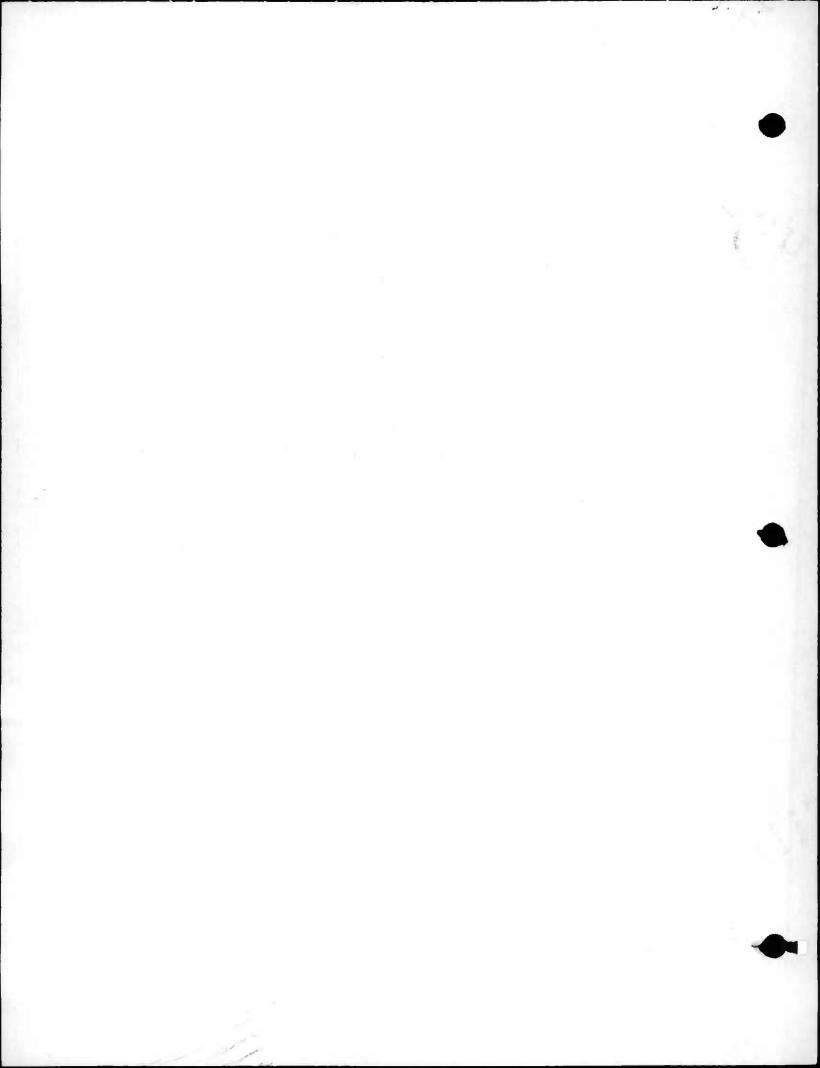
05/02/93

Maryland



		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		12884		
		1. DECEDENT'S NAME (First, Middle, Last) ROSETTA	Smith	OOY.			DAY YE	3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER		COX n yrs. last birthday) IF UNI	DER 1 YEAR IF UNDER 24 HRS.	4 30	199	3 1:54 P		
pyre		216-07-0220 9e. FACILITY NAME (If not institution, give str	1 🗆 M 2 💢 F 8	O YRS. MONTH	S DAYS HOURS MIN.	12-9-12	, '	MD MD	gn	
3 should	E	2452 DRUID HI		96. C	TY, TOWN OR LOCATION OF O BALTIMORE		9c. COUNTY	OF OEATH		
_	5	RESIDENCE OF DECEDENT				CITY				
	DIRECTOR	MD			1 MOYE			10d. INSIDE CITY LIMITS? YXX YES 2 \(\text{\text{N}} \) NO	0	
	ERAL	100. STREET AND NUMBER 2452 Druid Hi	11 Ave.		101. ZIP CODE 21217		10g. CITIZEN	OF WHAT COUNTRY?		
21215-0020 al or attending physician for use as the burial-tra	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 100	3. WAS OECENDENT OF HISPA If yee, specify Cuben, Maxic 1 YES 2 NO Speci	an, Puerto Ricen, etc.)				
215-0	COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USUAL (Give kind of work dor	OCCUPATION ne during most of working	16b. KIND OF BL	JSINESS/INDUST			
YLAND 21 by the hospital or be detached for u at once.	J.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)		ne during most of working f.)					
ANI the hosy detache	OMI	17. FATHER'S NAME (First, Middle, Last)		Domestic		AME (First, Middle, Maider	n Sumamal			
YL, the d be d	BE C	Stewart Smith				Edwards	, danieria,			
MARYLAND 2121 retained by the hospital or att 5 should be detached for use notified at once.	10	19e. INFORMANT'S NAME (Type/Print)			SS (Street and Number or Rural					
E, N be r page 5		Mark Matthews 200. METHOD OF DISPOSITION			orest Glen				<u> </u>	
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		1 N Buriel 2 Cremetion 3 Remo	rval from State 205.	PLACE AND DATE OF DISP ptery, crematory or other plac YDUTUS ME	osition(Name of Morial Par	K Arl	butus,			
ALTIN death. Pag e funeral dir examiner		21. SIGNATURE OF FUNERAL SERVICE LICE			2. NAME AND ADDRESS OF F		,			
SAL rr death he fund al.		- Ilmann	(and	w	M C. MARCH	F.H./110	01 E.	NORTH AVE		
		23. PART i. Entar the diseases, or co shock, or heart failure. L	omplicatione thet ceused let only one cause on as	the deeth. Do not ent	er the mode of dying, suc	ch as cardiac or reap	iratory arrest,	Approximete	e	
₹ E E 9		IMMEDIATE CAUSE (Final disease or condition						Onset and D		
E 50 00	1	resulting in death)		CONSEQUENCE OF:	ive Pulmona	ary Disea	se			
D 2 2 3	z							ļ		
OX 68 be exect cian and for to built raumati	ET S	Sequentially list conditions, if any, leading to immediate								
B(ificate physic per print her tr	FIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
P.O. Ith certification in Hygien or other	CERTIFICATION	resulting in death) LAST						Ì		
e dea he att Mentz	2	PART II. Other eignificant conditions	contributing to deeth bu	it not reculting in the	underivina ceuse alven in	Part I. 24a. WAS AP	VAUTOPSV	24b. WERE AUTOPSY FIND	MNCC	
三 智 中 智 🗾	ICAL	Hypertens			, , , , , , , , , , , , , , , , , , , ,	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAU)	
RECO v requires the been signed t. of Health shows an	MEDI	/ 1					N_ 110	OF DEATH?	ı	
Law law	Z.									
N: The ficate h State C	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН						
FVIT SICIAN: Th certificate th the State	HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa	26b. TIME OF	28c. INJURY AT	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUR	FD		
	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Dey, Year)	INJURY M	WORK?					
TISIC TTENDI TTENDI TOR: A affer d	COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY - building, etc. (Specif	At home, farm, atreat, fr						
DIV AL OR A LL DIREC 2 hours f Item	PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my knowle	dge, death occurred at the	time, date end piece, and du	e to the ceuse(e) end me	nner se stated.			
HOSPITAL FUNERAL Within 72	SO	2 MEDICAL EXAMINER	: On the basis of examination	and/or investigation, in m	opinion, death occured at the	s time, date end place, er	nd due to the ca	use(s) and manner se state	ad.	
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIREC DE filed within 72 hours IMPORTANT: If Item	BE (29b. SIGNATURE AND TITLE OF CERTIFIER	0 101	,	29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)		
223	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type Print)	OCME		4	30 199	3	
			1:	11 Penn S	treet, Bal	timoro N	Marril -	nd 21201		
3		31. DATE FILEO (Month, Day, Year) MAY 5 1993	32 REGISTRAR'S SIGNA	TURE Andalls	Dar Dar	CTHIOTE . I	<u>rat A 19</u>	nd 21201		

DHMH-16 Rev 1/89



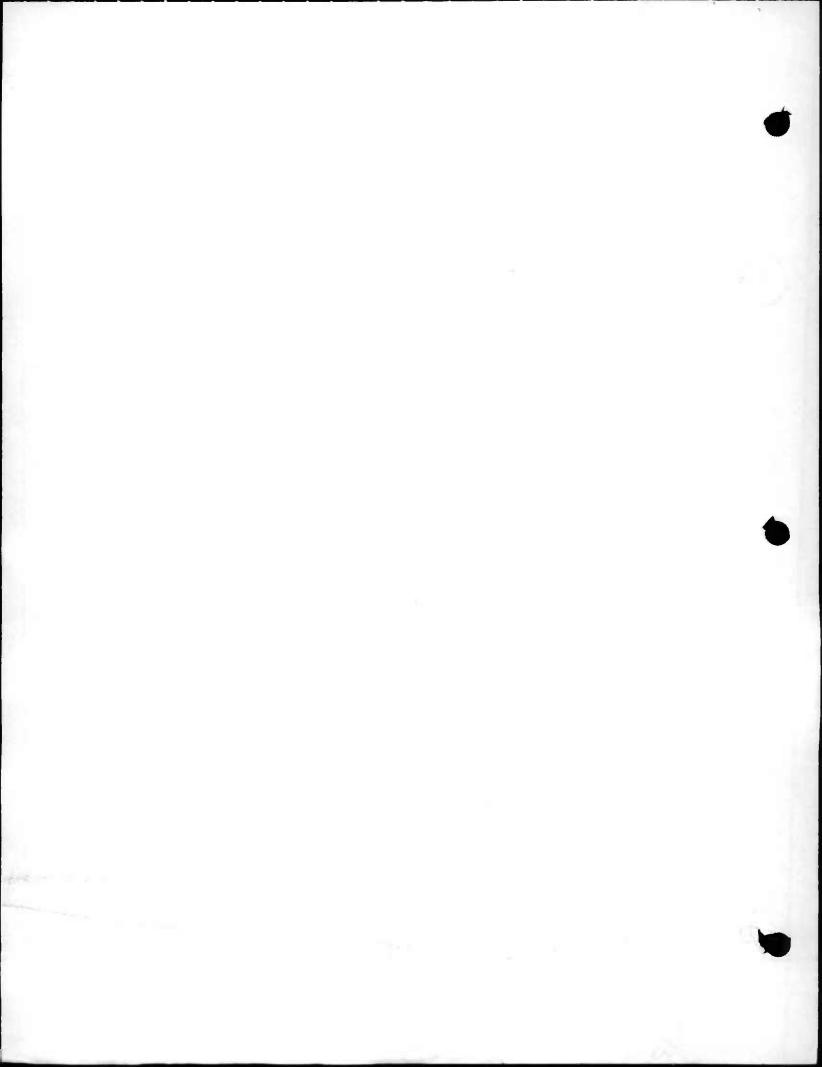
BALTIMORE, MARYLAND 21215-0

wmit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

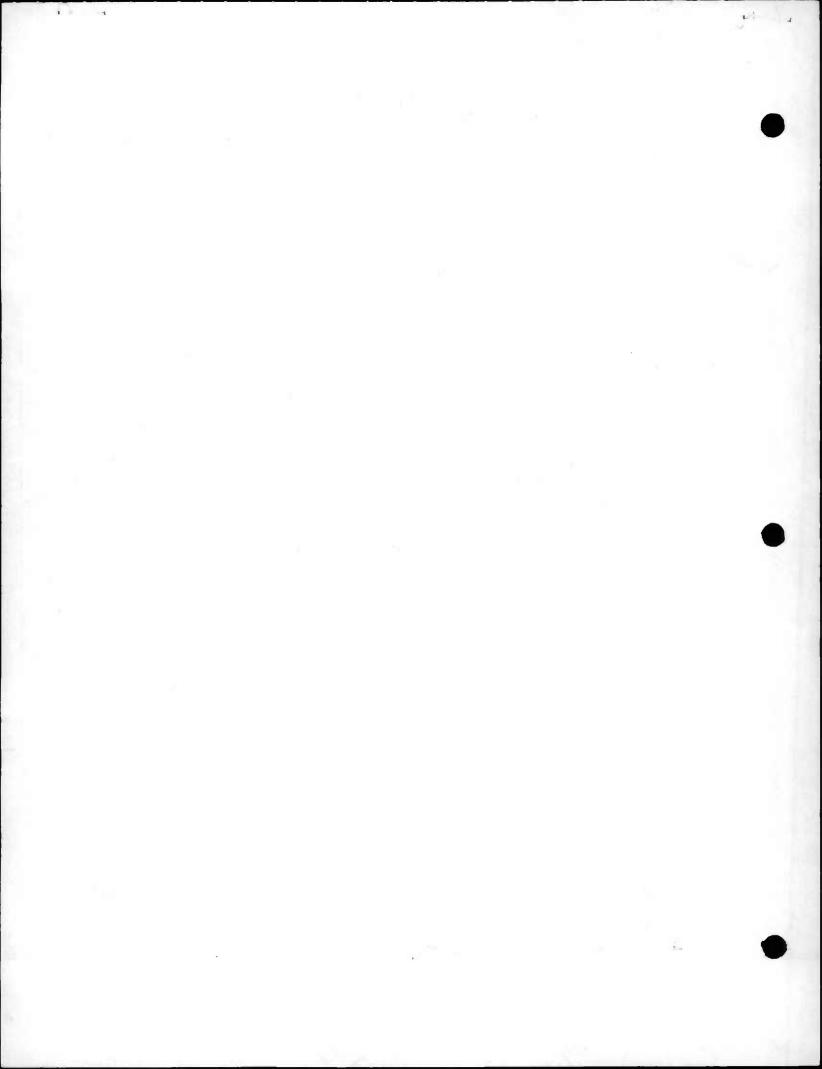
	1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Lest) MATTIE		cox			2. DATE OF DEATH	DAY YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-52-2444	5. SEX 6. AGE (in yrs. ii	YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year $3-1-4$	9.1	BIRTHPLACE (State or Foreign Country)		
TOR	9a. FACILITY NAME (If not institution, give s 2011 CLIFTON A RESIDENCE OF DECEDENT	9c. COUNTY	OF DEATH							
DIREC	10a. STATE 10b. COUNT	Baltimore						10d. INSIDE CITY LIMITS? 1		
FUNERAL DIRECTOR	2011 Clifton		ve. 101. ZIP CODE 21217					OF WHAT COUNTRY?		
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEOENT EVER IN U.S. A FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES	RMED NO	if yes, spe	INDENT OF HISPAN city Cuban, Mexica NO Specify	HC ORIGIN? (Specity n, Puarto Rican, etc.)		RACE — American Indian, Bleck, White, etc. Specify: White		
COMPLETED	(Specify only highest grade (Specify only highest grade Elementary/Secondary (0-12) 9 t h	CATION 18e. D (() College (1-4 or 5+)	Give kind of word to Do NOT use r	SUAL OCCUPATION k done during mos retired.)	N t of working	16b. KINO OF	BUSINESS/INDUST			
BE CO	17. FATHER'S NAME (First, Middle, Last) James Tolson				Edna M	me (First, Middle, Mak ae Jone	S			
TO	Adele BenBow		2011	Clifto	n Ave.	Poute Number, City or /Baltim	ore, MD	21217		
	20s. METHOD OF DISPOSITION 1	oval from Stata centered	AND DATE OF	ND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Anne Arundel (
	Franci	1 has		WM.C.	MARCH	F.H./11		NORTH AVE.		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTI	resulting in death) LAST	d								
PHYSICIAN: MEDICAL	PART II. Other algolificent condition Preumwig	a contributing to deeth but not	resulting in	the underlying	ceuse given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpetient		THER:	CE OF DEATH (Che					
ВУ РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident trivestigation	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJU Y WOR	RY AT	6 Other (Specify) 28d. OESCRIBE HO	W INJURY OCCURE	ED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	28e. PLACE OF INJURY — At home, ferm, street, factory, office				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED		CIAN: To the beet of my knowledge, d R: On the beels of examination and/or						use(a) and manner as stated.		
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER	any			29c. LICENSE NUM	BER 7 L	29d. DATE SIG	SINED (Month, Day, Year)		
		Beth 12 to	M 27) (Type, Pri	int)	de 14.	40.	2122	3		
	31. DATE FILED (Month, Day, Year) MAY 5 19	32. REGISTRAR'S SIGNATURE Grant Strike Strikes	-Angle	4						

DHMH-16 Rev 1/69



			REGISTRAR		CERTIFIC	CATE OF	DEATH		REG. NO.		
)		1. DECEDENT'S NAME (First, Middle, Last)	М.	Cham	ber :		2. DATE OF	DEATH DAY	YEAR 3.	TIME OF DEATH
	2		4. SOCIAL SECURITY NUMBER 220-24-7476	1 M 2 DF		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D)			ACE (State or Foreign
	2, 3 should	HO.	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								Н
		5	RESIDENCE OF DECEDENT								
1	6	. DIRECTOR	Maryland -		Balto.City, Md.					d. INSIDE CITY _ LIMITS? YES 2 _ NO	
1	9	FUNERAL		14 Light S	St.	101	21230				T COUNTRY?
5-0020	5-0020 inding physics as the berial		11. MARITAL STATUS 1 Never Married XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 TINO	If yea, ap	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specifi	n, Puerto Rica	Specify Yea or No		American Indian, Thita, atc. White
21215	or attentor	ETED.	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	highest grade completed) (Give kind of work done during most of working					ND OF BUSINESS/INDU	STRY	
	he hospital detached for once.	COMPLET	4th.Grade		Home	maker			Own Home	ž	
B	2 6 E	8	17. FATHER'S NAME (First, Middle, Last)						lle, Maiden Surname)		
RY	日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	BE	William		Grimm		Marga			bert	:
MARYLAND	retained 5 should notified	2	19a. INFORMANT'S NAME (Type/Print) Mr. John M. Jay	Cr.					City or Town, State, Zip C		
	De de de		20a. METHOD OF DISPOSITION		Db. PLACE AND DATE OF			DATE DATE	d. 21230		
ALTIMORE,	e 6 ma) ector, p must		X	oval from State	edar Hil	Tace) Ceme	etery5/	3/93	A . A . CO .	Md.	Stata
1	death. Pap e funeral de l. examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	// //		ID ADDRESS OF FA	CILITY	Balto.Mo		1220
BAL			· Hanis	(X. 1/2	antos	McCu	11v Fun				Fort Ave.
_	d in by th or remova		23. PART i. Entar the diseasea, pr of ahock, pr heart failure.	omplications that cause	ed the death. Do not	antar tha mo	da of dying, auc	h aa cardiad	Dr reapiratory arres	nt,	Approximata
	the me		IMMEDIATE CAUSE (Final	A \							Onset and Death
٥, (ithin 2 etely ematic		disease or condition reaulting in death)	Chroni	c Rena	1 to	ilure				
68760,	executed within and completely o burial, cremat matic event,		_	DUE TO (OR AS	A CONSEQUENCE OF):						
39 X	ertificate be executing physician and ciglene prior to buria	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
BOX	r tra	S	Cause, Enter UNDERLYING CAUSE (Disease or Injury	<u>.</u>							
o.	death certificate attending physical ental Hygiene pri iry, or other to	#	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
σ,	attendi mtal Hy ny, or	E I		1							
SQ:	= 22 =	. 15	PART II. Other algorificant condition	a contributing to death	but not resulting in	the underlying	cause given in	Part i. 24	N. WAS AN AUTOPSY PERFORMED?		RE AUTOPSY FINDINGS
CORDS,	ne law requires that the has been signed by the Dept. of Health and M n 23 shows any Inju	EDICAL						_ 1	YES 2 NO	COL	MPLETION OF CAUSE DEATH?
REC	requires een sign of Heal	Ξ					<u></u>	_	/ `		YES 2 NO
1	Dept.	AN	25. WAS CASE REFERRED TO MEDICAL								
VITAL	N: The state State	SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	ACE OF DEATH (Ch		-		
OF V	Sicial certif	≟ ∥	27. MANNER OF DEATH	28s. DATE OF INJURY			e 5 🗆 Residence		BE HOW INJURY OCCU	BEO.	
O		ву Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WO	PIK?				_ !
DIVISION	TTTENDI TOR: A after d	ETED 8	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	ry — At home, ferm, atra ecify)	et, fectory, affici		281. LOCATIO	ON (Street and Number of own, State)	Rural Route	Number,
		4 1	29e. CERTIFIER (Check only	CIAN: To the best of my know	wiedge, death occurred a	it the time, data	and place, and due	lo lhe cause(i	a) and menner as stated	1.	
	TO THE HOSPITAL TO THE FUNERAL DE filed within 72.	NO.		R: On the basis of exemination							d manner ee stated.
	THE HO THE FU filed wit	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUM	IBER	29d. DATE	SIGNED (Mo.	onth, Day, Year)
	5 5 3 3	2	Jan Would	Law My)				1 4	30	93
	,)		Fage Moul	COMPLETED CAUSE OF DE	Mercy	Medi	ial Ce	enter	- Balt	loo c	e MA
	M		MAY 5 1993	32. RECUSTRAR'S SIGN	NATURE					ryv) I	~10.00
			1000	- has breit her sit a - h.l.	- I probable						

DHMH-18 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH D		VEAD	3. TIME OF DEATH	
	Robert	٧.				usins			April	30°	19	993	M	
	4. SOCIAL SECURITY NUMBER 216 10 0461	5. SEX 1 📉 M 2 🗌 F	6. AGE (In yrs. lest 81	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, March	Day, Year)	1912	Country	PLACE (State or Foreign	
DIRECTOR	99. FACILITY NAME (If not institution, give s 7746 Edgewood AV				9b. CITY,		R LOCATIO	on of de	ATH			nty of di ne Ar	eath undel	
E E	10s STATE 10h COUNTY								10d, INSIDE CITY					
ā	Maryland Ann	e Arundel	L				Pas	aden	na				LIMITS?	
ERAL	100. STREET AND NUMBER 7746 Edgewood Ave	e.		101. ZIP CODE 10g. CITIZEN OF W 21122 United						HAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		MED O	11	f yes, spe	ENDENT O	F HISPANI n, Mexican Specify:	IC ORIGIN?	(Specify Yea an, etc.)	or No—	14. RACE Black Specif	— American Indian, , Whita, etc.	
	15. DECEDENT'S EDU	World W							_				White	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 -	(G/v	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work does during most of working life. Do NOT use retired.) Car Man					IND OF BUS		road	2		
BE CON	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	ER'S NAM	ME (First, Mic	dle, Maiden				
10	190. NAME (Type/Frint) Pansy E. Cousins		196.						Pasac			211:	22	
	20a. METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE AI cemetery, crem Maryla	natory or o	ther placa)			terv	DATE			- City or Town, Stata Wnsville, MD		
	21. SIGNATURE OF EUNERAL SERVICE LIC	Lohn	44		22. M	NAME AN	d addres	s of fac		me of	Pas	aden	-	
	23. PART I. Entar/tha diseases, pr	omplications tha	t caused tha das	th. Do r	not entar	tha mod	da of dyi	ng, such	as cardia	c or reapl	ratory an	reat,	Approximata	
										Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, lasding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Life	OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENC	BR VENCE OF	20 M	chi v-f	HIS	AN P	N E 700	mpl	y so	me	50yns	
111	PART ii. Other aignificant condition	s contributing to	daath but not re	sulting	in the und	derlying	cause g	iven in F	Part i. 2	la. WAS AN		24b.	WERE AUTOPSY FINDINGS	
MEDICAL	TENERA	128d	ostea	100	DIV	315	50		_ 1	PERFOR	£		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL	104 10		701	VIV		<u> </u>						1 YES 2 NO	
SIC	EXAMINER?	HOSPITAL:	ER/Outpatiant 3 [I DOA	OTHER	1:	1		ck only one)					
Ŧ	27. MANNER OF DEATH	26a. DATE OF	INJURY	26b. TIM		28c. INJL	RY AT		28d, DESCR		JURY OC	CURED		
ВУР	1 Natural 5 Pending Investigation	(Month, De	ay, 10-ar)	INJ	URY M	WOF		NO						
2 Cul-14- 1 280 PLACE OF IN HIDY. At home form extent feature attent								oute Number,						
COMPLETED		CIAN: To the best of R: On the bests of as											end manner as stated.	
	26. SIGNATURE AND TITLE OF CENTIFIER			-				NSE NUME		1		-	(Multiplication Day, Year)	
TO BE	30. NAME AND ADDRESS OF SERSON WH	O COMPLETED CAUS	A A A A A	27/0-1	(holos)		DI	33	43		> _	5/3	193	
	-0			∡rjj(iype,	rnnt)							/ /		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE								-			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

1	-	STATE REGISTRAR
Г.		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR					F DEATH	MICHIA	REG. NO			
	1. Decedent's Name (First, Middle, Last) Sarah Campbell 2. Date of Death May 3, 1993 YEAR								EAR 3.	9:20pm	
	4. SOCIAL SECURITY NUMBER 212-18-3386	1 M 2 F	M 2 G F 85 YRS, MONTHS DAYS HOURS MIN. (MONTH, Day, Year)			BIRTHPLACE (State or Foreign Country) Ad.					
DIRECTOR	98. FACELITY NAME (If not institution, give street end number) Maryland General Hospital Baltimore City RESIDENCE OF DECEDENT									гн	
REC	10a. STATE 10b. COUNTY	,	1	Bc. CITY, TO	OWN OR LOC	CATION		1		10	d. INSIDE CITY
	Md.			Bal	timo	re				1	YES 2 NO
NERAL	401 E. 25th St					21218			10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	0	If yes,	ECENDENT OF HISPAI specify Cuben, Mexica ES 2 NO Specif	in, Puerto	t? (Specify Ye: Rican, etc.)	8 or No- 14	Black, W Specify:	American Indian, India etc. Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give I	DENT'S USL bind of work NOT use re	JAL OCCUPA done during tired.)	TION most of working	162	. KIND OF BU	SINESS/INDUS	STRY	
MP	17. FATHER'S NAME (First, Middle, Last)										
E COM	Amos Johnson					18. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)		
98	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING AD	DRESS (Stree	t and Number or Rural	Route Num	ber City or Tow	n. State. Zip Co	ode)	
TO BI	William Graves	1				p Ct. Ba					
	20a. METHOD OF DISPOSITION 1 Ligurial 2 Cremation 3 Remo	oval from State 20	HE PLACE AND	DATE OF D	isposition	Name of Cemeter	y 5/	E 20c. LO	Balto	y or Town,	State d.
	21. Donation 5 Other (Specify) Western Stare 22. NAME AND ADDRESS OF FACILITY 2700 Edmondson Ave. Baltimore, Md. 21223										
200	23. PART i. Enter the diseases, or o	complications that cause	d the death	. Do not	1.					t	Approximata
מאפוווי, ווופ ווופת	immediate cause (final disease or condition resulting in death)	Aspirat	eech iine.	v neumo						*1	interval Bet Onset and I
		DUE TO (OR AS Seconda			ro in	testinal	blee	ding			İ
CERTIFICATION	Sequentially list conditions, if any, leading to immediate Secondary to gastro intestinal bleeding Due to (or as a consequence of):										
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury										
	that initiated events resulting in death) LAST	DUE TO (OR AS		•							
	testring in destin CAS	. Cerebro	vascu.	lar a	ccide	nt					
DICAL	PART ii. Other significant condition	s contributing to death i	but not resu	ot resulting in the underlying ceuse given in Part I.			Part I.	PERFORMED?		AM CC	RE AUTOPSY FIND AILABLE PRIOR TO MPLETION OF CAL DEATH?
¥							_			1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (Ch	eck only or	00)			
YSIC	1 TES 2 NO	HOSPITAL: 1X Inpatient 2 ☐ ER/Out	tpatient 3 🗆		THER: Nursing H	ome 5 🗆 Residence	8 🗆 Othe	r (Specify)			
BY PH	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28	Bb. TIME OF		NJURY AT VORK? YES 2 NO	28d. DE	CRIBE HOW	NJURY OCCUP	RED	
<u>.</u>	3 Suicide 8 Could not be determined	Jerm, street, factory, office 281. LOCATION (Street and N City or Town, State)				Rural Rout	e Number,				
COMPLET		CIAN: To the best of my known. R: On the beele of examination									nd menner ee stat
TO BE CON		Gouze, M.D.				29c. LICENSE NUI	MBER 1/a		29d. DATE S	5/3/9	onth, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	DUZE N	1.0.	") (Type, Prin		iaryland (Gener	al Ho	spital		
	MAY 0 5 1993	32. RICHTRANIOSICA	NATURE TO	delle							-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

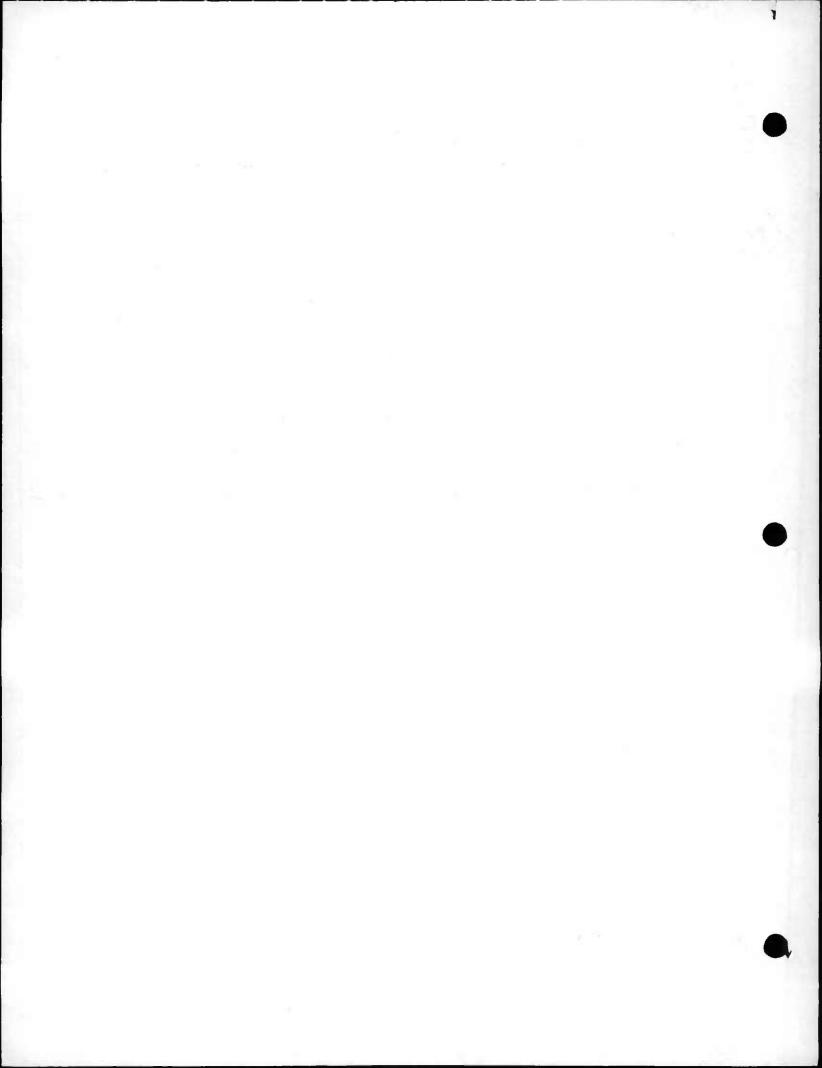
BALTIMORE, MARYLAND 21215-0020

Alle . The Eagle Service are a register to 74 to 5 to 1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-002
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending play	4 hours after death. Page 6 may be retained by the hospital or attending phy
TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit	illed in by the funeral director, page 5 should be detached for use as the burn
be nieu wimin tz nouts and death wim ure state bept, of neath and welltal hygiere prior to bunda, or remova. IMPORTANT: Il tiem 28 is marked, or item 23 shows any injury, or other taumatic event, the medical examiner must be notified at once.	n, or removal. e medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	* REGISTRAR CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest) FANNIF MAF DOBBINS 2. DATE OF DEATH MONTH DAY 9.3 YEAR 3. TIME OF DEATH M M						
	4, SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)						
TOR	98. FACILITY NAME (If not institution, give street and number) 1514 Home Sterad Sterad Sterad Sterad BALTO. Md RESIDENCE OF DECEMENT						
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	5414 DAYWALT AVE 21206 10g. CITIZEN OF WHAT COUNTRY?						
BY FU	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yes or No-Hyes, apacity Cuben, Mexican, Puerto Rican, etc.) 14. RACE—American Indian, Black, White, atc. 15. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yes or No-Hyes, apacity Cuben, Mexican, Puerto Rican, etc.) 16. RACE—American Indian, Black, White, atc. 17. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yes or No-Hyes, apacity Cuben, Mexican, Puerto Rican, etc.)						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use ratified.) 16b. KIND OF BUSINESS/INDUSTRY							
OMPI	17. FATHER'S NAME (First, Middle, Last) ASST. FINANCIAL Special BALTOS LIFE, INS. 18. MOTHER'S NAME (First, Middle, Last)						
BE CO	ANDY BLACK TRENT BYER						
10	198. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) AND PER BLACK 122 N. ROSES ST. B1960. Med 21224						
	20s. METHOO OF DISPOSITION DATE 20c. LOCATION - City or Town, State Cemestry Ce						
	at Bighardne of Funeral Service Licensee 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY						
	23. PABT. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory erreet, Approximates						
	interval Batween immediate Cause (Fine) Onset and Death						
	disease or condition resulting in death) a. Spinal cond compression. Due to (or as a consequence of): Sequentially list conditions. b. Metastatic breast cancer.						
TION	Sequentially list conditions, If any, leading to immediate b. Wctastatic breast can car. Due to (DR as a consequence of):						
CERTIFICATION	CAUSE, Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):						
ERT	resulting in desth) LAST						
1 1	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuee given in Part I. 24a. WAS AN AUTOPSY PROPRIED? AMAILABLE PRIDE TO						
REDICAL	1 U YES 2 NO COMPLETION DF CAUSE OF DEATH?						
AN: M	1 TYES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Nother (Specify) HOWL HOSPICE						
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 28e. DATE OF INJURY (Month, Day, Year) 28e. DATE OF INJURY OCCURED 1 YES 2 NO						
8	3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, term, street, tactory, office building, stc. (Specify) 26b. PLACE OF INJURY — At home, term, street, tactory, office City or Town, State)						
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) end manner as stated.						
TO BE (296. SIGNATURE AND/TYPLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Dey, Yeer) 5/4/93						
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) W. 5/ichenmyer, mo.						
	MAY 0 5 1993						

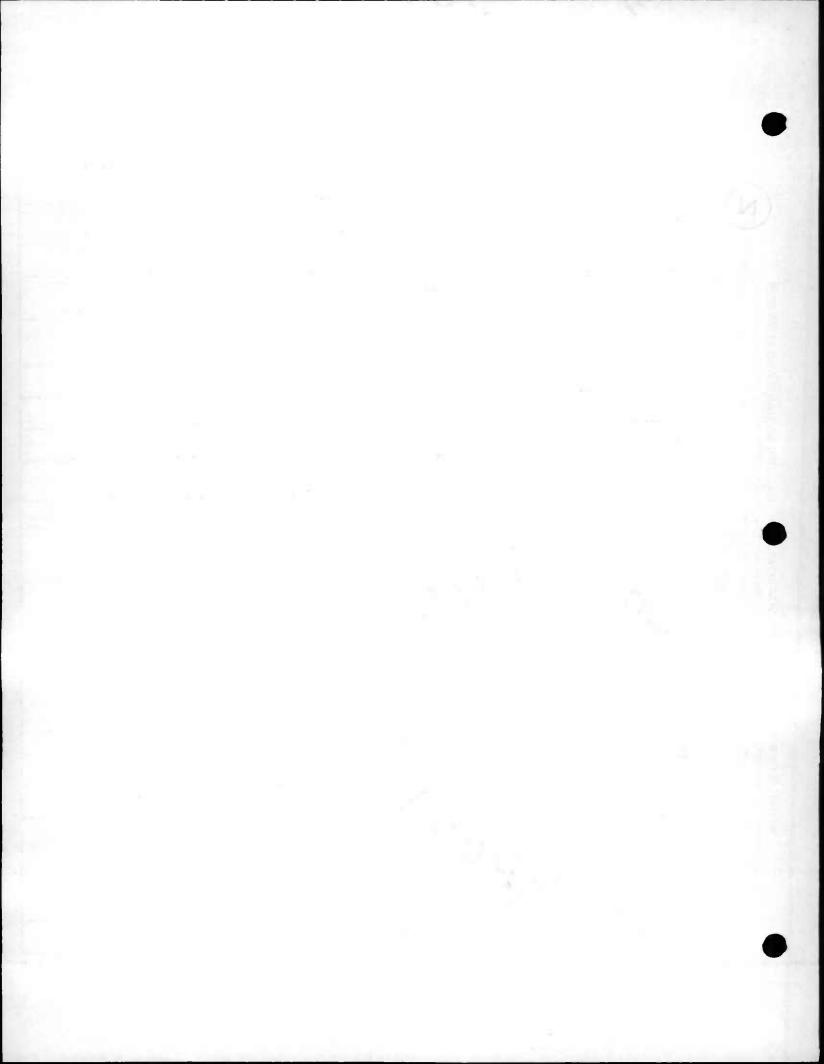


TO BE (

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLA	AND /	DEPAR ERTIF	CATE	OF E OF	HEALTH F DEA	AND N	MENTAL	HYGIEN		93	1289
- 8	1. DECEOENT'S NAME (First,	Middle, Last)	1/7		-						2. DATE	OF DEATH	MY	WEAR	3. TIME OF DEATN
1	War	Ian	Marian W. Dorme 5. SEX 6. AGE (In yrs. last birthday) If UNDER 1 YEAR IF UNDER						er	05 02 9			93	06 30 F	
	4. SOCIAL SECURITY NUMB	ER		6. AGE (II	n yrs. lesi	t birthday)			_	7	7. DATE (OF BIRTH		6. BIRTH	IPLACE (State or Foreign
	190-18-2966		1 🗆 M 2 💢 F		83	YRS.	MONTHS	DAYS	HOURS	MIN.	May	13, 1	909		enna.
	9s. FACILITY NAME (If not ins	TY NAME (If not institution, give street and number)					9b. CITY	, TOWN	OR LOCATI	ION OF DE			9c. COU	NTY OF D	
DIRECTOR	Francis Scott Key Hospital							Ba	ltimo	ore					
ដ្ឋា	RESIDENCE OF DEC	10b. COUNT	1		10c. CITY	, TOWN C	OR LOG	ATION						10d. INSIDE CITY	
8	Maryland					Bal								LIMITS?	
	10e. STREET AND NUMBER						Dai	_	Of. ZIP COD	Œ			10a, CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	5084 Orvil	ville Ave.							212	205				s.	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARI	MEO	13.	WAS DE	ECENDENT (OF HISPAN	IC ORIGIN	? (Specify Ye			E American Indian,
	1 Never Married 2		FORCES? 1			10	1 1	If yes, s	specify Cubi	an, Mexicar	n, Puerto R	lican, etc.)		Spec	k, White, etc.
BY	3 Widowed 4 X Divor														White
밀	15. DECE (Specify only	EDENT'S EDU highest grade	CATION completed)		(Gi	CEDENT'S	rork done		TION nost of world	ing	18b.	KIND OF BU	ISINESS/IN	DUSTRY	
ا ۳	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	III e.	Do NOT us							7 63		
COMPLET	na	dette form	na		_	OW.	ner		Total Control			he Bi		oppe	
- 1	17. FATHER'S NAME (First, Mill Isiah Wetze								18. MOT			liddle, Maider	Surname)		
BE	19a. INFORMANT'S NAME (Ty			_		San San Line				_	a Wie				
임	Marian E. S		necht (D	oh+r)							Aboute Number, City or Town, State, Zip Code)				Co 2024E
	204, METHOD OF DISPOSITION									•					
	1 ABurisi 2 Cremation 4 Donation 5 Other	etery, crei	PACE ANO DATE OF DISPOSITION (Name of en, crematory or other place) at the Cemetery 5/5 Baltimore, Mary												
ı	21. SIGNATURE OF FUNERAL		CENSEE	_ Gc	irae	115 0.	22.	NAME /	AND ADDRE	SS OF FAC	SATIK SATIK	B	атеш	ore,	Maryland
	11	-	011	1.								Home			
-	4	4	an	_			3.	331	Breh	ms L	ane,	Balt	imore	, Md	. 21213
	23. PART /. Enter the di- ahock, or he	ert failure.	complications the List only one cau	et ceused use on ea	the de	ath. Do n	ot enter	the m	ode of dy	ring, such	aa card	iec or reap	iratory an	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Fine	ei		1	A										Onset and De
	disease or condition a. Subarachoid hemorrhage a. Subarachoid hemorrhage DUE TO (OR AS A CONSEQUENCE OF):														
):		()					
NO I	Sequentially list condition		b. AMULI	(OR AS A	CONSEC	UENCE OF):								
¥	if any, leading to immed cause. Enter UNDERLYII	NG	232.10	,			,-								
CERTIFICATION	CAUSE (Disease or injust that initiated events	ν 🐧	c. DUE TO	(OR AS A	CONSEC	UENCE OF):								
F	resulting in death) LAST		d.												
	DART II Other elevition			4		Town Service									
CAL	PART ii. Other aignificer	Condition	e contributing to	deem ou	it not re	eeuiting i	n the un	ideriyii	ng cause	given in i	Part I.	24a. WAS AP PERFO		246	WERE AUTOPSY FINDIN MAILABLE PRIOR TO
MEDIC											-	1 TYES	NO		OF DEATH?
									-		- 1				1 TES 2 NO
A N	25. WAS CASE REFERRED TO	MEDICAL													
SICIAN:	EXAMINER?	MEDICAL	MOSPITAL:	- Mr. 3		_	OTHER		PLACE OF D	DEATH (Che	ick only one	>)			
PHYS	1 YES 2 NO		1 Inpetient 2 D	_	itlent 3	28b. TIM	- 7		IJURY AT	esidence			B) H (B) C C	AUDEO.	
	V _	Pending	(Month, D			INJ	URY	W	ORK?	- NO	24d. DES	CRIBE NOW	INJURY OC	CUREO	
20	2 Cutate	nvestigation	28s. PLACE C	OF INJURY -	— At hor	ne, ferm, s	treet, fact				28f LOC/	TION /Street	and Numbe	or Burnel I	Route Number.
3		Could not be letermined	buliding,	stc. (Specif	(y)			,				r Town, State		OF FIGURE 1	TOUR TRAINSON,
E	29s. CERTIFIER	EVING BUVO	CIAN. To the bear	man harman							o in				
N N			CIAN: To the best of												s) and manner as stated
COMPL			- 1/	2		Janyano	.,	, printed (-			wru pracs, s			
띪	296. SIGNATUME AND TITLE	TOAL	1. /18	1.		mi	7		29c. LIC	ENSE NUM	OQ"	7	29d. DAT	E SIGNED	(Month, Day, Year)
0	SULLA	rogin	160	reli	1	MIL	_			770	70.	<u> </u>		0'	2.75

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
FSK MED CH?

93 12890



DHMH-18 Rev 1/89

0000	o physician	the build trained parmit. Pages 1, 2, 3 should	•
BALTIMORE, MARYLAND 21215-0020	rours after death. Page 6 may be retained by the hospital or attent	d in by the funeral director, page 5 should be detached for use as or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-incurs after death. Page 6 may be retained by the hospital or attending christian	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use at the burner or writt. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dent of Health and Mental Hydions prior to burnal cremation, or removal	IMPORTANT: If Item 28 is merked, or Item 23 shows any Injury, or other traumatic event, the medical exeminer must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
8	1. DECEDENT'S NAME (First, Middle, Last) CYNTHIA DAVIS				2. DATE OF DEATH MONTH 30/9	year 3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
3	219-52-4219 Sa. FACILITY NAME (If not institution, give si	1 □ M 2 🖾 F 4 2	YRS.	THE DAYS HOURS MIN,	06/07/50	Country) MD
8	CHURCH HOSPITA		ION "	BALTIMORE C		TY OF DEATH
[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		12			
DIRECTOR	MD	*		own or location I timore		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE	10g. CITIZ	EN OF WHAT COUNTRY?
剪	403 E. Lanvale			21202	US	A
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	NIC ORIGIN? (Specify Yes or No-	14. RACE American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TES 2 NO Speci		Specify.Black
	15. DECEDENT'S EDUC		16a. DECEDENT'S US	I IAL OCCUPATION	16b. KIND OF BUSINESS/INDU	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working lined.)		
MP.	12th		Unemplo	ved		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maiden Sumame)	
BE	_Harold Davis			Helen	Homer	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street end Number or Rural	Route Number, City or Town, State, Zip	Code)
	Jermaine Davis				./Baltimore.	MD 21202
	20a. METHOD OF DISPOSITION 1 Description Burlal 2 December Comment	oval from State cen	. PLACE AND DATE OF D	niacel	DATE 20c. LOCATION - C	ity or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENGE O	ing Memo	rial Park	Randall	stown, MD
	A SERVICE DI	ENSEE CO.		22. NAME AND ADDRESS OF FA		
	JUNESSA	- Wid			H F.H./1101 E	
	23. PART I. Enter the diseases, or o shock, or heart fallure.	omplicatione that caused list only one ceuse on e	the deeth. Do not	enter the mode of dying, suc	ch as cardiec or reepiratory arre	et, Approximate
1 1						
1 1	IMMEDIATE CAUSE (Final		0			Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDI	0-100	MONARY	ANNES1	Onset and Death
	disease or condition	DUE TO (OR AS A	CONSEQUENCE OF):	Monary	ANNES1	Onset and Death
NOI	disease or condition resulting in death) Sequentielly list conditions,	DUE 10 (OR AS A	CONSEQUENCE OF:	Monany	ANNES1	Onset and Death
CATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE 10 (OR AS A	CONSEQUENCE OF):	monany	ANNES1	Onset and Death
IFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events	DUE TO (OR AS A	CONSEQUENCE OF):	mongny	ANNES1	Onset and Death
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):	Monanj	ANRS1	Onset and Death
L CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF):	,		Onset and Death Min.
₽ B	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	,	Part I. 24a. WAS AN AUTOPSY PERFORMED?	Onset and Death Mush 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
₽ B	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF):	,	Part I. 24a, WAS AN AUTOPSY	Onset and Death Man 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A DUE TO (OR AS A A d	CONSEQUENCE OF): CONSEQUENCE OF):	,	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Onset and Death Man 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST PART II. Other aignificant condition 2s. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not ba	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): LOUIS TO CONSEQUENCE OF): ALCONSEQUENCE OF): LOUIS TO CONSEQUENCE OF): ALCONSEQUENCE OF): LOUIS TO CONSEQUENCE OF): ALCONSEQUENCE OF): LOUIS TO CONSEQ	26. PLACE OF DEATH (C' THER: Nursing Home 5 Residence TO 28c. INJURY AT WORK? M 1 YES 2 NO	1 Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 1 VES 2 NO 1 Other (Specify) 28d. DESCRIBE HOW INJURY OCCI	Onset and Death Man 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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ED BY PHYSICIAN: MEDICAL	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A A. B contributing to desth b HOSPITAL: 1/A inpetient 2 = ER/Outp 28e. DATE DF BNJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): A CONSEQUENC	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence 26. INJURY AT WORK? M 1 YES 2 NO I, factory, office	24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO beck only one) 5 Other (Specify) 28d. DESCRIBE HOW INJURY OCCI 28f. LOCATION (Street and Number of City or Yown, State)	Onset and Death Man 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A A. B contributing to death b CONTRIBUTION (CONTRIBUTION CONTRIBUT	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): A CONSEQUENC	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence 26. INJURY AT WORK? M 1 YES 2 NO I, factory, office	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO beck only one) 5 Other (Specify) 28d. DESCRIBE HOW INJURY OCCI 28f. LOCATION (Street and Number of City or Town, State) e to the cause(e) and manner as state at time, date and place, and due to the	Onset and Death Man 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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E COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A A B contributing to desth b CONTRIBUTY CONTRIBUTY DESTRIBUTY LEAN: To the best of my know R: On the basic of examination DESTRIBUTY CONTRIBUTY DESTRIBUTY LEAN: To the best of my know R: On the basic of examination	CONSEQUENCE OF): CONSEQUENCE	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence 26c. INJURY AT WORK? M 1 YES 2 NO II, factory, office the time, date and place, and due my opinion, death occured at the	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO beck only one) 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCI 28f. LOCATION (Street and Number of City or Town, State) to the cause(e) and manner as state at time, date end place, and due to the MBER 2 2 2	Onset and Death Man 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO JRED JRE
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A A B contributing to desth b CONTRIBUTY CONTRIBUTY DESTRIBUTY LEAN: To the best of my know R: On the basic of examination DESTRIBUTY CONTRIBUTY DESTRIBUTY LEAN: To the best of my know R: On the basic of examination	Detient 3 DOA 4 DOB TIME OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFIC	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence 26c. INJURY AT WORK? M 1 YES 2 NO II, factory, office the time, date and place, and due my opinion, death occured at the	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO beck only one) 5 Other (Specify) 28d. DESCRIBE HOW INJURY OCCI 28f. LOCATION (Street and Number of City or Town, State) e to the cause(e) and manner as state at time, date and place, and due to the	Onset and Death Man 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO JRED JRE

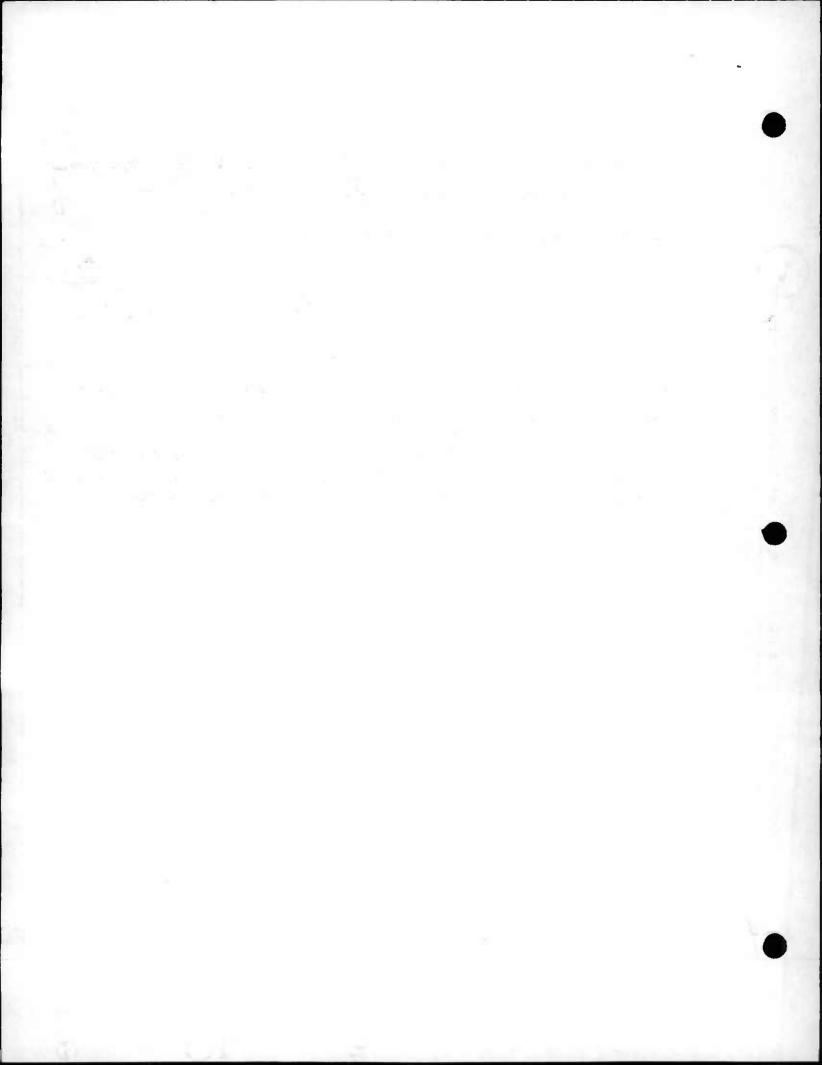
BALTIMORE, MARYLAND 21215-00

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CERTIFICATE	0	F DEAT	TH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	MENT OF HEALTH AND I	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATN				
3	Marie	Ey					3 3 230 PM				
23	4. SOCIAL SECURITY NUMBER 213-74-7609	5. SEX 1 M 2 F GS		UNDER 1 YEAR IF UNDER 24 HRS. NTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	3	BIRTHPLACE (State or Foreign Country)				
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) GOOD SAMACITAN HOSP. BALTO: CITY RESIDENCE OF DECEDENT 96. COUNTY OF DEATH										
EC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY				
L DIR	MARYLAND BA	470. CO.	PK	PRVILLE 101, ZIP CODE		16.0	1 YES 2 NO				
FUNERAL	3323 PUTT.	V HILL AV	E	2123	34	U.	S 1 H				
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 W		13. WAS DECENDENT OF NISPAN If yes, specify Cuban, Mexica 1 TYES 2 THO Specify	n, Puerto Rican, etc.)	s or No.— 14.	RACE — "American Indian, and the work, White, etc. Specify:				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) ((Give kind of work	JAL OCCUPATION done during most of working lifed.)	16b, KIND OF BU	SINESS/INDUST	TRY				
ő	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)					
BE	ERNEST EX 19a. INFORMANT'S NAME (Type/Print)	TEK	01. 14411 1110 10	PNR	DNICA	SCH	AFFER				
2	FAMILY,	LECORDS "	SAY	DRESS (Street and Number or Rural)	19BOV	vn, State, Zip Coo	ie)				
	20e. METHOD OF DISPOSITION 1 (1) Burlat 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	AND DATE OF D	isPOSITION (Name of place)	5-5 BA	CATION - City	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 0	LICH	22. NAME AND ADDRESS OF FA	CILITY	C un	190000155				
	Men	y J. Jai	me067	1 8800 TA	PHORD	ROM	EMORIES				
	23. PART . Enter the diseases, or control shock, or heart failure.	omplications that oursed the d List only one cause on each lin	leath. Do not	enter the mode of dying, suc	h as cardiec or resp	iratory errest	Approximate interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	card:		arrest			Onset and Death				
_		DUE TO (OR AS A CONSE	EQUENCE OF):	Call Par	Bladd						
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	EOUENCE OF):	0	13 20000						
TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):								
E	ASSESSMENT OF THE PARTY OF THE	l,									
CAL	PART II. Other significant condition	s contributing to death but not	resulting in t	he underlying cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
PHYSICIAN: MEDI					1 YES :	2 ☑ NO	OF DEATH?				
ž							1 TES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATN (Ch	ack only one)						
Ž.	1 U YES 2 TYNO	1 N Inpatient 2 ER/Outpatient		THER: Nursing Home 5 - Residence	S Other (Specify)						
PH	27. MANNER OF DEATH 1 Matural 5 Pending	28a. DATE OF tNJURY (Month, Day, Year)	26b. TIME OF	WORK?	28d. DESCRIBE NOW	INJURY OCCUR	ED				
B	2 Accident Investigation			M 1 YES 2 NO							
TED	3 Suicide 6 Could not be determined	28a, PLACE OF INJURY — At h- building, atc. (Specify)	iome, farm, stree	nt, factory, office	281, LOCATION (Street City or Town, State)	and Number or f)	Bural Route Number,				
COMPLETED		CIAN: To the best of my knowledge, d					iuse(s) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER	1		29c, LICENSE NU	4BER	29d. DATE St	GNED (Month, Day, Year)				
O BE	10	3-5-hear	. M.	DILLIA	0	D 5	-2-93				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Prin	7()							
	727 Hickory &	ot Rd. Towson	ni me	1. 21204							
	MAY 5 1993	22. REGISTRAN'S SIGNATURE	482								

. . . .



6. BIRTNPLACE (State or Foreign

YEAR

W

93

3. TIME OF DEATH

Virginia

10d. INSIDE CITY LIMITS?

14. RACE - American Indian, Black, White, atc.

MU.

Interval Between

Onaet and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH?

29d, DATE SIGNED (Month.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to removal, or removal, or removal. MPORTANT: If item 28 is marked, or item 23 shows any inlury or other traumatic event, the medical examinar must be metitled at once.
--

DIRECTOR

FUNERAL

ВУ

COMPLETED

BE

5

CERTIFICATION

MEDICAL

PHYSICIAN:

ВҰ

COMPLETED

2

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

6 Could not be

determined

27. MANNER OF GEATN

1 Natural

2 Accident

3 Suicide

4 Homicide

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY Margaret Etta Green 4 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR 1 🗆 M 2 📈 F DAYS 86 217-24-9138 YRS. 10 16 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF OEATN PAIL 4209 PALL BAlto IDC. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY MI BAltimore 10e. STREET AND NUMBER 10f. ZIP CODE 10e. CITIZEN OF WHAT COUNTRY? 4204 2/2/5 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cubar, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 7NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Marrie 3 Widowed 4 Divorced 15. OECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) House W. Fe 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charlie H. Cox Lucy 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lentrice PALI 4204 Rd M. MALL BAlto. Miles 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nama of OATE S/2/93 20c. LOCATION - City or Town, Stata HATMONS Cemetry 4 Donation 5 Other (Specify) MATYLANG 22. NAME AND ADDRESS OF FACILITY / 2.06 Kd 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock or head fallium. Lies only are part of the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finsi CEPBBRO VASCULARL
DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) Sequentially list conditions OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 1 TYES 2 NO

					1 TYES 2 NO
			26. PLACE OF DEATH	(Check only one)	
SPITAL: Inpatient 2 - ER/Outpatient	3 DOA	OTHE			
28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? M + YES 2 N		28d. DESCRIBE HOW INJ	JURY OCCURED		
26a. PLACE OF INJURY — Al building, etc. (Specify)	home, farm,	atreet, fa	ctory, offica	28f. LOCATION (Street and	d Number or Rural Route Number,

29a. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

00516

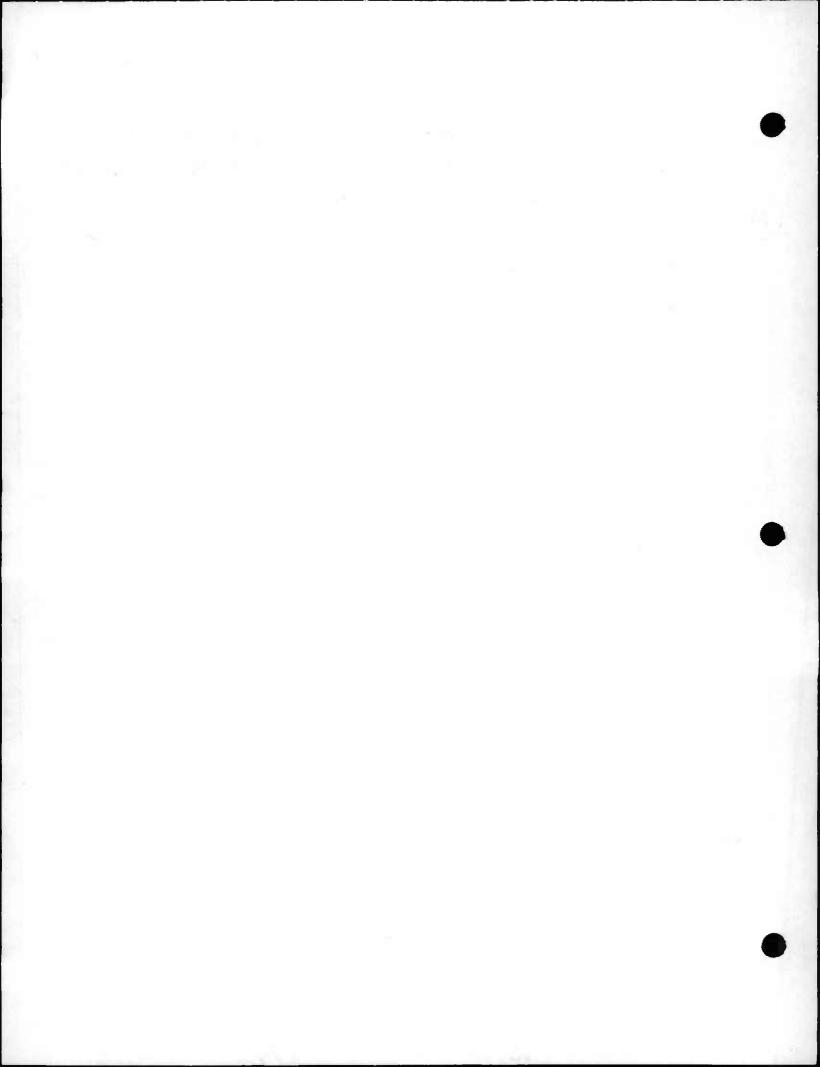
Muntus Rao 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF QUATH (ITEM 27) (Type, Print)

HOSPITAL:

1 Dipatient 2 ER/Outpatient 3 DOA

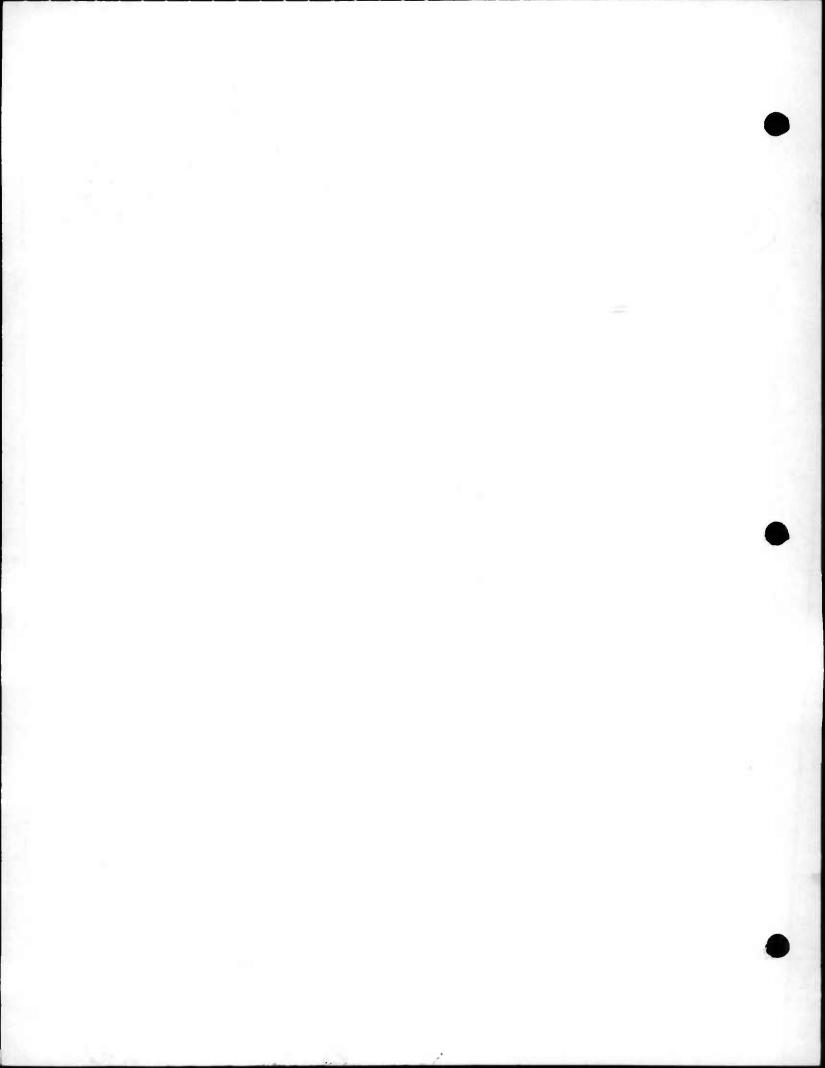
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ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 ma	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
5	E	af

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /									12054	
	DETINION OF DEATH						REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH				3. TIME OF OFATH		
- 8	JOHN J.	J. GREGOR				ALT CU				MONTH DAY YEA			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In:		IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	BIRTH		93 1333 p. 6. BIRTHPLACE (State or Foreign		
i	218-28-1107	1 🕅 M 2 🗆 F	61	YRS.	MONTHS DAYS	HOURS	MIN.	1 2 - 2	(Month, Our. Year) 12-20-31		Bal	to.	
Œ	9e. FACILITY NAME (If not institution, give s St. Agnes Hospita			9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH			
E	St. Agnes Hospital Balto. Balto.												
DIRECTOR	MD. Balto.				10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
	MD. Balto.				Balto.				10g. CITIZEN OF WHAT			1 YES Y NO	
FUNERAL	P.O. Box 24192									USA			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF			The second secon				IIC ORIGIN? (Specify Yee or No. 14. RACE			— American Indian, , White, etc.		
ВУ Б	1 Never Married 2 Married FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES			NO If yes, specify Cuban, Mexican, 1 YES 2 XNO Specify:									
	3 Wildings All All All All All All All All All Al							Ţ.			wh	white	
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DE	CEDENT'S	WORK done during in	ION lost of worki	na	16b. KII	NO OF BUS	INESS/INO	USTRY		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u	se retired.)	ired.)							
MP	10 yrs.		Sec	curi	ty Gua	rd							
COMPLET	17. FATHER'S NAME (First, Middle, Last)				1.		HER'S NAM	AE (First, Midd	de, Malden	Sumame)			
BE (Alexander Gre	egorowi	ch				Cath	nerin	e Or	100	ska		
	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	AOORESS (Street	and Numbe	r or Rural R	oute Number,	City or Town	, State, Zip	Code)		
2	Mary Gregorow	ich										L	
	20a, METHOD OF DISPOSITION	20a, METHOD OF DISPOSITION 20b PLACEA				34 O'Donnell St. Balto. Mo					CATION — City or Town, State		
1 Burtal 2 Cremation 3 Removal from Stata													
	4 Oonallon 5 Other (Specify) Greenmount Cemetery Baltimore, MC							rid.					
	21231								1 2 2 1				
_	(MONEY)	1200			Lill	v &	Zeil	er I	nc.	1901	l Ea	stern Ave	
									Approximate Interval Between Onset end Deatt				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Disseminated intravascular coagulapathy DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL C	Upper gastrointestinal bleeding (history) PERFORMED?							WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
								_				1X YES 2 NO	
A	05 W00 0105 05550050 TO 1150101												
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? Y 1 YES 2 NO	MOSPITAL:			20, I	LACE OF D	EATH (Chec	ck only one)					
YS		1 Inpatient 2	ER/Outpatient 3	□ DOA	4 Nursing Ho	ne 5 🗆 R	esidence 6	Other (S)	pecify)				
Y PHY	27. MANNER OF DEATH 1 Netural 5 Pending	Netural 5 Pending (Month, Dey, Year) INJURY WORK?											
ED BY	2 Accident 3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 26e. PLACE OF INJURY — At home, ferm, street, factory, office could not be building, etc. (Specify)							oute Number,					
	Tomore Optimized	4 Homicide determined											
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, desth occurred at the time, date and place, and due to the cause(a) end menner ae stated.												
	29b. SIGNATURE AND TITLE OF CERTIFIES												
TO BE	James & T	a low	n.D				11815			29d. DATE	5-3-	(Month, Day, Year) -93	
F	JAMES L. TAYLOR, M.D ST. AGNES HOSPITAL - 900 CATON AVE BALTIMORE, MD. 21229												
	MAY 5 1993		grs sich Dunce.										



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BALTIMORE, MARYLAND 21215-008

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attend or TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to build, cremation, or removal.

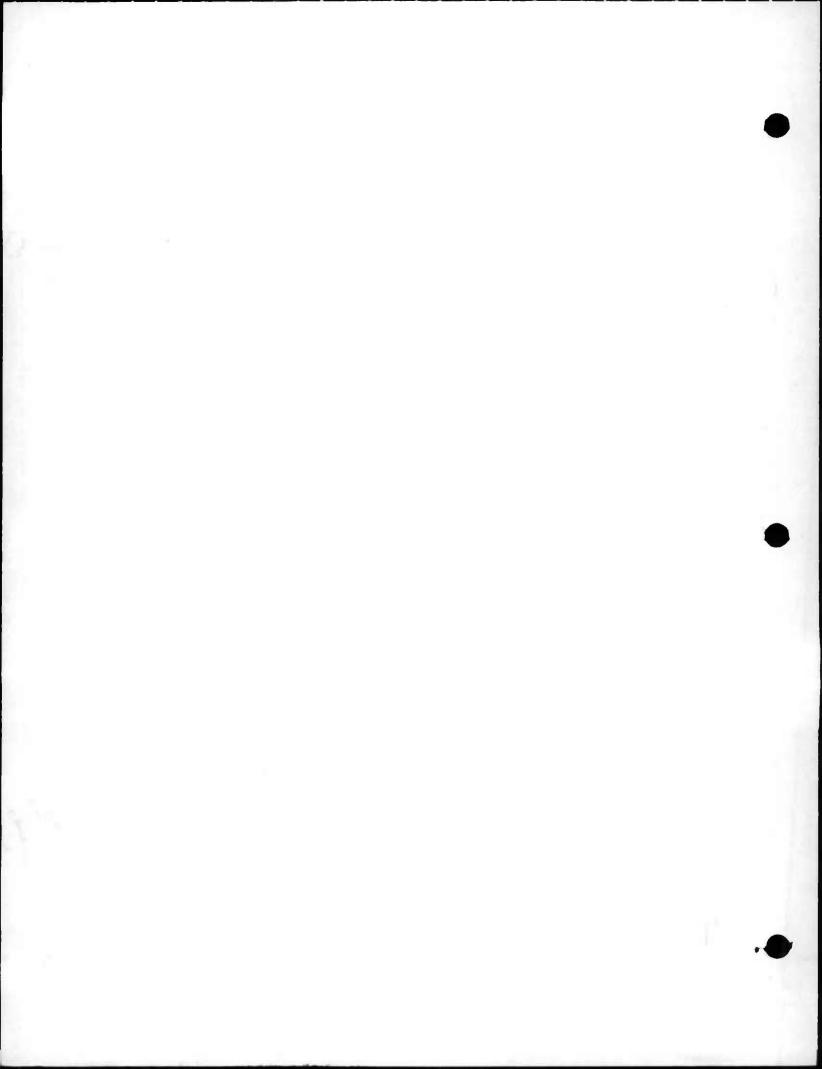
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DE CERT	PARTMEI FIFICAT	NT OF I	HEALTH AND	D MENT	AL HYGIEN	Ε	3	12895	
	1 DECEDENT'S NAME (Floor Added to Land)									(EAR 3. 1	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 228-32-8176	AND MESSAGE			(In yrs. last birthday) IF UNDER 1 YEAR MONTHS DAYS			7. DATE OF BIRTH (Month, Day, Year) 8 - 27 - 19			CE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give street and number) 2119 W. Saratoga Street				96. CITY, TOWN OR LOCATION OF GEATH Baltimore							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION Baltimore							INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2119 W. Sarato	<u>bartin</u>						CITIZEN OF WHAT COUNTRY?				
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	YER IN U.S. ARMED YES 2 NO OR DATES	13						14. RACE — American Indian, Black, White, etc. Specify: Black			
COMPLETED	(Give kir				It's USUAL OCCUPATION If of work done during most of working of use retired.) Bethlehem Steel							
BE CON	17. FATHER'S NAME (First, Middle, Last) Eddie Goodman	, W.,				16. MOTHER'S	NAME (First	Montag				
10 B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Leola E. Goodman 2119 W. Saratoga Street Baltimore, Md 21223									21223		
	20e, METHOD OF DISPOSITION XIX Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACEAND OATE OF DISPOSITION (Name of came Pry) Openhafting or other piace) 4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 5893 Amelia, Va											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue											
										Approximete interval Between Onaet and Deeth		
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF):											
O	PERFORMEO? 1 TYES 2 NO OF DEA								E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE BEATH? YES 2 NO			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO											
B≺	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	ANNER OF OEATH Astural 5 Pending					28d. DEŞCRIBE HOW INJURY OCCURED					
PLETED	4 Homicide determined Dullding, etc. (specify) City or Town, State)									Number,		
СОМР	2 MEDICAL EXAMINE	R: On the beels of examin	nation and/or investi	gation, in my	opinion, d	and place, and d	ue to the c	euse(s) and man	ner ea stated.	euse(a) and	menner as stated.	
TO BE	30 NAME AND ADDRESS OF PERSON WHAT	1 lilus	10			29c. LICENSE N	SMS S		194. OATE S	7/9	n, Day, Wars	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
Patrick W. White, M.D.
299, Frederick Read Battimore
31. DATE FILED (Month, Day, Year)

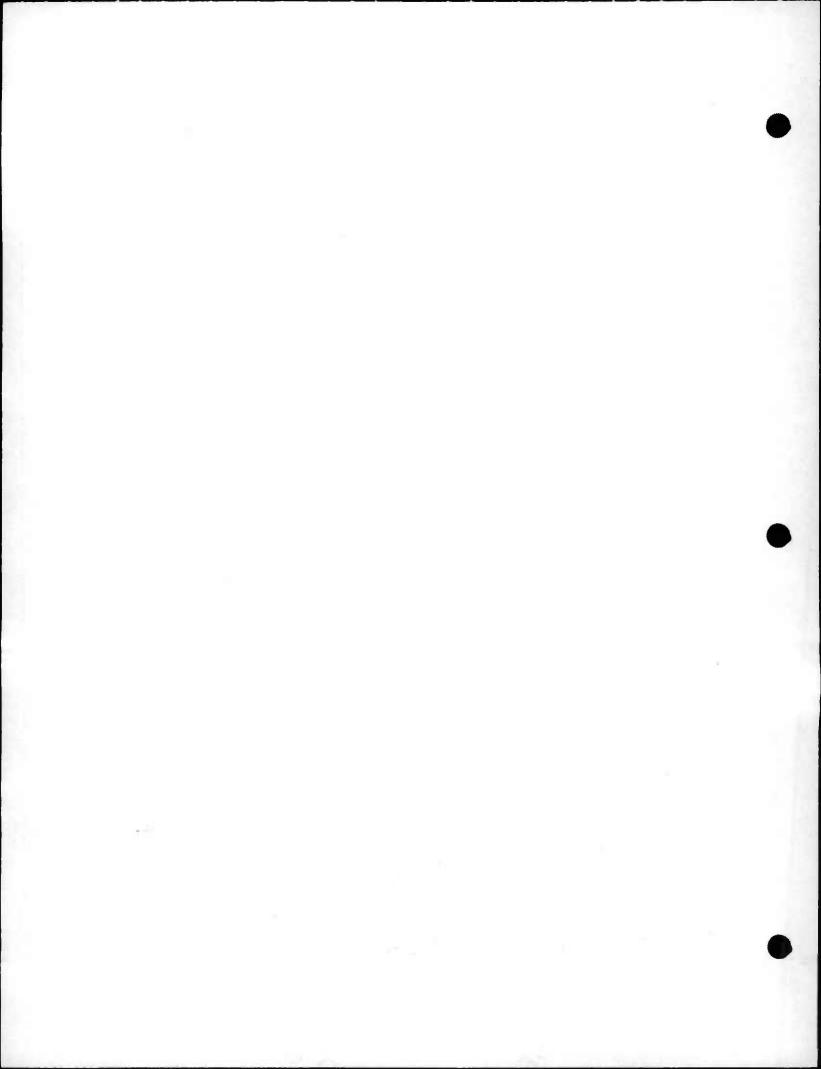
32. REGISTRAR'S SIGNATURE



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r death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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		1 - FOR STATE REGISTRAR	STATE OF MAI				F HEALTH AND	MENTAL HYGIEI REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last)			OATE C	DEATH	2. DATE OF DEATH	2. DATE OF DEATH				
		4. SOCIAL SECURITY NUMBER		Ida Gilliam 5. SEX 6. AGE (In yrs. lost birthday)			D F INDER AL IND	7. DATE OF BIRTH	13 199	13	M	
		238-26-7359 A	C7		YRS.	MONTHS DA		(Month, Day, Year) 8-25-19	25	Country)	N.C.	
100	~	90. FACILITY NAME (If not institution, give str			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY							
	OT.	2201 Walbrook		Baltimore								
	DIRECTOR	10s. STATE 10b. COUNTY			10c. CITY	Balti				10d	. INSIDE CITY LIMITS?	
FUNERALD		Md 10a. STREET AND NUMBER				Daiti	101. ZIP CODE		44- 0000		YES 2 NO	
	ER/	2201 Walbrook Avenue				i	21217		US			
y	E.	11. MARITAL STATUS 1 Never Married 2 Married	/ER IN U.S. AR	RMED NO	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	IC ORIGIN? (Specify Yes or No 14. RAC n, Puerto Rican, etc.)				
	В	1 Never Married 2 Married FORCES? 1 YES 2 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATE:				10	YES 2 NO Speci			Specify:	Black	
	E	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	(G	ive kind of w	USUAL OCCUP	ATION most of working	16b. KIND OF BU	JSINESS/INDUS	TRY		
	PLE	Elementary/Secondary (0-12)	life.	. Do NOT use	e retired.)	•						
OUCE.	COMPLETED	17. FATHER'S NAME (First Middle, Last)		_1			16. MOTHER'S N.	AME (First, Middle, Maider	Sumame)			
	BE (willie vines						. Body				
	ဥ	Ethel Carlies	190	b. MAILING 20	ILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code) 2909 Baker Street Baltimore, Md							
ner ne		29e, METHOD OF DISPOSITION AM Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) DATE 20c. LOCATION — City or Town, State										
5		AVDUTUS Memorial Park 5793 Arbutus, Md Commetter of Control (Specify)										
CASIIII		March F/H West 4300 Wabash Avenue										
anna.		23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate interval Between										
		MANEDIATE CALIFE (Float									Onset and Death	
YOU'		disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
2000	NO N	Sequentially list conditions, DUE TO (OR AS DONSEQUENCE OF): DUE TO (OR AS DONSEQUENCE OF):										
1901	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
	I E	that initiated events	DUE TO (OR	AS A CONSEC	DUENCE OF):						
5	CER	resulting in death) LAST d										
5 (- II	PART II. Other significant conditions	contributing to das	th but not r	esulting in	tha undari	ying cause givan in	Part I. 24a. WAS AN			E AUTOPSY FINDINGS LABLE PRIOR TO	
8								1 _ YE\$:	2 NO	COM	PLETION DF CAUSE DEATH?	
2	∑ ;;							_		1 🗆	YES 2 NO	
7	PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26 OTHER:	PLACE OF DEATH (C	heck only one)				
5	HYS		1 Inpatient 2 ER			4 - Nursing I		6 Other (Specify)				
6	ВУР	1 Aletural 5 Pending 2 Accident Investigation	(Month, Day, Ye		INJU	RY	INJURY AT WORK?	26d. DEŞCRIBE HOW	INJURY OCCUP	RED		
2		3 Suicide 6 Could not ba 4 Homicide detarmined 26a. PLACE OF INJURY — At home, ferm, stree1, factory, offica building, stc. (Specify) 26a. PLACE OF INJURY — At home, ferm, stree1, factory, offica City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Number,			
TO THE	PLE	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated.										
	COMPLET	one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and menner as stated.										
5 2	#	296. SIGNATURE AND TITLE OF CERTIFIER	110x	Dies O	Telle	ing	29c. LICENSE NU	MBER	29d. DATE S	19d. DATE SIGNED (Month, Day, Year)		
= 1	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 301 St. Office										
	1	MARVIN J. FELDMAN, MD Baltimore 21202										
1	T	MAY 5 1993	32. REGISTRAR'S	SIGNATURE 2								
		11111	1	- The same								



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1 - STATE REGISTRAR

YEAR

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Specify:

USA

1993

3. TIME OF DEATH

8. BIRTNPLACE (State or Foreign

Barbados, W. I

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 TY YES 2 NO

Black

New Jersev

Approximate

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

Sidewalk

29d. DATE SIGNED (Month, Day, Year)

Penn Street, Baltimore, Maryland

04/23/1993

COMPLETION OF CAUSE OF DEATH?

Interval Betwe

Onset and Daath

10:20 P.M

REG. NO

DAY

22

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MTCHAEL. EUGENE GOODING , Jr. 04 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 071-78-4040 22 DAYS 1 [XM 2] F YRS 5-22-70 Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 1300 Travers Way Baltimore City 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Brooklyn NOW YORK retained by the hospital or attending princing 5 should be detached for use as the burnel-rape permit. FUNERAL 10f. ZIP CODE 27<u>9 E.</u> 92nd Street 11210 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES Il yes, specify Cuban, Maxican, Puarto Rican, etc.) BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced ETED | 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) page 5 should be detached for College (1-4 or 5 +) COMPL Truck driver 17. FATHER'S NAME (First, Middle Leet) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Michael Gooding, Sr. BE Patricia Prescod notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 279 E. 92nd Street Brooklyn, New York Michael Gooding, Sr. 24 hours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE director, p must 5/5/93 Rosehill Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral 638 N. Gilmor St. Trus filled in by the fu-Leroy Harris F/H Baltimore,Md21217 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or haart failure. List only one ceuse on each line ō IMMEDIATE CAUSE (Fine) n and completely filled to bunial, cremation, o the disease or condition resulting in death) MULTIPLE GUNS HOT WOUMS executed within event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, 2 DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause, Enter UNDERLYING the attending physician and Mental Hygiene prior to HDSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY signed by the апу LYES 2 | NO Shows a s certificate has been sith the State Dept. of Hi d, or Item 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 □ Nursing Nome 5 □ Rasidenca 6 □ Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 10:06 this c 28d. DESCRIBE NOW INJURY OCCURED 28c. INJURY AT Is marked, 04/22/1993 1 Netural Subject Shot DIRECTOR: After the hours after death w . 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be determined 4 Homicide Sidewalk 1300 Travers Way 29a, CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated TO THE HOSPITAL OF TO THE FUNERAL DE FILED WITHIN 72 ho MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 띪 O.C.M.E. 9

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 160 Role W2111

32 REGISTOR'S SIGNATURE TONGLES

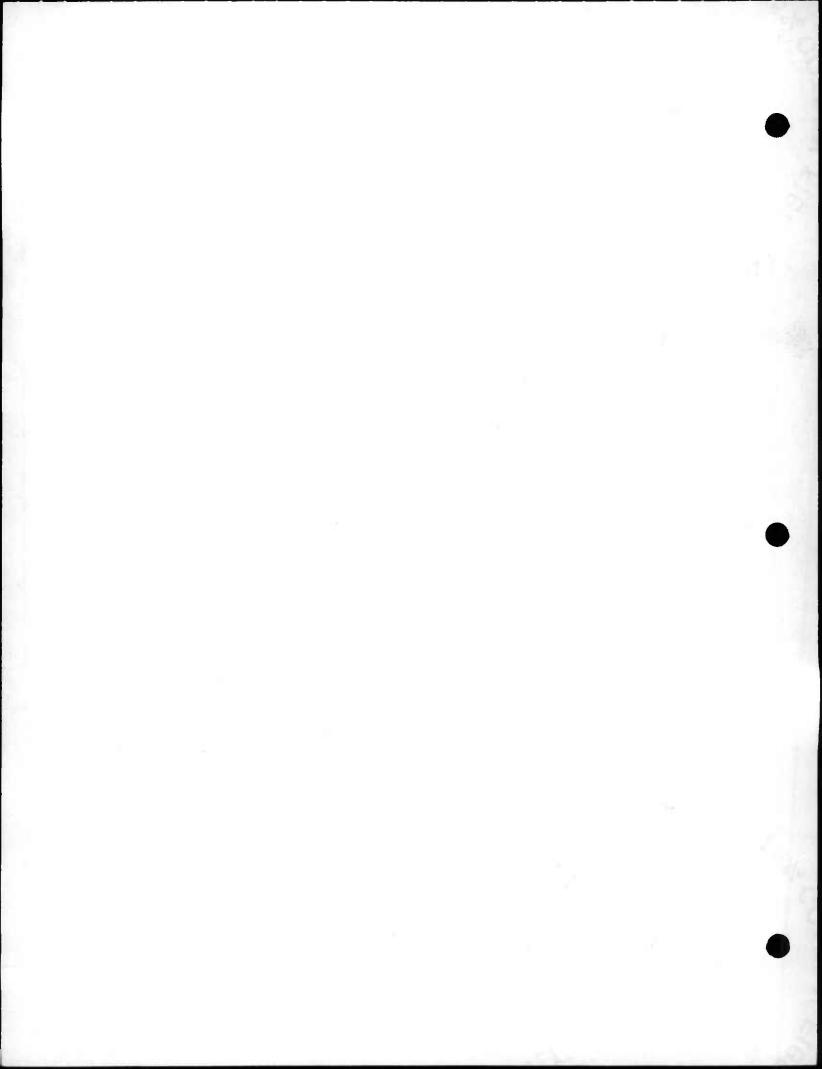
BRUDINOD

31. DATE FILED (Month, Day, Year)
MAY 0 5 1993

OHMH-16 Rev 1/89

21201

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

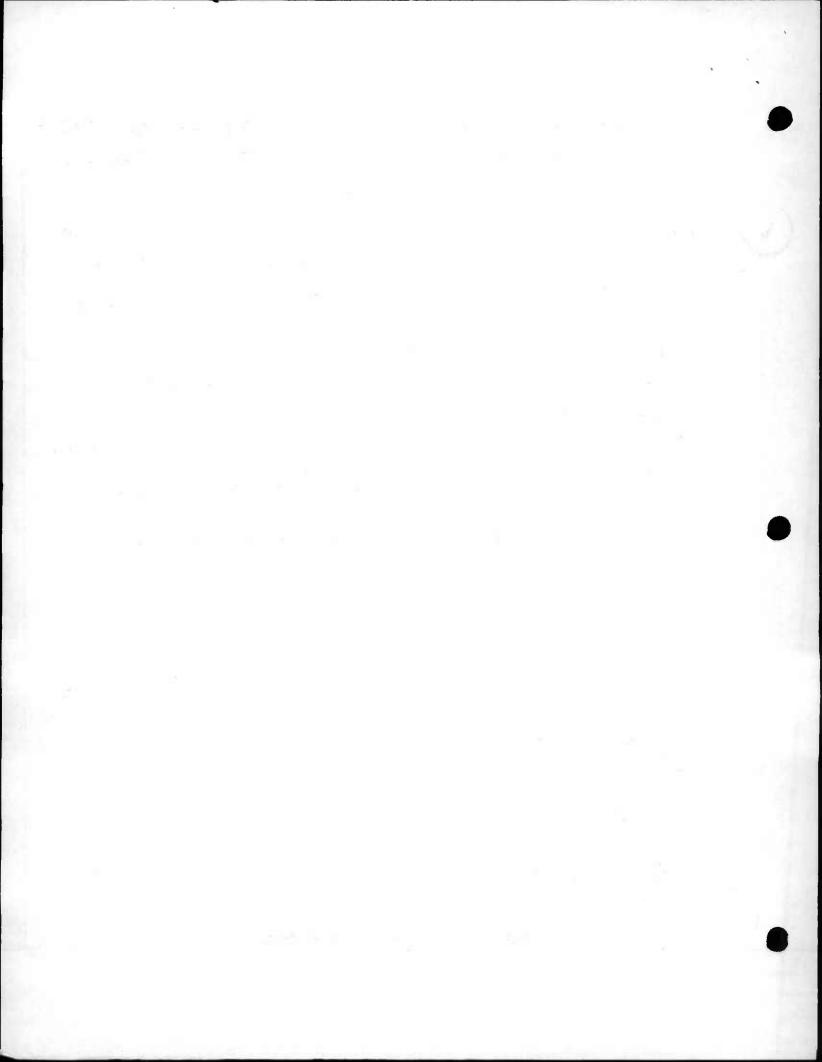


IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last)						A DATE OF S				
JANET A. GI	LECO		MONTH D 4					TE OF DEATH NTH DAY YEAR 7,45 A		
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les	st birthday) IF	UNDER 1 YE	AR IF UNDER	R 24 HRS.	7. DATE OF B	IRTH	8. BIRTI	HPLACE (State or Foreign	
2-13-30-4422 10 H 2 CF	58	YRS. MO	NTHS DAT	HOURS	MIN.	(Month, Day	(Year)	Count	(VY)	
9a. FACILITY NAME (If not institution, give atreet and number)		94	CITY TO	MN OR LOCATI	ON OF DE	2007	210		RYLAND	
	11		C C C	WH OH LOCALI	ON OF DE	AIH	9c.	COUNTY OF E	DEATH	
GOOD SAMARITAD	HOSPIT	AL	DA	Time	SRE					
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CITY, TO	2WAL OR 17	CATION						
m 1 0 -		IOC. CITY, II	MM OH EC	CATION					10d, INSIDE CITY LIMITS?	
LARYLAND BALLINGS	32	1	Mol	lium					1 YES 2 NO	
10e. STREET AND NUMBER				10f. ZIP COD	E		10g	CITIZEN OF	WHAT COUNTRY?	
2109 FOLKSTONE	KORO			2	109	1	- 1	()	0.7	
11. MARITAL STATUS 12. WAS DECED	ENT EVER IN U.S. AR	MED	13. WAS		. ~	IIC ORIGIN? (Sc	ecify Yes or No	0- 14. RACI	E — American Indian	
	1 YES 2. 1	NO				n, Puarto Rican	, etc.)		E — American Indian, k, Whita, etc.	
3 Widowed 4 Divorced	WAN ON DATES		'''	YES 200 NO	Specify	<i>/:</i>		Spec	ally:	
15. DECEDENT'S EDUCATION	18a, OE	CEDENT'S US	IAL OCCUE	PATION		16h KIM	D OF BUSINES	C/INDUSTRY	JHILL	
(Specify only highest grade completed)	(G	ive kind of work Do NOT use re	done during	most of working	ng	IOD. KIIV	D OF BUSINES	S/INDUSTRY		
Elementary/Secondary (0-12) College (1-4 or	5+)	~ \				- 1				
12 YRS. 2 YRS.		HT J	tom							
17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NA	ME (First, Middle	, Maiden Surna	me)		
HARVIY S. F	ORSTIR				Vil	26.0.	Al	172		
19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING AD	DRESS (Str	eet and Number	r or Rural F	Toute Number, C	ity or Town, Stat	te. Zip Code)		
FAMILY RICARDS		5	2001	Δ.	00			,,		
20a, METHOD OF DISPOSITION	200 01 100	21	41 K	112	HRS					
138 Burial 2 Cremation 3 Removal from State		AND OATE OF O		N (Name or		S-I	20c. LOCATIO	N - City or To	own, Stata	
4 Donation 5 Other (Specify)	- HOT	X KID	SSW	SR		93	BALL	more.	MARYLAND	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAM	E ANO AOORE	SS OF FAC	CILITY				
► 11/20 1 3 - 1			ZVE			OF CH				
trava to Cham.			33	32 No	RK	ROAD	- 11m	nuina	7	
23. PART i. Enter the diseases, or complications to shock, or heart failure. List only one page 1.	hat coused the de	ath. Do not	entar tha	mode of dy	ing, auci	h as cardiec	or respirator	y arrest,	Approximata	
IMMEDIATE CAUSE (Final									Onset and Death	
disease or condition	2010000	/		C	. 0.			A.I		
resulting In death) - a. 99	-CIN O'TE							0	1	
	M (OR AS A CONSE	T LU	NG	cm	ers	to 4	yer, !	Bune,		
90E	TO (OR AS A CONSE	OUENCE OF):	NG	cm	ers	to 4	ver, 1	Bone,		
Sequentially list conditions b.			NG	cm	ers	to 6	ver, !	Bune		
Sequentially list conditions, If any, leading to immediate	TO (OR AS A CONSEC		NG	c m	ers	to 6	ver, 1	Bune,		
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING			NG	cm	ers	to G	ver, l	Bune		
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL	TO (OR AS A CONSEC	DUENCE OF): DUENCE OF): resulting in the	ne underl		given in	Pert I. 24e. 1	WAS AN AUTO PERFORMED?	PSY 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 YES 2 NO 27. MANNER OF DEATH 28s. DATE (Month, 1) Natural 5 Pending Investigation Investigation 28s. PLACE building 1 Natural 1 Natural 2 Natural 2 Natural 2 Natural 2 Natural 3 Sulcide 8 Could not be detarmined 2 Natural 2 Natural 3 Natural 3 Natural 3 Natural 3 Natural 3 Natural 3 Natural 4 Natural 5 Natural 5 Natural 5 Natural 5 Natural 6 Natural 7 Natural 7 Natural 8 Natural 8 Natural 8 Natural 8 Natural 9 Natu	TO (OR AS A CONSECT TO (OR AS A CONSECT TO (OR AS A CONSECT TO (OR AS A CONSECT TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT TO (OR AS A CONSECT) TO (OR AS A CONSECT)	DUENCE OF): DUENCE OF): DUENCE OF): DOA 4 1 28b. TIME OF INJURY The, Isrm, stree #th occurred at	28c. M 1 t, factory, d	ying cause of the second secon	EATH (Che seldence NO No nad due sed at the	Pert I. 24e. 1 1 25ck only one) 8 Other (Spe 28d. DESCRIB 28l. LOCATION City or Red to the cause(a)	WAS AN AUTO PERFORMED? YES 2 DEN City) E HOW INJURY (Street and Num, State) and manner at	PSY 24b O 24b O 27 OCCUREO Imber or Rural F s stated. to the cause(a	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 20 NO Route Number,	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Natural 5 Pending Investigation (Month) 27. MANNER OF OEATH Sea. DATE (Month) 28. DATE (Month) 3 Suicide 8 Could not be determined 28e. PLACE building (Check only one) 2 MEDICAL EXAMINER: On the basis of the	TO (OR AS A CONSECT TO (OR	DUENCE OF): DUENCE OF): DUENCE OF): DOA 4 (28b. TIME OF INJURY The, ierm, street investigation, in	28c. M 1 tha ilme, or my opinio	ying cause of the second secon	EATH (Che seldence NO No nad due sed at the	Pert I. 24e. 1 1 25ck only one) 8 Other (Spe 28d. DESCRIB 28l. LOCATION City or Red to the cause(a)	WAS AN AUTO PERFORMED? YES 2 DEN City) E HOW INJURY (Street and Num, State) and manner at	PSY 24b O 24b O 27 OCCUREO Imber or Rural F s stated. to the cause(a	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 20 NO Route Number,	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	TO (OR AS A CONSECT TO (OR	DUENCE OF): DUENCE OF): DUENCE OF): DOA 4 (28b. TIME OF INJURY The, ierm, street investigation, in	28c. M 1 tha ilme, or my opinio	ying cause of the second secon	EATH (Che seldence NO No nad due sed at the	Pert I. 24e. 1 1 25ck only one) 8 Other (Spe 28d. DESCRIB 28l. LOCATION City or Red to the cause(a)	WAS AN AUTO PERFORMED? YES 2 DEN City) E HOW INJURY (Street and Num, State) and manner at	PSY 24b O 24b O 27 OCCUREO Imber or Rural F s stated. to the cause(a	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 20 NO Route Number,	
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 28. DATA 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of MEDICAL EXAMINER: On the basis of MEDICAL EXAMINE	TO (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DUENCE OF): DUENC	26: M 1 the time, or my opinion	ying cause of the second secon	EATH (Che seldence NO No nad due sed at the	Pert I. 24e. 1 1 25ck only one) 8 Other (Spe 28d. DESCRIB 28l. LOCATION City or Red to the cause(a)	WAS AN AUTO PERFORMED? YES 2 DEN City) E HOW INJURY (Street and Num, State) and manner at	PSY 24b O 24b O 27 OCCUREO Imber or Rural F s stated. to the cause(a	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 20 NO Route Number,	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: Inputant 2 27. MANNER OF DEATH 28a. DATE (Month, 100 of	TO (OR AS A CONSECT TO (OR	DUENCE OF): DUENC	26: M 1 the time, or my opinion	ying cause of the second secon	EATH (Che seldence NO No nad due sed at the	Pert I. 24e. 1 1 25ck only one) 8 Other (Spe 28d. DESCRIB 28l. LOCATION City or Red to the cause(a)	WAS AN AUTO PERFORMED? YES 2 DEN City) E HOW INJURY (Street and Num, State) and manner at	PSY 24b O 24b O 27 OCCUREO Imber or Rural F s stated. to the cause(a	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 20 NO Route Number,	



Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bun. BALTIMORE, MARYLAND 21215-003 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR 1 - STATE REGISTRAR	STATE (TMENT OF I	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Lest) John A. Hel					2. DATE OF DEATH DAY
A SOCIAL SECURITY NUMBER	E CEV	0 ACE (b	and to be about a land		

		TIEGIOTITALI				ZENTIK .	CATE	T DEATH	REG. NO		
		1. DECEDENT'S NAME (First,	1. Hea	rd					2. DATE OF DEATH DATE OF	NY /	YEAR 6 25 A M
	P	4. SOCIAL SECURITY NUMB	2010		8. AGE (In yrs.		IF UNDER 1 YE MONTHS DA		7. DATE OF BIRTH (Month, Day, Year)	34	8. BIRTHPLACE (State or Foreign Country)
	OR	Se. FACILITY NAME (If not in	15	Scott K	cy		9b. CITY, TO	WN OR LOCATION OF DE	ATH	9c. COUN	TY OF DEATH
	5	RESIDENCE OF DEC									
4	DIRECTOR	10a. STATE	10b. COUNT	Y		10c. CITY	y, town or L	endalK			10d. INSIDE CITY LIMITS? YES 2 NO
	FÜNERAL	10e. STREET AND NUMBER	wth a	are				101. ZIP CODE 2-12	-72	10g. CITIZ	EN OF WHAT COUNTRY?
	B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		ARMED NO	It ye	DECENDENT OF HISPAN , specify Cuban, Maxical YES 2 NO Specify	n, Puerlo Rican, etc.)	or No—	44. RACE — American Indian, Bleck, Whita, atc. Specify: Black
		15. DEC	EDENT'S EOU	CATION	16e.	DECEDENT'S	USUAL OCCU	ATION	16b. KIND OF BU	SIMESS/INDI	
	COMPLET	Elementary/Secondary (0 12th	r higheat grade -12}	Cottege (1-4 or 5	+)	(Give kind of w life. Do NOT us	vork done durin e retired.)	rator	Beth		
t once		17. FATHER'S NAME (First, MI) John Thoma						18. MOTHER'S NAI	ME (First, Middle, Maiden		
fied a	BE	19e. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS (Sh	v I U I d	Levett	n State 7in (Paris
De noti	2	Ophelia E.		rd		9 So	uth L	ane/Balt	imore, M	D 212	222
u. examiner must be notified at once.		20c. METHOD OF DISPOSITION 1) Surfet 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Campilary Control of Campilary Co									
camine		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM C. MARCH F.H./1101 E. NORTH									
	\dashv	23. PART 1. Enter the di	SASSAS OF	complications the	coursed the	dooth Do o					
è E		ehock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	ert renure.	e. SE	PS 15	ne.		mode of dying, such	as cerdiec or respi	ratory arre	st, Approximete interval Between Onset and Death
to burial, cremation, matic event, the	NO	Sequentially liet conditi		. As	OR AS A CONS	- Coud	ing. An	rest			
Hygiene prior to buria or other traumatic	CATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Testifico in death) AST DIE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
Health and Mental Hygiene prior was any injury, or other trau	ERTIFI	that initieted events resulting in deeth) LAST		d	(OH AS A CONE	EQUENCE OF): 				
injury,	O	PART II. Other eignifice	nt condition	e contributing to	deeth but no	t resulting i	n the under	vina ceuse alven in l	Pert I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
any i	DICAL								PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
٥ ۾	ME								_		OF GEATH?
State Dept.	SIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL				2	. PLACE OF DEATH (Che	ock only one)		
or item	PHYSICI	1 TYES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER: 4 Nursing	lome 5 - Rasidence	6 Other (Specify)		
s marked, u	ву Рн		Pending nvestigation	28e. DATE OF (Month, D		28b. TIME INJI	URY	INJURY AT WORK? YES 2 No	28d. OEŞCRIBE HOW II	NJURY OCCU	RED
28 is	9	3 Suicide 6 0	Could not be letermined	28s. PLACE O building,	F INJURY — At atc. (Specify)	home, farm, s	treet, fectory,	office	281. LOCATION (Street a City or Town, State)	nd Number o	r Rural Route Number,
72 hours	MPLE							date end place, end dua			l. ceuse(e) end menner es stated.
be filed within 72 IMPORTANT: If	E C0	29b. SIGNATURE AND TITLE				a unveatigation	i, iii iiiy opiinc	29c. LICENSE NUM			SIGNED (Month, Day, Year)
IMPOR	TO B	The		Resident	- Physic	ion		D 43	710	> 5	11/53
		30. NAME AND ADDRESS OF KAEGI	PERSON WH	O COMPLETED CAUS	SE OF OEATH (IT	EM 27) (Type,	Print)			/	/
		31. DATE FILED (Month, Day,)	feer)		R'S SIGNATURE	. /					
Ĺ		MAY	199	33 guli	Devidou	-Alanda	Ms-				

Tal. Lia

DIVISION OF VITAL RECORDS, F.O. BOA 88780, BALLIMONE, MARYLAND ZIZIS-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be rotained by the hospital or attending physician.
TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit serming.
be filed within /2 hours after death with the State Dept. of Health and Mehiai Hygliene phor to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT ICATE				MENT	REG. NO.		93	12900
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH		YEAR	ME OF DEATH
	1SABELLA C 4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. last birthday)			. 4540			04	29 TE OF BIRTH	199		· AIA M
1		1 M 2 F	92	YRS.	IF UNDER	DAYS	HOURS	R 24 HRS.	(Mc	onth, Day, Year)		Country)	E (State or Foreign
1	9a. FACILITY NAME (If not institution, give s	A	92		9b. CITY.	TOWN C	OR LOCAT	ION OF DI		-17-1900		Y OF DEATH	TOWN, MD.
5	SETON HILL NURST	NG HOME					LMOR				JC. 000M	, or bearing	
5	RESIDENCE OF DECEDENT												
DIRECTOR	10a. STATE 10b. COUNT	Y		10c, CIT		DATERYNSON CHRIST						INSIDE CITY LIMITS?	
	100. STREET AND NUMBER				Ď.	_	LMOR		TY				YES 2 NO
FUNERAL	SETON HILL NURSI	AC HOME				101	. ZIP COL	/E				EN OF WHAT	COUNTRY?
3	11. MARITAL STATUS	MED	13. V	WAS DEC	ENDENT	OF HISPAI	NIC OBK	GIN? (Specify Yea		JSA.	minten Indian		
	1 Never Married 2 Married FORCES? 1 YES 2 Married IF YES, GIVE WAR OR DATES				- 11	yes, sp	2 XNO	an, Maxica	in, Puart	o Rican, etc.)	G 110-	Black, Whi Specify:	merican Indian, ta, atc.
BY	3 Widowed 4 Divorced						- CA	op oon,				BLAC	K
Ē	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDEN (Give kind					CUPATIO	ON st of work	ing	1	6b. KIND OF BUS	INESS/INDU	STRY	
1 2	Elementary/Secondary (0-12)	*)		se retired.)					CARINTE	ac an	MICTON		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			CANN	SR		10 1107	WEDIO MA	105 (5)	CANNII		USIKI	
E C											Surname)		
0	19a, INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street a				BOWSER	State Zin C	inde)	· · · · · · · · · · · · · · · · · · ·
5	199. INFORMANT'S NAME (TyperPrint) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1010 EAST PRATT STREET, BALTIMORE, MD.												
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION — City or Town, State									tata			
	4 Donation 5 Other (Specify)	oval from Stata	cemetery, cre		ther place)	ERY				ARBU	JTUS,	MD.	
	ET. BIGNATURE OF FUNERAL SERVICE LIC	ENGEE		1				SS OF FA					-
	2 SDENDI) L	4/12	12	4									P.A. 4433 P.O. BOX
	23. PART I. Enter the diseases, or o	complications the	t caused the de	ath. Do	not enter	the mo	da of dy	Ing, auc	h aa ca	ardiac pr reapi	ratory arres	41443;	Approximata
	IMMEDIATE CAUSE (Final												
	IMMEDIATE CAUSE (Final disease Dr condition resulting in death) a. Porsible Pulmonary Embolish.												
	Toolking III datatij	DUE TO	(OR AS A CONSEC	DUENCE O	p:			. (0	6			1	1-
N	Sequentially list conditions. Chelgro Vascular accident with contracting												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	1150	(OR AS A CONSEC	DUENCE O	F):	1		4	1	1 0	0-	1.	
E S	CAUSE (Disease or Injury that initiated events		OR AS CONSE	HENCE O	400V	wo	ill	Mis	hin	04 10	ulle	ling	}
E	resulting in death) LAST	. Q. 1	The of	10.	1	m	P	1:1	0	lind		Û	/
뜅		g		-4	con	1		XU (100			1	
¥	PART II. Other algnificant condition	a contributing to	death but not r	aauiting	In the und	deflying	cause	given in	Part I.	24a. WAS AN	AUTOPSY MED?	100	AUTOPSY FINDINGS ABLE PRIOR TO
MEDIC										1 TYES 2		COMI	PLETION OF CAUSE EATH?
												10	YES 2 NO
SICIAN:													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1		QTHER		ACE OF D	EATH (Ch	eck only	one)			
PHYS	1 YES 2 NO	1 ☐ Inpetiant 2 ☐	ER/Outpatient 3	DOA 28b. TIM	4 Simus	ing Home		sidence		her (Specify)			-
	1 Netural 5 Pending	(Month, D			URY	WO	RK?	- NO	28G. D	EŞCRIBE HOW IN	IJURY OCCU	RED	
D BY	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE O	F INJURY — At ho	me, farm, :	street, facto				28f. LC	CATION (Street as	nd Number or	Bural Brutta I	lumbar
ш	8 Could not be determined	building,	etc. (Specify)					- 1	Ci	ty or Town, State)		7.00.0	1011
LET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge de	ath occur	ort at the ste	ne date	and elec-	and due	to the	enneda) control			
COMP	(Check only one) 2 MEDICAL EXAMINE												manner as stated.
S S	29h, MGNATURE AND TITLE OF CERTIFIER				6	T		ENSE NUM		T		HIGHED (More)	
8	Quian T	nipo	under	en	~		7	7 3	06	5611	▶ L	130	193
15	30. NAME AND ADDRESS OF PERSON WHI	2 22424 ====							- (, , ,		100	

APLETED CAUSE OF DEATH (ITEM 27) (Typs, Print)
RIPURAN NEN

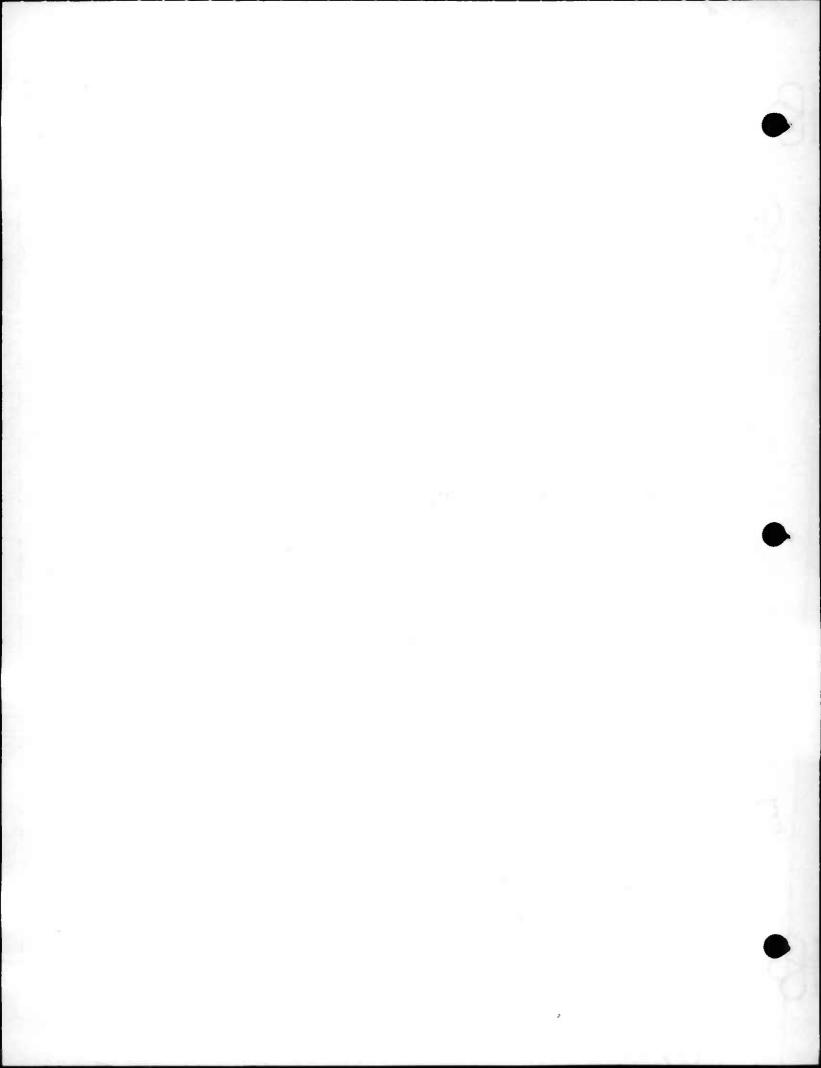
Bonselous

REESH

5 1993

31. DATE FILED (Month,

DHMH-16 Rev 1/89

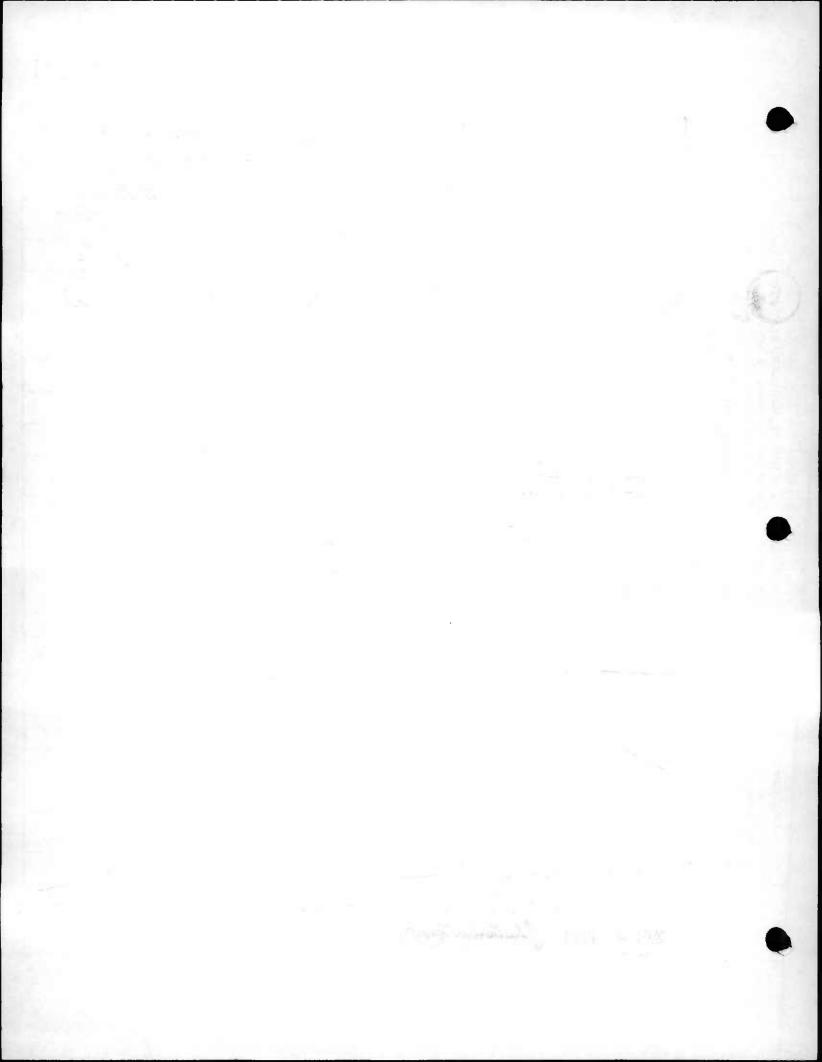


BALTIMORE, MARYLAND 212 5-0020

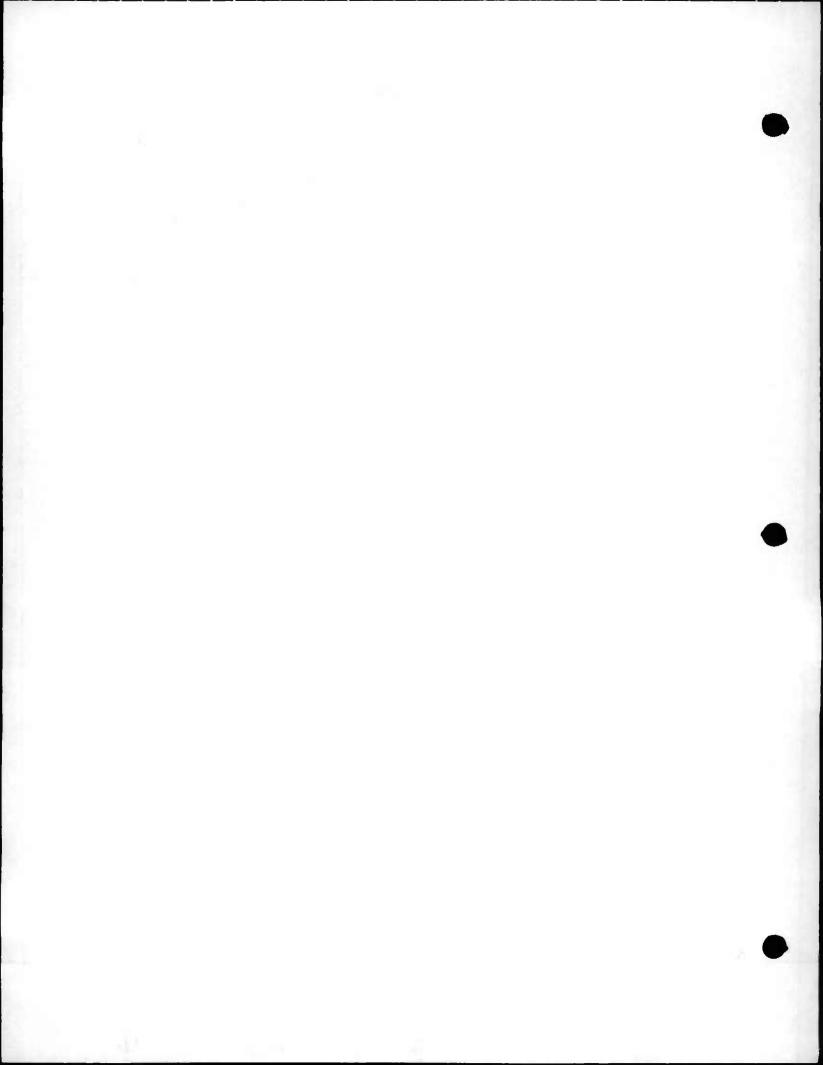
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be matured by the hospital of the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the humani director, page 6 should be detected be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CERTIFIC	ATE OF DE	ATH	REG. NO.				
	1. DECEPENT'S NAME (First, Middle, Last) LOSCIAL SECURITY NUMBER 5. SEX 6. A		1+	27	29	73 6	IME OF DEATH		
	9. FACILITY NAME (If not institution, give street and number)	1 DM 2 DF 83 YRS. MONTHS DAYS HOURS MIN. MONTH, Day, Year) Country, Alabam							
CTOR	FACILITY NAME (If not institution, give street and number) So FACILITY NAME (If not institution, give street and number) 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH A A								
DIRECTOR	10a. STATE 10b. COUNTY A A	10c. CITY, F	OWN OR LOCATION	ville	7	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10. STREET AND NUMBER 8 9 9 0 0 1 0 0 1 11. MARITAL STATUS 12. WAS DECEMBER EVI		101. ZIP C	US	A				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ER IN U.S. ARMED /ES 2 NO PR DATES		uban, Mexican, Puerto	iN? (Specify Yaa or No o Rican, etc.)	Black, who specify: White	merican Indian, Ita, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use re	done during most of wo tired.)	orking 16	66. KINO OF BUSINESS/INC				
ž.	12	Hom	emaker			omestic			
	17. FATHER'S NAME (First, Middle, Last)		18. M		Middle, Maiden Surname)				
BE	(Unknown)	Whatley		(Unknown					
2	19a. INFORMANT'S NAME (Type/Print)				mber, City or Town, State, Zig				
	Eileen Koontz		uitt Dr.,						
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)	cometery, crematory or other Glen Haven	Memorial	Park 5/3	75 Page 120c. LOCATION —	Burnie			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FACILITY MCCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD 21122						
	23. PART I. Enter the diseesea, or complications that cau	sed the death. Do not	enter the mode of	dylng, such ea ce	rdiec or respiratory an	rent.	Approximate		
	shock, or heert feliure. List only ona ceuse on aech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a								
		AS A CONSEQUENCE OF):							
Z	C. DNe	ころいついい	a						
음 l	ii arry, leading to immediate	AS A CONSEQUENCE OF):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury								
비비	that initieted events resulting in death) LAST	AS A CONSEQUENCE OF):							
#	d								
	PART II. Other significant conditions contributing to deet	th but not resulting in t	he Underlying cous	e given in Part I.	24a. WAS AN AUTOPSY	24b. WER	E AUTOPSY FINDINGS		
EDICAL	- 19/2/er	Aug.	500		PERFORMED?	AVAII	LABLE PRIOR TO		
					1 YES 2 NO	1	EATH?		
Ξ.						'	YES 2 NO		
₹ I	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF	F DEATH (Check only	200)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ERM		Nursing Home 5						
Ŧ	27. MANNER OF DEATH 28s. DATE OF INJU	RY 28b. TIME O	F 28c. INJURY AT		EŞCRIBE HOW INJURY OC	CURED			
	1 Metural 5 Pending (Month, Day, Yell	er) INJURY	M 1 YES	2 🗆 NO					
BY	3 Suicide 28a. PLACE OF INJ	URY — At home, ferm, atree	t, factory, offica	281. LO	CATION (Street and Number	or Rural Route	Number,		
Ĕ	4 Homicide determined building, atc. (Specify)		Cit	y or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL FRAMER On the best of my king one) 2 MEDICAL FRAMER On the best of my king one)								
8	One) 2 MEDICAL EXAMINER: On the beels of examin	ation and/or investigation, is	my opinion, death oc	cured at the time, da	le and place, and due to th	e ceuse(e) end	manner as stated.		
BE	296. SIGNATURE AND YITLE OF CERTIFIER)	29c. L	DITTO	29d, GAT	E SIGNED (Mon	th, Day, Year) Skr		
욘	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, Prin	10		-	0 1	2022		
	31. DATE FILED (Month, Day, Year) 3. BEGISTBAR'S S	GIGNATURE	no /	fan n	AUSTO	الممال	111 5113		
	MAY 5 1993 Julie Davids	m-fandels	₹,				DHIM IS S		
							DHMH-18 Rev 1/89		



	1	1. DECEDENT'S NAME (First, Middle, Last)									2. DATE OF DEATH DAY YEAR			YEAR	3. TIME OF DEATH
		LOIS HET 4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (in yrs. li	net hirthday	IF UNDE	D 4 VEAD	IF UNDER	04.1000	4				M
-	3	220-24-73	302	1 🗆 M 24 🗆 F		5 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di	ly, Year)		VIR	GINIA
2, 3 should	FOR	96. FACILITY NAME (If not institution, give street and number) CHURCH HOSPITAL RESIDENCE OF DECEDENT 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 96. COUNTY OF DEATH BALTIMORE CITY													
permit. Pages 1, 2,	DIRECTOR	10a. STATE MD	10b. COUNTY	,		10c. CITY, TOWN OR LOCATION BALTIMORE								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
t permi	RAL	100. STREET AND NUMBER	DATT	CIDEEI		10f. ZIP CODE					10g. CITIZEN OF			- 10	
physician. bunal-transit	FUNERAL	2125 E. P	RAII	12. WAS DECEDEN	IT EVER IN U.S. A	21231 ARMED 13. WAS DECENDENT OF HISPAN				IIC ORIGIN? (S	nacify Yea		USA	- American Indian	
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	TEC	(Specify only	highest grade	completed)		Give kind of the Do NOT us	USUAL O work done	CCUPAT during m	TON lost of workin	g	16b. Kill	OF BUS	INESS/INDU	JSTRY	
the hospital or ath detached for use once.	COMPLETED	Elementary/Secondary (0 8 YEARS	-12)	College (1-4 or 5	+)	OMEM									
a pe	5 S	17. FATHER'S NAME (First, Middle, Leet) MAXFIELD 18. MOTHER'S NAME (First, Middle, Meiden Surname) CARLIE													
leath. Page 6 may be retained the function of the function, page 5 should warminer must be notified	2	199. INFORMANT'S NAME (Type/Print) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. BARBARA DOUGLAS 2317 SUSAN ANN DR. HAMPSTEAD, MARYLAND										YLAND			
	1	20e. METHOD OF DISPOSITION 1 & Burlai 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of MUUSE Clemetics of Cather place) A DATE Coc. LOCATION - City or Town, State Sequelar Seque													
death. Page funeral directly.	1	21 OF FUNERAL	L SERVICE LIC	PHISEE			K ²² /	NAME (JRUU!	S OF FA	FUNER	RAL	HOME		
ours after d d in by the or removal.		23. PART 1. Enter the di	seases, or o	omplications the	it caused the d	leath. Do r					T. B/				Approximate
within 24 hapletely fille cremation.		stfock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)				(AB)				Interval Between Onset and Death					
and o but	NO O	Sequentielly list conditi		DUE TO	OR AS A CONSI	EQUENCE OF	WENCE OFF: MY ANTSNY MSBAGS								
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uires that the death certificat signed by the attending phys Health and Mental Hygiene p ws any injury, or other	闦	resulting in death) LAS		1											
that the dear ed by the att th and Menta any injury,						resuiting	In the u	derlyir				WAS AN AUTOPSY 24b PERFORMED? 24b			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
requires that the signed by of Health an	EDICAL	4 LENA	LATEST C	mure	- WRO						_ 10	YES 2			COMPLETION OF CAUSE OF DEATH?
per per se	Σ	3) Prosi	mer	VIA					·		-				1 TYES 2 THO
PHYSICIAN: The law rithis certificate has bein with the State Dept. arked, or item 23 s	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	500000		OTHE		LACE OF DI	EATH (Che	ick only one)				
SICIAN certific h the S	HYS	1 YES 2 NO		Inpatient 2 28a. DATE OF	INJURY	26b, TIM	4 🗆 Nur	alng Hor	JURY AT	sidence	6 Other (Sp 28d. DESCRI		JURY OCCI	UREO	
OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has brours after death with the State Dept tem 28 is marked, or item 23	B	2 Accident	Pending investigation	(Month, D	NE INJURY — At h		M M	1 🗆	ORK? YES 2	NO		0.7.1.079111			
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	4 Homicide	Could not be setermined	bullding,	etc. (Specify)	Come, term, t		iory, other	-		28f. LOCATIO City or To	wn, State)	nd Number o	or Hural Ho	oute Number,
로 보는 =	COMPL			CIAN: To the best of R: On the beels of e											and manner as stated,
TO THE HOSPI TO THE FUNER be filed within	8	296. SIGNATURE AND TITLE	OF CERTIFIER	~					29c. LICE	NSE NUM			29d. DATE	SIGNED	Month, Day, Year)
0=	2	30. NAME AND ADDRESS OF		COMPLETED CAU				BA	MOV			ひていへ	~sns	•	7 7(23)
V		21. DATE FILED /Month, Day	1993	32 MEGISTHA	12 REGISTRAN'S SCHATURE										



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he find within 70 hours after death with the State hear, of Heath and Mental Huniane prior to hunal community or removal	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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29b. SIGNATURE AND TITLE OF CERTIFIER

D.6.

31. DATE FILED (Month, Day, Year) \ MAY 5 1993

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1993

Cha pora

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

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Pages 1, 2, 3 should

use as the

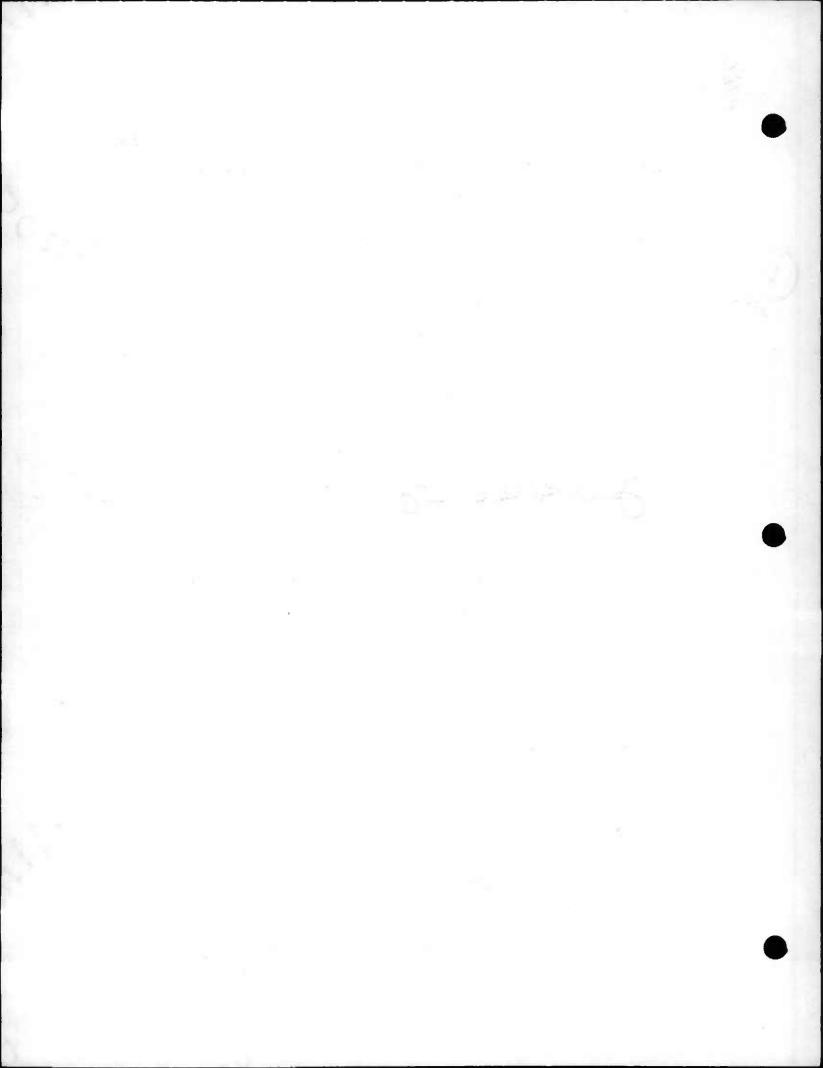
93 12913 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATN JOSEPH W. HARTHAN 3:35 PM 5 02 93 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign (Month, Day, Year) 11/14/1902 213-07-9181 1 M 2 | F 90 YRS. Märyland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Balto.City,Md RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Balto.City, Md 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 106 E. West St. 21230 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)
 O Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married 2 NO ВҰ Specify: White 3X Widowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6th.Grade Machinist Balto.Marine Repair 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John E. Conway Ε. Hartman Mary 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 753 Cypress Rd. Severna Park, Md. 21146 Mrs.Regina McConnell 20s. METHOD OF DISPOSITION
1 M Burlal 2 Cremetion 3 Removal from State
4 Donation 5 Other County 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Holy Cross Cemetery A.A.Co.Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230 McCully Funeral Home, 130 E. Fort Ave Enter the diseases, or complications that caused the dea Do not enter the mode of dying, auch as cerdiec or respiratory errest, Approximete shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onaet and Death Pre- renal disease or condition resulting in desth) azotemia DUE TO (OR AS A CONSEQUENCE OF): Pul. e dema CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING Chronic renal Invufficiency CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 | YES 2 1 NO 1 Minpetient 2 ER/Outpetient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Chack only 1) CERTIFVING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner as atteted.

29c. LICENSE NUMBER

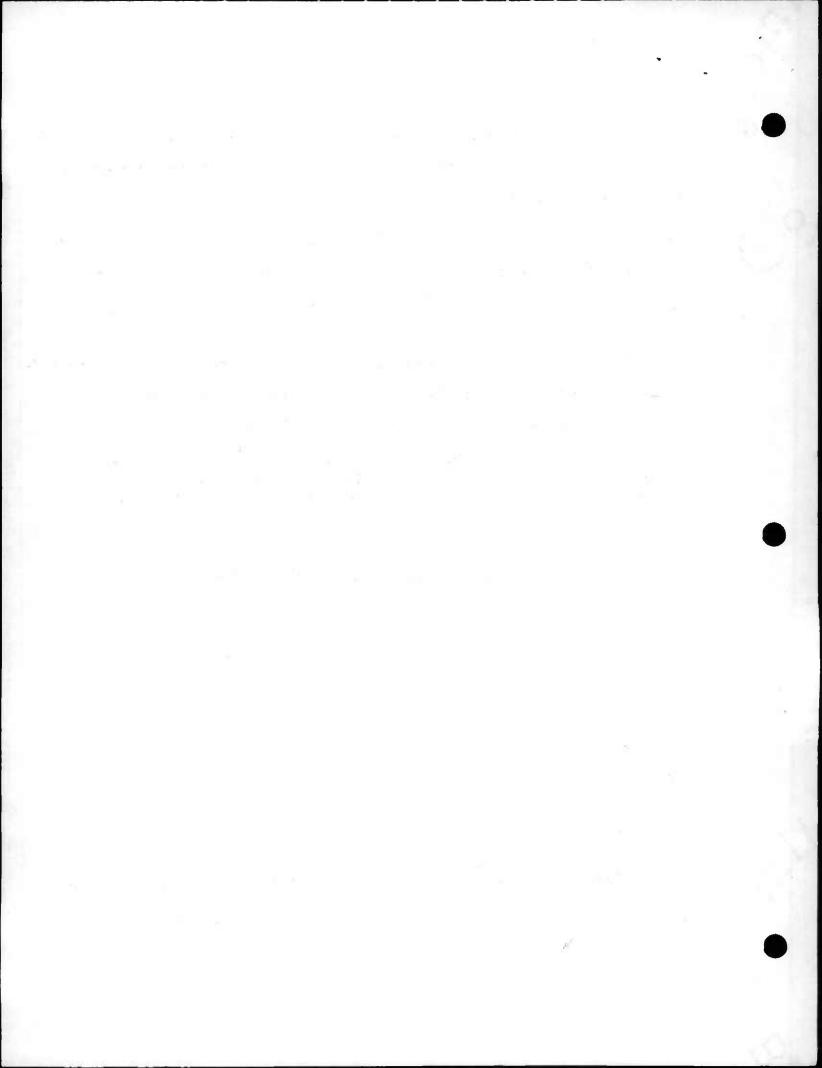
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29d, DATE SIGNED (Month, Day, Year)

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	1. DECEDENT'S NAME (First, Middle, Last)						1	MEG. 140			
	1. DECEDENT'S NAME (PIIS), MIODIE, EIIS)			50			2. DAT	E OF DEATH		YEAR	TIME OF DEATH
	4 SOCIAL SECURITY ANIMARED			715			(,)	AY 2			3:50 A.M.
	1 - 1 - 1	1.00	AGE (In yrs. lasi	MONTE	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE	th, Day, Year)		Country)	CE (State or Foreign
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æ			. 0		ITY, TOWN	OR LOCATION OF D	EATH	,	9c. COUNT	TY OF DEAT	н
[2]	RESIDENCE OF DECEDENT	ITAN DUR	3,06 73	SILIA	SALT	MORE					
l m		TY		10c. CITY, TOW	N OR LOCA	TION				10	S. INSIDE CITY
	Marylan Ba	17-mec		Po	oki:	11.					LIMITS? YES 2 X NO
A C	10e. STREET AND NUMBER	2111 0.02				f. ZIP CODE			10a. CITIZE		
ER	ARIS PUTT	V HIII A	171			2122/1			(7 7 6)
S	11. MARITAL STATUS				3. WAS DEC	CENDENT OF HISPAI	NIC ORIGI	N? (Specify Yea	or No.— 1	4 BACE -	American Indian
	1 Never Married 2 Married			0	If yes, sp	ecify Cuban, Maxica	en, Puarto	Rican, atc.)		Black, W	hita, etc.
	3.5 Widowed 4 Divorced						,				15
Ë	15. DECEDENT'S EDI (Specify only highest grad	JCATION completed)	16a. DE0	CEDENT'S USUAL	OCCUPATION OCCUPATION	ON ast of working	16	b. KIND OF BUS	SINESS/INDU	STRY	
= =	Elementary/Secondary (0-12)	College (1-4 or 5+)	III e.	Do NOT use retired	d.)	•					
e			01	Firse			- $ $	ARYLA	no n	Alios	IRL BANK
5 8		_				18. MOTHER'S NA	ME (First,	Middle, Maiden			
B B		SOPORS						TAI	wi		
E 2			19b	. MAILING ADDRI	SS (Street a	and Number or Rural	Route Nun	iber, City or Town	n, State, Zip C	iode)	
		DROS					ZVE				
150	1 M Buriel 2 - Cremetion 3 - Ren	noval from State	20b. PLACE A cemetery, cren	ND DATE OF DISP natory or other place	OSITION (Na	ame of		7F 20c. LO	CATION CI	ly or Town,	State
	A CONTRACTOR OF THE PARTY OF TH	course 1		DLAWI	1 150	NS LERY	J q	3 36	V12.	100-	
	The state of the s	CEMSEE		2	2. NAME AL	ND ADDRESS OF FA	CILITY	min.	DRIES		
	Work DC	new th			280	HARFO	RO	ROAD.	- Par	Kil	7/
aca	23. PART I. Enter the diseases, pr	complications that ca	used the dec	eth. Do not an	er tha mo	de of dying, suc	h aa car	diac or reapi	ratory arres	st,	Approximate
	IMMEDIATE CAUSE (Final									Interval Between Onset and Death	
	disease or condition	Meipiramy toller							Onset and Dastin		
Acut	resorting in death)					1					
		· Chri	Mil O	MYOU	WE	Lung	0150	ME			
	if any, leeding to immediate	DUE TO (OR	AS A CONSEO	UENCE OF):							
2 2	CAUSE (Disease or Injury	C									
	that initiated events	DUE TO (OR	AS A CONSEQ	UENCE OF):							
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	PART ii. Other eignificant condition	ns contributing to dec	ath but not re	aulting in the	underlying	g cauae givan in	Part I.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
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							_	1 [] YES 2	MO NO	DF	DEATH?
							_			1 1	YES 2 NO
A A	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	eck only n	ne)			
Sic	EXAMINER? 1 ☐ YES 25€ NO	HOSPITAL:	/Outpatient 3		ER:						
] 숲	27. MANNER OF DEATH	26e. DATE OF INJ	URY	28b. TIME OF	28c. INJ	URY AT			JURY OCCU	RED	
		(Month, Day, Y	ear)	INJURY		PRK? YES 2 NO					
- L	1 Natural 5 Pending										
D BY P	2 Accident Investigation	26e. PLACE OF IN	JURY At hon	ne, farm, street, f			261. LOC	ATION (Street e.	nd Number or	Rural Route	Number,
ED BY	2 Accident Investigation	26e. PLACE OF IN building, atc.	JURY — At hon (Specify)	ne, farm, street, f			261. LOC City	CATION (Street e. or Town, State)	nd Number or	Rural Route	Number,
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THE PERSON OF THE PERSON OF THE PERSON AND ADDRESS OF THE PERSON OF THE	PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	PRESIDENCE OF DECEDENT 10e. STATE 10e. COUNT 10e. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married Married 3. Widowed Divorced 15. DECEDENT'S EDI (Specify only highest grad) Elementary/Secondary (0-12) 20e. METHOD OF DISPOSITION 1 Suriel Cremetion Rem 1 Donation Suriel Remove Remove Remove 11. SIGNATURE OF DISPOSITION 1 Suriel Cremetion Rem 1 Donation Suriel Remove Remove 12. PART I. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) 23. PART II. Other elgnificant conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other elgnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 17. PART II. Other elgnificant conditions 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 29. WAS CASE REFERRED TO MEDICAL EXAMINER? 29. WAS CASE REFERRED TO MEDICAL EXAMINER? 20. WAS CASE REFERRED TO MEDICAL EXAMINER? 20. WAS CASE REFERRED TO MEDICAL EXAMINER? 21. WAS CASE REFERRED TO MEDICAL EXAMINER? 21. WAS CASE REFERRED TO MEDICAL EXAMINER? 21. WAS CASE REFERRED TO MEDICAL EXAMINER? 21. WAS CASE REFERRED TO MEDICAL EXAMINER? 21. WAS CASE REFERRED TO MEDICAL EXAMINER? 22. WAS CASE REFERRED TO MEDICAL EXAMINER? 23. WAS CASE REFERRED TO MEDICAL EXAMINER? 24. WAS CASE REFERRED TO MEDICAL EXAMINER? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. WAS CASE REFERRED TO MEDICAL EXAMINER?	4. SOCIAL SECURITY NUMBER 2. SEX 3. SEX 3. M 2 F 3. FACILITY NAME (If not institution, give street and number) FRESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 11. MARITAL STATUS 12. WAS DECEDENT E FORCES? 1 F FORCES. 1 F F FORCES. 1 F F FORCES. 1 F F F F F F F F F F F F F F F F F F F	TRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 11c. MARITAL STATUS 11 Never Married 2 Married 3 Widowed 4 Diverced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 17. FATHER'S NAME (First, Middie, Last) 19a. INFORMANT'S NAME (First, Middie, Last) 20a. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal from State 20b. PLACE A camericy, cremeter and proposition in resulting in death) 23. PART I. Enter the diseases, or complications that caused the decision of other special proposition in resulting in death) 23. PART II. Uther eignificant conditions contributing to death but not resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 23 NO 1 NO	4. SOCIAL SECURITY NUMBER 1. MAIL O TO Institution, give street and number) 1. MAIL O TO Institution, give street and number) 1. MAIL O TO Institution, give street and number) 1. MAIL O TO DECEDENT 1. MAIL O TO DECEDENT 1. MAIL O TO DECEDENT 1. MAIL O TO DECEDENT 1. MAIL O TO DECEDENT 1. MAIL O TO DECEDENT 1. MAIL O TO DECEDENT 1. MAIL O TO DECEDENT SEDUCATION 1. MAIL O TO DECEDENT SEDUCATION 1. MAIL O TO DECEDENT SEDUCATION 1. STREET AND NUMBER 1. MAIL O TO DECEDENT SEDUCATION 1. MAIL O TO DECE	4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 1. M 2 F VRB. 4. DATE VRB. 5. SEX 1. M 2 F VRB. 5. SEX 1. M 2 VRB. 10. COLUMN 10. COLUMN 10. CITY, TOWN OR LOCA 11. WAS DECEDENTY 10. MAILING ADDRESS (Street Interest Inte	4. SOCIAL SECURITY NAMES S. SEX S. AGE (fin yrs. land berndung) F INCORT SILES MONTHS DATE MONTHS DATE MONTHS DATE MONTHS DATE MONTHS DATE MONTHS DATE MONTHS DATE MONTHS DATE MONTHS DATE MONTHS DATE MONTHS DATE MONTHS DATE MONTHS DATE MONTHS DATE MONTHS DATE MONTHS DATE DA	4. SOCIAL SECURITY NUMBER 5. SEX 1. SOCIAL SECURITY NUMBER 1. SOCIAL STATUS 1. S	4. SOCIAL SECURITY NUMBER 3. SEX 3. A. AGE (in ym left bender) 4. SOCIAL SECURITY NUMBER 3. SEX 3. A. AGE (in ym left bender) 5. SEX 5.	A SOCIAL SECURITY NUMBER IN SEX SEX SECURITY NUMBER IN SEX SEX SECURITY NUMBER IN SEX SEX SEX SECURITY NUMBER IN SEX SEX SEX SECURITY NUMBER IN SEX SEX SEX SEX SEX SEX SEX SEX SEX SEX	A SOCIAL SCUIRTY NAMES (I not settline). S. SEX AND HIT MANES (I not settline). S. S



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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH AND	MENTAL HYGIE		1200			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	DOROTHY K HOLLENB	ACK —			04 30	93	09 05A M			
į.	4. SOCIAL SECURITY NUMBER 165 20 8390 1 M 2 F 67 YRS. SAME SECURITY NUMBER 1 F UNDER 1 YEAR SECURITY NUMBER 1 SECURITY									
œ	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	GREATER BALTIMORE		BA	ALTIMORE						
REC	10a. STATE 10b. COUNT			OWN OR LOCATION			10d. INSIDE CITY			
	MD BALT	IMORE-	WHIT	E MARSH			1 VES 2 1 40			
FUNERAL	61 LAUREL RIDGE C'	Г		101. ZIP CODE 2123	16	10g. CITIZE	N OF WHAT COUNTRY?			
B₹	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 410	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puarto Rican, atc.)	fes or No — 14	. RACE — American males, Block, White, etc.			
	15. DECEDENT'S EDU (Specify only highest grade	CATION 1/ completed)	Se. DECEDENT'S USU	done during most of working	16b. KIND OF E	USINESS/INDUS	TRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	SCHOO	ired.) TENDEL	600					
8	17. FATHER'S NAME (First, Middle, Last)		34,00	18. MOTHER'S NA	AME-(First, Middle, Maid	on Surnamal.				
BE C	ANTHONY	KUCHH	RSKI	BRI	1)6457	KR	UPINSKI			
TO B	19a. INEORMANT'S NAME (Type/Print)	Dring	19b. MAILING ADI	PRESS (Street and Number or Rural	Route Number, City or To	own, State, Zip Co	ode)			
	Hamiled	RECORD	SA	ME A	S AB	OVES				
	20a. NETHOD OF DISPOSITION 1 Description Burlal 2 Description 3 Description 3 Description 4 Description 5 Descrip	oval from State 20b.Pl	ACE AND DATE OF DE	SPOSITION (Name of	DATE 20c.	OCATION - City	y or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	CHIVE	22. NAME AND ADDRESS OF FA		OCKE	15VILLE, ML			
	Terres	J. Jani	L/Citt	EVANS C	THRE	OF	MEMORIES			
	23. PART I. Eyfer the diseases, or o	complications that caused the List only one cause on each	ne desth. Do not	enter the mode of dying, suc	ch ee cerdiec or res	piratory arres				
	IMMEDIATE CAUSE (Fine	and only blie codes bit sect	i mile.				intervel Between Onset and Death			
.	disease or condition									
_	_	DUE TO (OR AS A CO								
6	Sequentielly list conditions, if eny, leeding to immediate	DUE TO (OR AS A CO	IVE HEART INSEQUENCE OF):	FAILURE						
S	Ceuse. Enter UNDERLYING CAUSE (Disease or Injury	- CARDIOM	VODATUV							
	that initiated events resulting in death) LAST	CARDIOM DUE TO (OR AS A CO	INSEQUENCE OF):							
CERTIFICATION		d								
AL (PART ii. Other significent condition	e contributing to death but	not resulting in th	e underlying ceuse given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS			
	RHEUMATIC	HEART DISEAS	SE		1 _ YES		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
M							1 TYES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL									
SICI	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Ch						
Ϋ́	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	RED			
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO						
COMPLETED E	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — building, stc. (Specify)	At home, farm, street	, factory, office	28f. LOCATION (Street City or Town, State		Rural Route Number,			
1	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowled	e, death occurred at	the time, data and piece, and due	to the cause(s) and m	anner se steled				
MO				my opinion, death occured at the			ause(a) and manner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c LICENSE NUI	MBER	29d. DATE S	GNED (Month, Day, Year)			
6 5	Jane 11	-0000-	had	1 15	56/	P 4	(2993			
-	30. NAME AND ADDRESS OF PERSON WHO	D (ON M)	(ITEM 27) (Type, Print	Olla Dure	Tousa	ا د ما، م	21204			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	IRE		+	IMV				
	MAY 5 1993	i the Davidson-for	plants.							

1	-	FOR STATE REGISTRAR
Г	1. D	ECEDENT'S NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

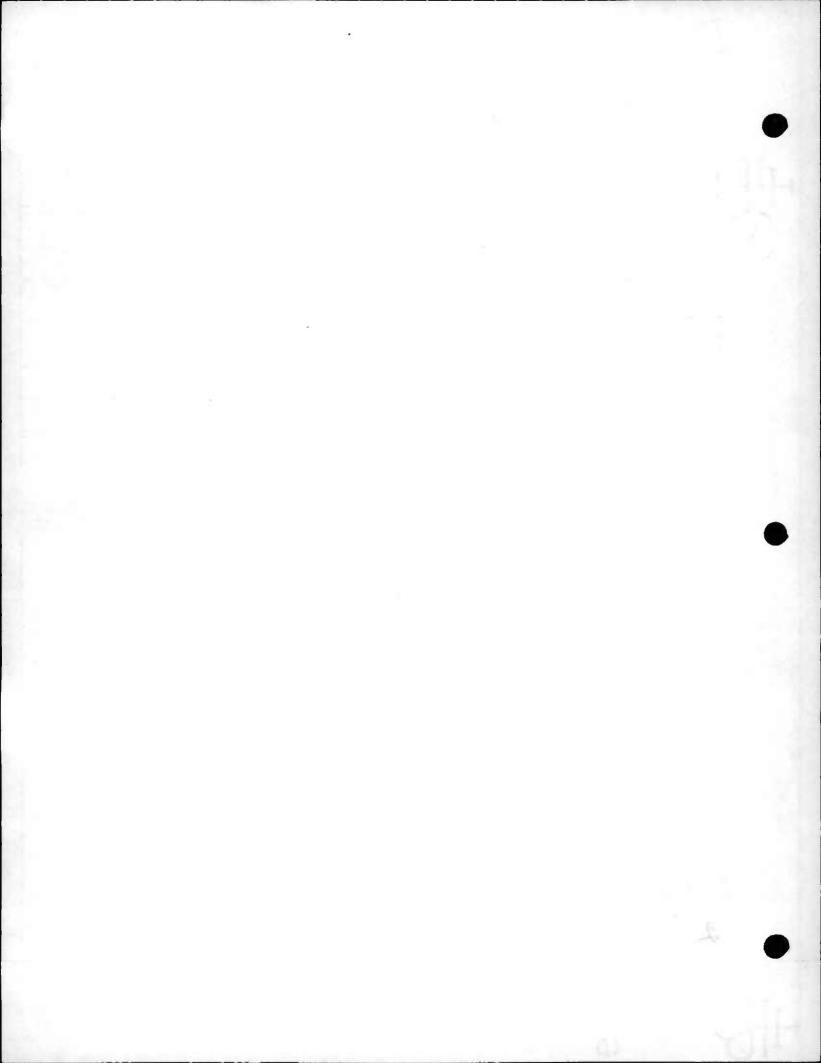
	1 - STATE REGISTRAR CE	RTIFICATE C		REG. NO	_	
-	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH D		3. TIME OF DEATH
	Edna Johnson			5/2/93	AT TEAM	0246 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last to	birthday) IF UNDER 1 YE. MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign intry)
- 1	214-14-8797 10M2 PF 78	YRS.	S HOURS MIN.	2-24-15		MD MD
~	Se. FACILITY NAME (If not institution, give street and number)		N OR LOCATION OF E	DEATH	9c. COUNTY OF	DEATH
0	ST. AGNES HOSPITAL	BAI	TIMORE			
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY
PIG	MD	BALTIMO	RE			1 YES 2 NO
AL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
BY FUNERAL	1330 N. FULTON AVE.		21217		U.S	.A.
5	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMI 1 Namer Married 2 Married FORCES? 1 YES 2 ANO	ED 13. WAS	DECENDENT OF HISPA	ANIC ORIGIN? (Specify Yes	or No- 14, RA	CE — American Indian, ack, White, etc.
3≺	1 Never Married 2 Married FORCES? 1 YES 2_NO 3_Widowed 4 Divorced IF YES, GIVE WAR OR DATES		YES 2 (X) NO Spec			BLACK
	15. DECEDENT'S EDUCATION 16a. DEC	EDENT'S USUAL OCCUP	ATION	16P KIND OF BILL	SINESS/INDUSTRY	
	(Specify only highest grade completed) (Give	kind of work done during to NOT use retired.)	most of working	TOU. KIND OF BU	SHESS/MDUSTRY	
린	6th					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden	Surname)	
BE (JOHN FREELAND		ELEAN(DRA COLES		
2	196. INFORMANT'S NAME (Type/Print) MILDRED HALL 7.9	MAILING ADDRESS (Str	et and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
			_	TREET BA		
	20s_METHOD OF DISPOSITION 1√∏Burlai 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AN cempley, creme	IDDATE OF DISPOSITION	Name of	5693 F		
	4 Donation 5 Other (Specify) KTNG					town, Md
	MI. All	MAR	CHIFUNE	AL HOME- I AVE. BA	WEST	N.D. 01015
-	- Danus D. Hoov					MD 21215
	23. PART I. Enter the diseases, or complications that caused the deat shock, or heart fallure. List only one cause on each line.	th. Do not enter the	mode of dying, su-	ch as cardiac or respi	ratory arreat,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	Ric				Onset and Death
	resulting in death) a	ENCE OE):				
_		LITOL OV J.				
<u>ē</u>	Sequentially list conditions, If any, leading to immediate Due TO (OR AS A CONSEOU	ENCE OF):				
S	CAUSE (Disease or Injury					
E	that initiated events resulting in death) LAST	ENCE OF):				
CERTIFICATION	d.					
4	PART II. Other significant conditions contributing to death but not res	sulting in the underi	/ing cause given in			4b. WERE AUTOPSY FINDINGS
DICAL				PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
WE					7	OF DEATH?
ä						
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	PLACE OF DEATH (C	heck only one)		
YSI	1 YES 250 NO 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nursing I	lome 5 - Residence	8 Other (Specify)		
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED	
B	Accident Investigation		YES 2 NO			
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home building, etc. (Specify)	e, term, erreet, rectory, t	ines	26f. LOCATION (Street (City or Town, State)	nd Number or Huri	I Houte Number,
	29a. CERTIFIER			<u> </u>	-	
COMPLETED	(Check only one) Check only one) MEDICAL EXAMINER: On the basis of axamination and/or inv					(1)
	29b. SIGNATURE AND TITLE OF CENTIFIER					
H	Buy of Street		29c. LICENSE NU	ST/2	29d. DATE SIGNI	EQ (Month, Gey, Year)
	Dun 1777		1120	242	- 7/	2 195
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM :	27) (Type, Print)				
F	30. NAME AND ADDRESS OF PERSON WHO CONTRACT CAUSE OF DEATH (ITEM :	27) (Type, Print)	aton 1	THE R	c 400	1229
A	30. NAME AND ADDRESS OF PERSON WHO COMPANY CAUSE OF DEATH (ITEM : DR. KEVIN SCRUGGS 31. DATE FIVE MOBILE, Day, MAYO 2 73. PRESENTATION SIGNATURE.	27) (Type, Print)	aton f	tre B	aft. 2	1229

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlah-transbe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



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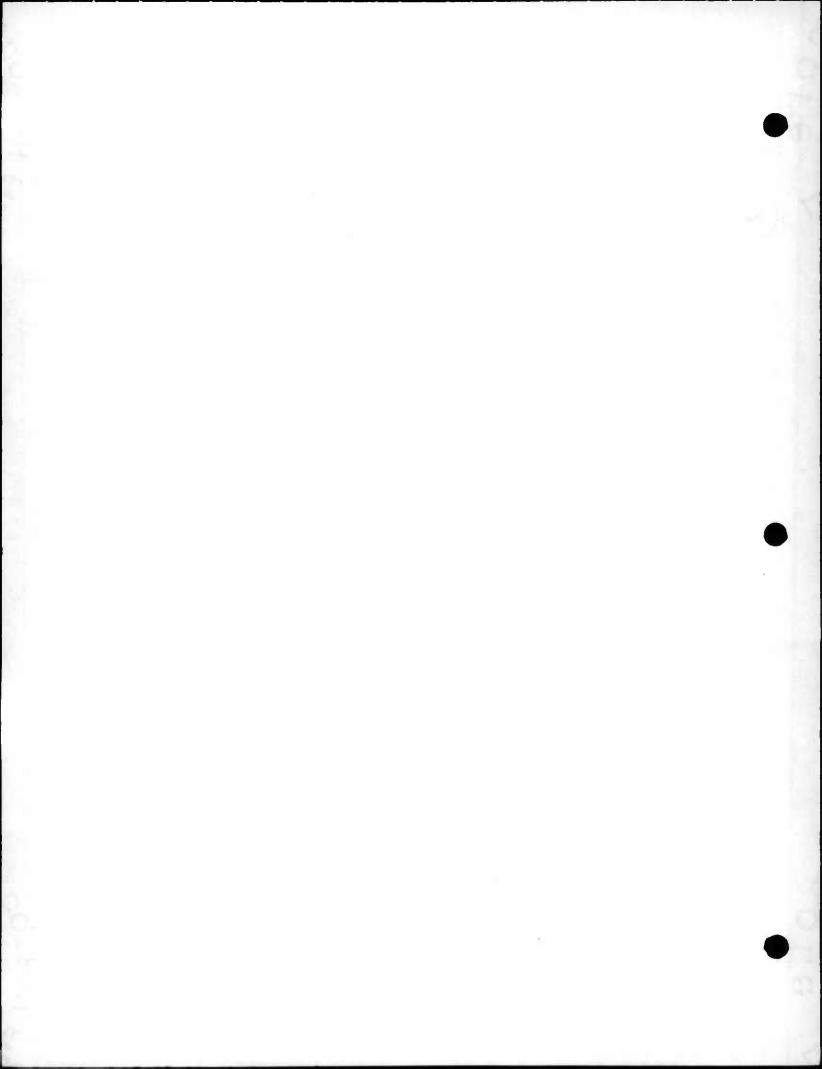
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit Prior
hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE OF	F DEATH	F	REG. NO.	J.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATN	DAY	YEAR 3.	3. TIME OF DEATH	
	CECILIA				LMAN	5	-	2_	97	247 V	M
1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF I	BIRTH Whar)		6 BIRTHPL	LACE (State or Foreign	_
	215-22-6387	1 🗆 M 2 💢 F	66 YAS.	MUNITED	HOURS - MIN.	3-28	-27		MARY	LAND	
_	9e. FACILITY NAME (If not institution, give st	,			N OR LOCATION OF DE	EATH		9c. COUP	NTY OF DEA	(TN	_
စ် 	CHURCH HOSPITA	7T		BALT	IMORE						
ដ្ឋ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	v	10c. CIT	Y, TOWN OR LOC	ATION					The same	
Ĕ		LTIMORE		/, IUWN ON LOW	ATION				1 1	IOd. INSIDE CITY	
ا بـُ	100. STREET AND NUMBER	ETTHONE			101. ZIP CODE			T -c - OIT		YES 2 NO	_
RA	2810 PAGE DRIVE	L"		1.	21222				SA	IAT COUNTRY?	
FUNERAL DIRECTOR	11. MARITAL STATUS		WED IN ITS ARMED	12 145 0		TO CONCINO II	Va				_
	1 Never Married 2 X Married	12. WAS DECEDENT EV FORCES? 1 I	YES 2 NO	If yes, s	Specify Cuban, Mexican	in, Puerto Ricar		or No-		- American Indian, White, atc.	
B	3 Widowed 4 Divorced	IP TES, GIVE YOU,	OR DAYES	1 🗆 16	ES 2 NO Specify:	*			Specify:	HITE	
	15. DECEDENT'S EDUC (Specify only highest grade of	CATION	16a. DECEDENT'S	USUAL OCCUPA	FION	16b. KII	ND OF BU	ISINESS/INDI		21 de 1 son	_
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	1 =	work done during nose retired.)	lost of worlding						
COMPLETED			HOMEMA	KER							
8	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAM						_
BE	GEORGE BANASKI	WICZ			BERTH		RSO	• •			
0	19a. INFORMANT'S NAME (Type/Print)				t and Number or Rural Ro	loute Number, (City or Tow	n, State, Zip	Code)		_
_	MR. THADDEUS KOL	LMAN	SAME								
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remo	oval from State	20b. PLACE AND DATE O	JF DISPOSITION (I	Name of	DATE			City or Town,	, State	
	4 Donetion 5 Other (Specify)		51. 51 AIV	crematery Ar Nhi Sepe AUS CEM. 5-5 BALTO. MD.							
ļ	TOWERAL SERVICE	I /	Λ	KAC.	and address of fac ZOROWSKI	FUNE	RAL	НОМ	E		
	Humma	Kasulone	deil	2525	FLEET S	ST. B	BALT	0. MI	D. 2	1224	
	23. PARTI I. Enter the diseases, or co	emplications that co	aused the death. Do n	ot anter the m	node of dyling, such	n aa cardlec	or reep!	Iratory arr	eet,	Approximate	
	shock, or heart fellure. L IMMEDIATE CAUSE (Finel	Liet Drity one ceuse .	on each line.		N.			7.7		Interval Between Onset end Deat	
	disease or condition resulting in death)	Koy	minater	n-to	uline						
	tossimily in account	DUE TO (OH	AS A CONSEQUENCE OF	2:) 13						-	_
ž	A	· Can	icen of	· lu	ng						
Ĕ II	Sequentially list conditions, If any, leading to immediate	DUE TO (OR	R AS A CONSEQUENCE OF):							_
<u> </u>	CAUSE (Disease or injury										
	that initiated events resulting in daeth) LAST	DUE TO (OH	R AS A CONSEQUENCE OF):							
CERTIFICATION		d									
- 19	PART II. Other significent conditions	s contributing to der	ath but not resulting I	n the underlyl	ng cause given in I	Part I. 24r	e. WAS AN			/ERE AUTOPSY FINDINGS	S
DICAL							PERFOR	RMED?	AM CC	MAILABLE PRIOR TO COMPLETION OF CAUSE	6
ш						_ ' '	☐ YE\$ 2	□ NO	OF	F DEATH?	
Σ						-			''	☐ YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATN (Chec	ack only one)					7
SIS		HOSPITAL:		OTHER:	ome 5 Residence 6		-anthr)				
Į Į	27. MANNER OF DEATH	28a. DATE OF INJU	IURY 28b. TIME	E OF 28c. IN	NJURY AT	28d. DESCRIE		NJURY OCC	CURED		_
1 m	1 Netural 5 Pending Investigation	(Month, Day, Ye	381)		VORK? YES 2 NO	,			-		
- 10	3 Suicide 6 Could not be	26e. PLACE OF IN. building, etc.	IJURY — At home, ferm, at	street, factory, off	ice	28f. LOCATIO	N (Street i	and Number	or Rural Roul	ite Number,	_
	4 Homicide datarmined		(apecity)			City or ion	own, State)				
# I	29e. CERTIFIER Check only	CIAN: To the best of my	knowledge, death occurred	ad at the time, da	fs and place, and dua	to the ceuse(r	and mer	nor so state	- al		_
COMPLETED			ination and/or investigation							nd menner ee stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUME						_
2	Halare	man i	0		D427	DEH 1	1	29d. DAIL	SIGNED (MC	forith, Day, Year)	
₽ ∦	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE C	OF DEATH (ITEM 27) (Type	Print) /	1771	70	-11				
	Henn K	-Ocen	(la	inch	Herry	-A-		Ral	Jan	one Md	
149	1 11 1		4 3 2/ 22 -	~~	The second second		M.	WVV	1 1-	000	1
-	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE								+

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trust and befine within 72 hours after death with the State Dept. of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT If Item 28 is marked or Item 23 shows any Injury or other trainmails event the medical avainant must be notified at once
lay be retai	page 5 sh	the notif
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after death	by the fune	rai avan
24 hours	filled in b	the med
uted within	f completely	Ic avant
ate be exec	ysician and prior to bu	riramat
eath certific	ittending pl	or othe
that the de	ed by the a	any Iniun
w requires	to of Healt	3 chowe
IAN: The la	rtificate has ne State De	or item 2
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R ATTENDI	RECTOR: A	em 28 le
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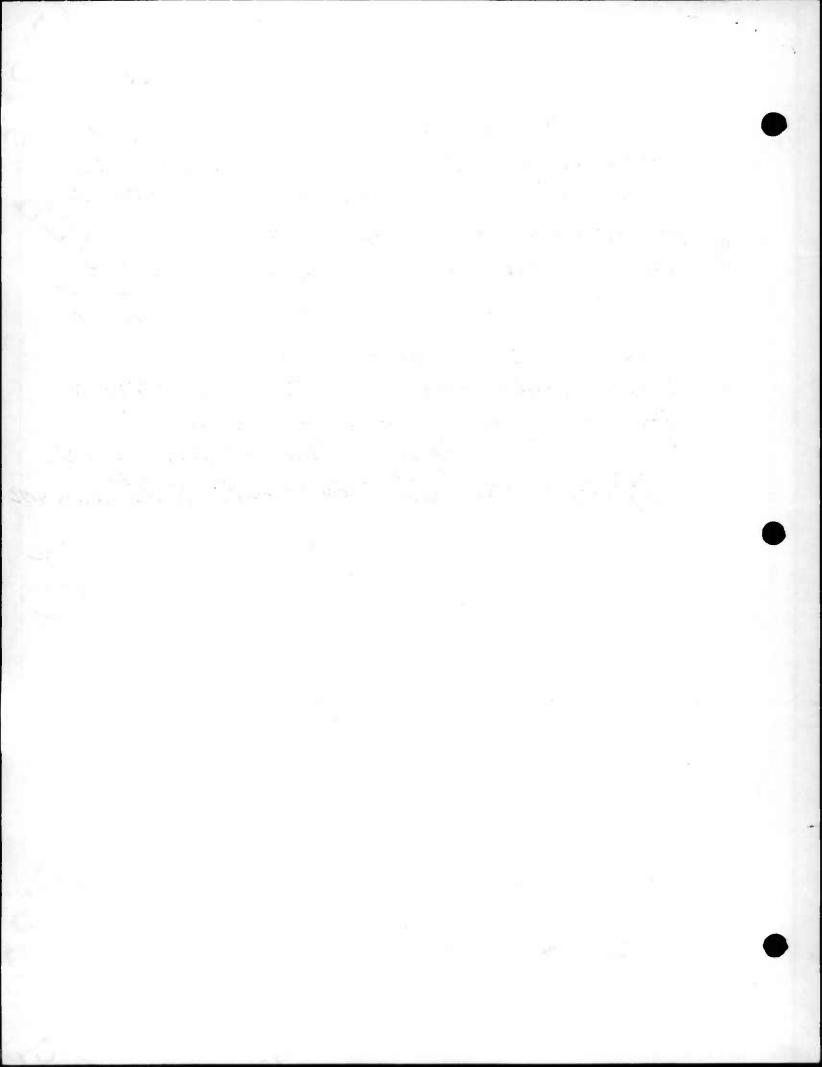
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, (

FOR STATE

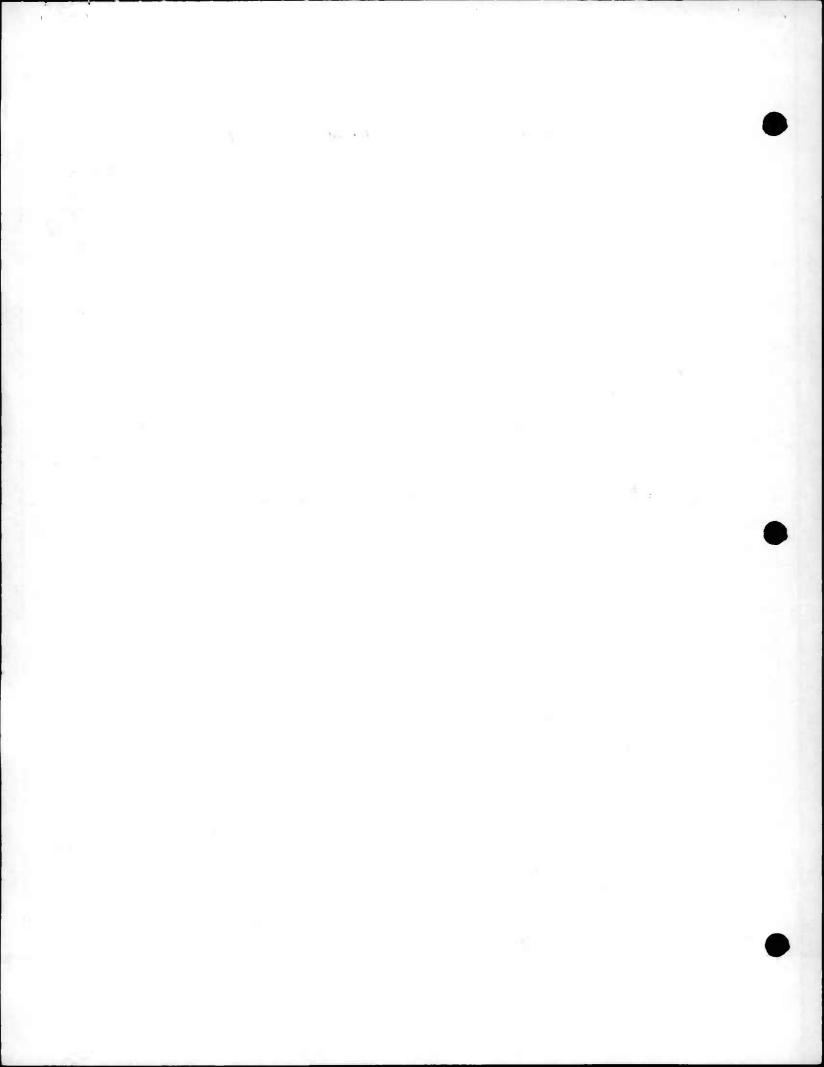
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO		
		1. DECEDENT'S NAME (First, Middle, La C	KeanE.	SR.		2. DATE OF DEATH	AY IGO	3. TIME OF DEATH
	8	4. SOCIAL SECURITY NUMBER 715-09-4826		(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month/Day, Yell)	8. BIF	OTHPLACE (State or Foreign intry)
	OR	9a. FACILITY NAME (If not institution, give str	eet and number)		96. CITY, TOWN OR LOCATION OF E	DEATH	9c. COUNTY OF	DEATH CO
	ᇤ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		I 10c CITY	TOWN OR LOCATION			T
	L DIRECTOR	MARYLAND BAL 104. STREET AND NUMBER	TO. CO.	100. 077	BALTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL	7903 ARDI	MORE AVI	E	101. ZIP CODE 2/2	34	U.:	F WHAT COUNTRY?
	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 N O	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic 1 YES 2 NO Specify N	en, Puerto Rican, etc.)	84	ICE — American Indian, nek, Whita, etcr
	COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)		USUAL OCCUPATION ork done during most of working retired _j)	16b, KIND OF BU	SINESS/INDUSTRY	0116
once.	JAMC	17. FATHER'S NAME (First, Middle, Last)	1	BET	H. STEEL			
5 6	BE C	GEORGE HE	NRY KE,	ANE	JES	AME (First Middle, Maiden	EAVE	NSON
be notified	2	FAMILY A	ECORDS	19b. MAILING	ADDRESS (Street and Number or Rural	ABOVE	, State, Zip Code)	
must		20s. METHOD OF DISPOSITION 1 M Burlat 2 Cremetton 3 America 4 Donation 5 Other (Specify)	red from State con		F DISPOSITION (Name of CEM)	5-7 PA	EXYIU	Town State
examiner		21. SIGNATURE OF FUNERAL SERVICE LICE	gain,	LIC.#	22. NAME AND ADDRESS OF F	MERAL	CHASS	2/27/1-4/5
event, the medical		23. PART I Enter the discusse, or constitute. Limited and the constitution of the cons	mplications that cause ist por one ceuse on a necessity of the transfer of the	ech iine.	4	ch as cerdiac or reap	iretory arrest,	Approximate interval Between Onset and Death
Mental Hyglene prior to burial, cremation, jury, or other traumatic event, the	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	aspest	CONSEQUENCE OF				yens.
Vental		PART II. Other aignificent conditions	anatologian in death b					
vs any Ir	EDICAL		contributing to death o	ut not resulting in	tha underlying cause given in	Part I. 24a. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
hours after death with the State Dept. of Heal Item 28 Is marked, or Item 23 shows	AN: M							1 TES 2 NO
or Item 23	PHYSICIAN:		HOSPITAL:		26. PLACE OF DEATH (C OTHER:	, , , ,		
d, o	H	27. MANNER OF OEATH	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY	28b. TIME	OF 28c, INJURY AT	6 Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCURED	
r death with	à	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year) 26e. PLACE OF INJURY	- At home form at	M 1 TES 2 NO			
urs after m 28 ls		4 Homicide detarmined	building, atc. (Spec	city)	eet, lactory, office	28f. LOCATION (Street City or Town, State)		r House Number,
CV -	COMPL				at the time, date and place, and du , in my opinion, death occured at the			e(a) and menner as stated.
be filed within 7	O BE (296. SIGNATURE AND TITLE OF CERTIFIER Matindad J. de	Leon M.	D .	29c. LICENSE NU	08	D 5/3	ED (Month, Day, Year)
V		30. NAME AND ADDRESS OF PERSON WHO	D. DE LE	ON , M.	D. TOWSON	EPH HOS	PITAL	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		W	,	/	
_	السا	- Mahmon - Angles	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COL	UL 7 AV				

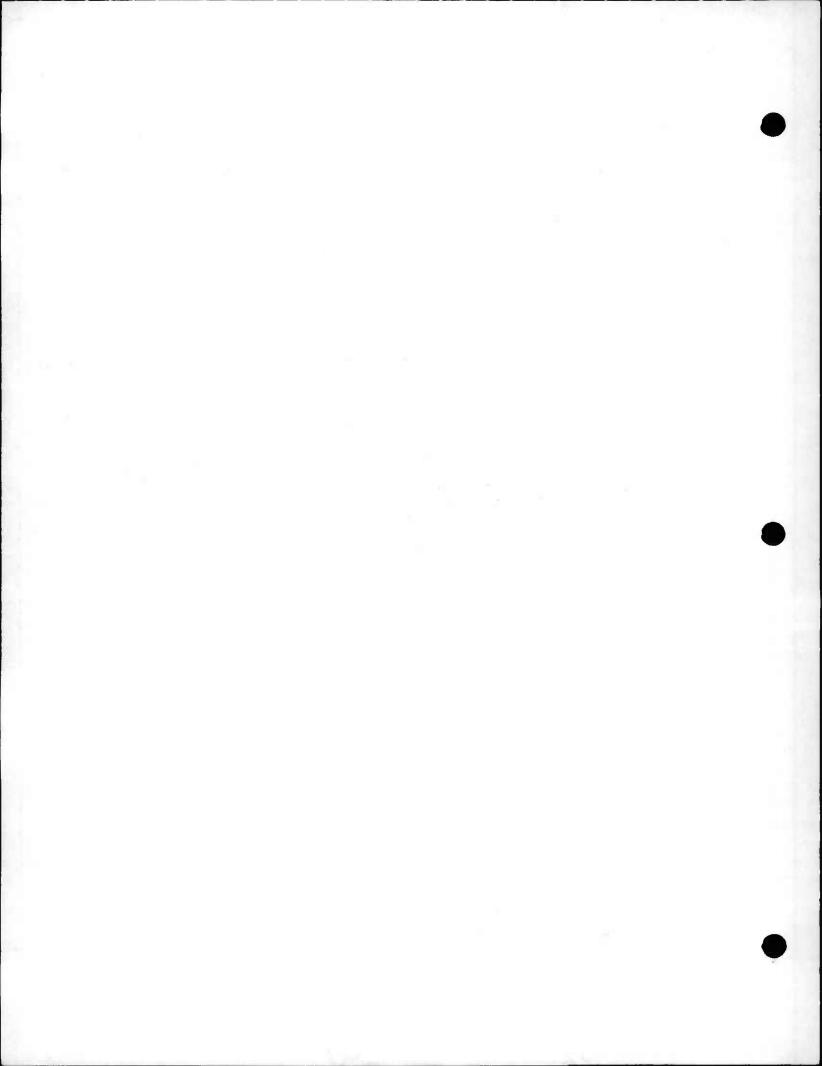


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	1 - FOR REGISTRAR	STATE OF MARYL			TMENT OF			MENTAL HYGIEN REG. NO		93	1290
	1. DECEOENT'S NAME (First, Middle, Last)							2. DATE OF OEATH			ME OF DEATH
	Barrie E	LIZABET	4	Le	UDEN	1		MONTH 2	7 10	YEAR 93	7/7/
	4. SOCIAL SECURITY NUMBER		(In yrs. les		IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF BIRTN		8. BIRTNPLAC	E (State or Foreign
	214-44-2631	1 - M 2 XF	49	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day Year)	12	Country)	
	Se. FACILITY NAME (If not institution, give str	eet end number)			9b. CITY, TOWI	OR LOCAT	ION OF DE		<u>, </u>	TY OF DEATN	ryland
OR	Mercy Hospital	1			Ba ·	Ltimo	ora				
RECTOR	RESIDENCE OF DECEDENT						71.6				
E	10e. STATE 10b. COUNTY				Y, TOWN OR LOC						INSIDE CITY LIMITS?
10	Maryland 100. STREET AND NUMBER			Ba	<u>ltimo</u> ı		-			45.	YES 2 NO
ERAL				_		IOT. ZIP COD			10g. CITIZ	EN OF WHAT	COUNTRY?
빌	3635 Paskin Pl		t. :				244			USA	
FU.	1 Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 X N	MED				C ORIGIN? (Specify Ye, Puerto Rican, etc.)	s or No-	14. RACE — Ar Black, Whit	nericen Indien, le, etc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES				1 🗆 Y	S 2 NO	Specify:			Specify:	
8	15. DECEDENT'S EDUC	ATION	16a, DE	CEDENT'S	USUAL OCCUPA	TION		16b. KIND OF BU	SINESS/INDI	ETDV	Black
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gi	ive kind of v Do NOT us	vork done during i se retired.)	nost of work	ing	Too. Kind of Bo	3111233711100	JINT	
립		College		D	isable	h.c					
COMPL	17. FATNER'S NAME (First, Middle, Last)				TOUDIC	7	NER'S NAM	IE (First, Middle, Maiden	Sumamel		
Ш	John B. Carter							Hublard	,		
0 8	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Stree			oute Number, City or Tox	n. State. Zio C	Codel	
٢	Freddie C. Lou	iden						ord Road			20011
TO BE COM	20a. METHOD OF DISPOSITION	201			OF DISPOSITION		IN I			fy or Town, Si	
	t X Burial 2 Cremetion 3 Remon	val from State com	netery cre	metory or al	har place!		Di-				
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	IOT Y	10111	22. NAME	AND ADDRE	SS OF FAC	5/3 La	urel	Mar	yland
	▶ live to t	8	-		2501	Gwvi	nns F	alls Park ryland 2	runera Wav	IT HOM	es, inc.
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEC	DUENCE OF	j:						Onset end Dea
SICIAN: MEDICAL CE	61 h	contributing to death be School'S		esulting i				PERFOI	RMED?	COMP OF DE	AUTOPSY FINDING ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF D	EATN (Chec	ck only one)			
14S	1 YES 2 NO	Inpatient 2 - ER/Outp	etiont 3		4 - Nursing No			Other (Specify)			
ву рну	1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		26b. TIMI	URY V	JURY AT ORK? YES 2	1	26d. DEŞCRIBE NOW I	NJURY OCCU	RED	
ETED 8	3 Suicide 6 Could not be determined	me, term, s	treet, fectory, off	ice		28f. LOCATION (Street City or Town, State)		r Rural Route N	umber,		
COMPLE	one) 2 MEDICAL EXAMINER:	IAN: To the best of my knowl : On the basis of examination									nenner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1. 1-				29c. LfC	ENSE NUME	BER	29d. DATE	SIGNED (Month	, Day, Year)
TO BE COMP	30. NAME AND ADDRESS OF PERSON WHO	suld ?	w)						4/27	193.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAPE SIGN	ATURE	Dep	Print)	essen	o ki	ve molice	O Cen	les bu	6,40,21
	4/27 MAY 05	1995 Julia	Dand	ams fo	ساليفهال						



		FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIE		3 12910		
		1. OECEDENT'S NAME (First, Middle, Last)		OZ.III	TOATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
		THOMAS C	•	LYONS			0.4 30	1991	6:31 PM		
		X 47 - C- 32 - 48 - 123 - 124 - 124		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)		
plu		212-42-1924	1 🔀 M 2 🗆 F	48 YRS.			July 16		Maryland		
. 2, 3 should	стов	9a. FACILITY NAME (If not institution, give streem 628 GOLD ST. RESIDENCE OF DECEMENT	et and number)		BALTIN	OR LOCATION OF OR	EATH	9c. COUNTY	OF OEATH		
ges 1	EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									
permit, Pages	DIRE	Maryland			Baltimo	re			LIMITS? 1 YES 2 □ NO		
t perm	FUNERAL	10e. STREET AND NUMBER			101	f. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?		
020 physician. burial-transit	N	628 Gold Street				21217			SA		
020 physician, burial-trar		1 Never Married 2 Married	FORCES? 1 YES	2 NO	Il yes, sp	ecify Cuban, Maxica	NIC ORIGIN? (Specify) in, Puarto Rican, atc.)	lea or No 14	RACE — American Indian, Black, White, etc.		
215-00 attending se as the	B	-3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	IES	1 L YES	2 NO Specif	y:	i	Specify: Black		
	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		(Give kind of	USUAL OCCUPATION	ON ost of working	16b. KIND OF B	USINESS/INDUS			
	J.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)						
YLAND by the hospit be detached at once.	MC	17. FATHER'S NAME (First, Middle, Lest)		Self	Employ		Y & L		portation		
YLA by the be det	Ö	Thomas Lyons				A-000 - 00 A-00					
MARYLAND retained by the hospit should be detached notified at once.	ω	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural	a Pinkne Route Number, City or R	wn, State, Zip Co	de)		
be rett	5	Brentford Young				Run Dr			21163 ck, MD		
IORE, e 6 may be ector, page		20a, METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remov			OF DISPOSITION (Na			OCATION — City			
BALTIMORE, er death. Page 6 may be the funeral director, page val.		4 Donation 5 Other (Specify)	Mt		ry Com	etery	15/5 A	nne Ar	undel Co		
ALTIMORE, death. Page 6 may be e tuneral director, page il. examiner must be		21, SIGNATURE OF FUNERAL SERVICE LICE!	O O	0	22. NAME AF	Currence E	Nutter	Funera	1 Homes, Inc.		
0 = 0		Vernon 1	R. Bau	lei	Balti	more, Ma	ryland 2	1216			
S = 5	1	23. PART I. Enter the diseasea, or con ahock, or heart feliure. Lie	mplications that caused at only one cause on each	the death. Do i ch line.	not enter the mo	de of dying, suc	h as cardiac or res	piratory arrest	, Approximate Interval Between		
the fill		IMMEDIATE CAUSE (Final disease or condition	16000011	AGIC	24 1 15 DE	EATITIC .	1 Challen	p 0/16	Onset and Death		
ted within 24 completely filler ial, cremation, event, the	1	resulting in death) a.	HEMORRHA OUE TO (OR AS A C	CONSEQUENCE O	PAINOK!	201110	ACVIE	+ CHK	ONIC		
D 5 2 5	2				,,,		,		İ		
OX 68 be execute sician and crior to burier traumatic	CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
P.O. BOX th certificate be e tending physician al Hygiene prior to or other traum	FIC	CAUSE (Disease or Injury	OUE TO (OR AS A C	CONSEQUENCE O	n.						
S, P.O. Bodeath certificate attending physiental Hygiene print, or other to	Ē	that initieted events resulting in death) LAST	302 10 (011 70 7)	DONGEOGENCE OF	r J.				i		
Tante de V		DAPT II On a significant as all l									
	8 B	PART II. Other significant conditions	contributing to deeth bu	t not resulting	In the underlying	g cause given in	Dene.	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
RECORD requires that the eer signed by the of Health and I shows any in	MEDICA	70019					1X YES	2 NO	COMPLETION OF CAUSE OF DEATH?		
RECC requires been signe t, of Health							- '		NO PES 2 INO		
VITAL RECOR AN. The law requires that tificate has been signed by e State Dept, of Health and item 23 shows any	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF OEATH (Ch	eck only one)				
VITA AN: The inficate h s State (Sic		IOSPITAL: Inpatient 2 ER/Outpat	tient 3 DOA	OTHER:		6 Other (Specify)		-		
OF V PHYSICIA this certif with the Ked, or	РНҮ	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b, TIM	E OF 28c. INJ		28d. OEŞCRIBE HOW	INJURY OCCUR	EO		
NG PHYS fler this eath with	BY	1 Natural 5 Pending Investigation	(YES 2 NO					
O O A C S		3 Suicide 6 Could not be determined	26a. PLACE OF INJURY - building, atc. (Specify	- At home, farm, i	street, factory, office		281. LOCATION (Stree City or Town, Stat		Rural Route Number,		
DIVIS OR ATTE DIRECTOR hours afte	ETED	A. 050715150									
Z ZZ ZZ ZZ ZZ ZZ ZZ ZZ ZZ ZZ ZZ ZZ ZZ Z	COMPL		AN: To the best of my knowle								
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P	8 ▮		On the base of eximination	and/or investigation	n, in my opinion, d	eath occured at the	time, data and place,	and due to the co	nuse(a) and menner as stated.		
PORT FE	B	296 SIGNATURE AND TITLE OF CENTIFIER	(h)			29c. LICENSE NUM			GNED (Month, Day, Year)		
2 6 % ₹	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAMERIOS DEAT	TH (ITEM 27) /3/00	Prints	O.C.M	1.E	05-	01-1993		
		MARIO = GOLL	E, JRMY	111 H		reet, E	Baltimor	e, Mar	yland 2120		
10		31. DATE FILED (Morth, Day, 1947) MAY 05 1993	32 DEGISTRAR'S SIGNAT	TURE							



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NDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	592
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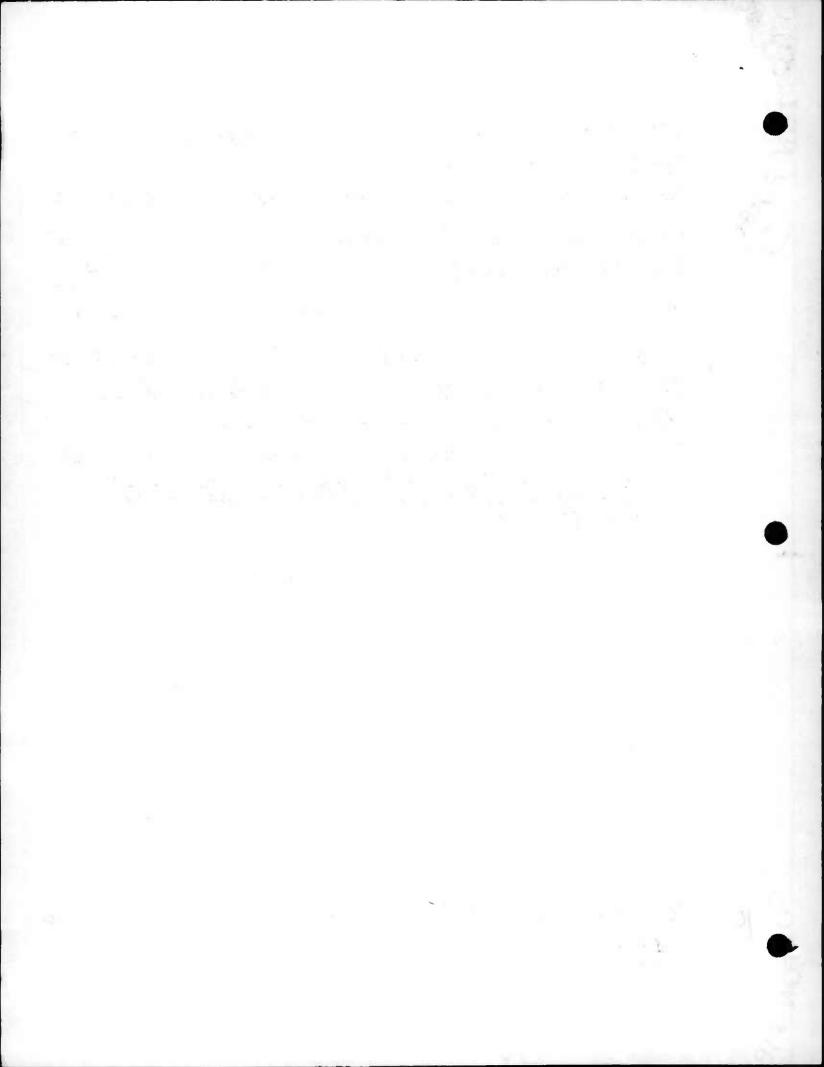
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burning, or removal.	IMPORTANT If them 28 is marked or them 22 shows any injury or other tenuments award the marked as amind he matthed at any
2	5 5	dM
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	REGISTRAR			EKIIFI	CALE	Jr DEAI	П	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Lidda Ann Laml	hka		2. DATE OF			MANTY OF DEATH	NTE OF DEATH NOT NEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER								-		M
	219-40-3771	1 🗆 M 2 🗔 F	8. AGE (In yrs. les		IF UNDER 1 YE	YS HOURS	MIN.	DATE OF BIRTH (Month, Day, Year) 07/21/192	8	Count	t Virginia
OB	9a. FACILITY NAME (If not institution, give st	treet and number)				m or Location timore	N OF DEAT		9c. COUN		
ַ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,									
DIRECTOR	Maryland				timore	e City	(W	agner's P	oint)	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
VERAL	3809 4 th Ave					21226				EN OF V	VHAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2		If yes	DECENOENT OF s, specify Cuber YES 2 NO	F HISPANIC I, Maxican, F Specify:	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No-	14. RACE Black Speci	- American Indian, t, Whita, etc.
	15. DECEDENT'S EDUC	CATION			SUAL OCCUP			18b. KIND OF BUS	INESS/INO	USTRY	MILLOG
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	retired.)	most of working		Housew		and	Mother
9	17. FATHER'S NAME (First, Middle, Linst)			J				(First, Middle, Maiden S	Sumamal		
BEC	Melford R. Kuh	<u>n</u>	X					Blv Idel	,		
2	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	AODRESS (Str	eet and Number	or Hural Rout	te Number, City or Town	, State, Zip	Code)	21.6
	Lewie Dennis Lambl	Kd	_				Balt.	imore,Mar			
	208 METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo	oval from State	cemetery, cre	matory or oth					ATION — C		
	21. SIGNATURE OF FUNERAL SERVICE LID	PISEE Kovin	E. Eck	on Pa	rk Cer	N E ANO ADDRES	S OF FACIL	5/7/1993	Rait	.O.M	1.
	XCK	Keviii	I L. LUP	VC I				2	37 e.	Pata	apsco Ave
ı	23. PART I Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiretory arrest, hock, or haert failure. List only one ceuse on each line.										
	IMMEDIATE CAUSE (Finel										
	disease or condition reaulting in death)	Dop	SUS								Iweek
_	DUE TO (OR AS A CONSEQUENCE OF):										
2	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or injury				an	dke	Mac	tory)	9		
CERTIFICATION	that initiated events resulting in deeth) LAST	OUE TO (C	OR AS A CONSEC	PUENCE OF)	:	C)	0 =			
핑		d									
EDICAL	PART II. Other significant conditions	a contributing to d	leath but not re	esulting in	the underl	ying cause gi	ven in Par	rt i. 24a. WAS AN A PERFORI		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă						_ 1 _ YES 2	NO		COMPLETION OF CAUSE OF GEATH?		
Σ								-			1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL				26	. PLACE OF DE	ATH (Check	only one)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	-		Other (Specify)			
刮	27. MANNER OF OEATH	28a. DATE OF III (Month, Day		28b. TIME	OF 28c.	INJURY AT WORK?		d. DESCRIBE HOW IN	JURY OCC	URED	
<u>~</u>	F Natural 5 Pending 2 Accident Investigation			5,240	M 1 [YES 2	NO				
	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								oute Number,		
OMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMPLES										
8	2 MEDICAL EXAMINER		mination and/or is	nvestigation,	in my opinie	n, death occure	d at the time	e, data and place, and	due to the	Cause(a)	and manner as stated.
0 86	296. SIGNATURE AND THERE OF CERTIFIER	1 KM	1			29c. LICEN	286	9	29d. DATE	SIGNEO 5	(Month, Dey, Year)
-	DE NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, F	Print)	1	Joh	ins Hepph	ins	-On	colos4C
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	SIGNATURE	/ (11	60	DN. W.	o CA	28	5/:
	MAY 5 1993 A	De Berten	Pople B.	3			Bo	ellmo	re	n	iD.
	11111										m

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	D.			
	5 should be detached for use as the burin-framit pen control of the control of th		1. DECEDENT'S NAME (First, Mindle, Last)	11000		2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH						
			4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	the content black of all a			APRIL 20		3 10:43 PH		
		COMPLETED BY FUNERAL DIRECTOR	716-03-0965	1 M 2 - F	76 YRS. MC	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	7. ĎATE OF BIRTH (Month, Dwy. Ybar)	8.	BIRTNPLACE (State or Foreign Country)		
			9a. FACILITY NAME (If not institution, give a MANOR CAR	TOWS	/	BAL	TIMOR	EATN CO	9c. COUNT	Y OF DEATH		
			RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			TOWN OR LOCAT	1001			70-0		
1			MARYLAND BAL	TIMPLE (0. CI	TRNE	Y			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
,			1 C SKYLAR	K CONRT	T	10f	2123	34	10g. CITIZE	N OF WHAT COUNTRY?		
5-0020			11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 V YES IF YES, GIVE WAR OR (2 NO	If yes, spi	ENDENT OF HISPAI ecify Cuben, Maxica 2 NO Specif	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) y:	a or No— 14	Block, White, etc. Specify:		
15-			15. DECEDENT'S EDUCATION 188. DECEDENT'S USUAL OCCUPATION 188. VINO OF PURPLES OF PURPLE									
2121			(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during mo:		DEAM	V P	ALL DOAD		
ANI	detached	OMI	17. FATNER'S NAME, (First, Middle, Last)		LUERE	_	18. MOTNER'S NA	ME (First, Middle, Maider	Sumamal	AICFUID		
MARYLAND retained by the hospit	24 nours after death. Page 6 may be retained by the filed in by the funeral director, page 5 should be don, or removal. he medical examiner must be notified at o	CERTIFICATION TO BE	JOHN EDW/	RD LLO	YD		LAUL	ABELLE	B	411		
E, MA			FAMILY R	ECORDS	196. MAILING AD	ODRESS (Street a	AS A	BOVE Tow	wn, State, Zip Co	ode)		
ALTIMORE,			20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20	b. PLACE AND DATE OF D	DISPOSITION (New	L (EM)	DATE 20c. LC	OWSO	y or Town, State		
LTIN			21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Con	LICIH	22. NAME AN	D ADDRESS OF FA	CILITY	CHA	252		
BA BA	by the fremoval.		of phy	J - 740	2 100677	88	00 11	PROPE	Pon	9		
24	executed within 24 and completely fill to burial, cremation, matic event, the		23. Perry i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval Between Onset and Death disease or condition resulting in death) a. ATHEMOSCIENDISC CAMDIDMS COLORS (See Sec. 1997) AND DISCASE									
68760, secuted within			Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
O B												
P.O. I												
DS, I	the aft Mental		PART ii. Other significent condition	Contributing to death i	out not resulting in t	ha undadulas	anne due le	But I am make				
CORDS	36	EDICAL	CHRONIC	oschove	tive Pu	4	MAVA	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ECC puires	sign sign		DISEASE.				1	1 □ YES	ž NO	OF DEATH?		
A REQUI	as been Dept. of t	IYSICIAN: M								1 TES 2 NO		
VITAL	All ENDING PHYSICIAN: The ECTOR: After this certificate h s after death with the State (25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)				
- K			1 VES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 I ER/Out	petient 3 DOA 4	-		8 Other (Specify)				
PHYSICI		Y PH	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WOR	RK?	28d. DEŞCRIBE NOW	INJURY OCCUR	DED		
NDING NDING		9 0	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stree	M 1 YES 2 NO At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number,			
		ETE	4 Nomicide determined	building, etc. (ope	only)		_	City or Town, State;	,			
DI PITAL OR		JAWC	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Of the basis of axamination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and menner as stated.									
E 70		E C0	296. SIGNATURE AND TITLE OF CERTIFIER	/			29c. LICENSE NUN			GNED (Month, Day, Year)		
5 F	TO TH be file IM PO	10 B	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Temp Carl	net)	785C	70	14	127/93		
	10		DK. SEKTGI	O CASS	SANEGO	0 4	744-1	3 RIDG	ER	0. 21236		
	(MAY 5 1993	32. REGISTRAR'S SIGN	-Andelle							
			Witt A	V						DHMH-16 Rev 1/89		



2. DATE OF DEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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3. TIME OF DEATH Robert L. Martin 93 04 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Country) 218-18-6423 1 M 2 - F YRS. 68 01-12-25 N. Carolina funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore City DIRECTOR 2748 Riggs Avenue RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION
Baltimore City 10a. STATE 10b. COUNTY 10d. INSIDE CITY MD. 1 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 21216 10g. CITIZEN OF WHAT COUNTRY? 2748 Riggs Avenue U.S. within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 TYPES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married YES, GIVE WAR OR DATES Specify: Black ВҰ Army 1 YES 2 THO Specify. 3 🕅 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) 12th College (1-4 or 5+) Bethelheem Steel Steel Worker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maigen Surnan Hattie Toler notified at Ira Martin BE 19a. INFORMANT'S NAME (Type/Print) 19th MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, St. 2748 Riggs Ave. Balto., MD. 2 Mary Dickey P 20a, METHOD OF DISPOSITION

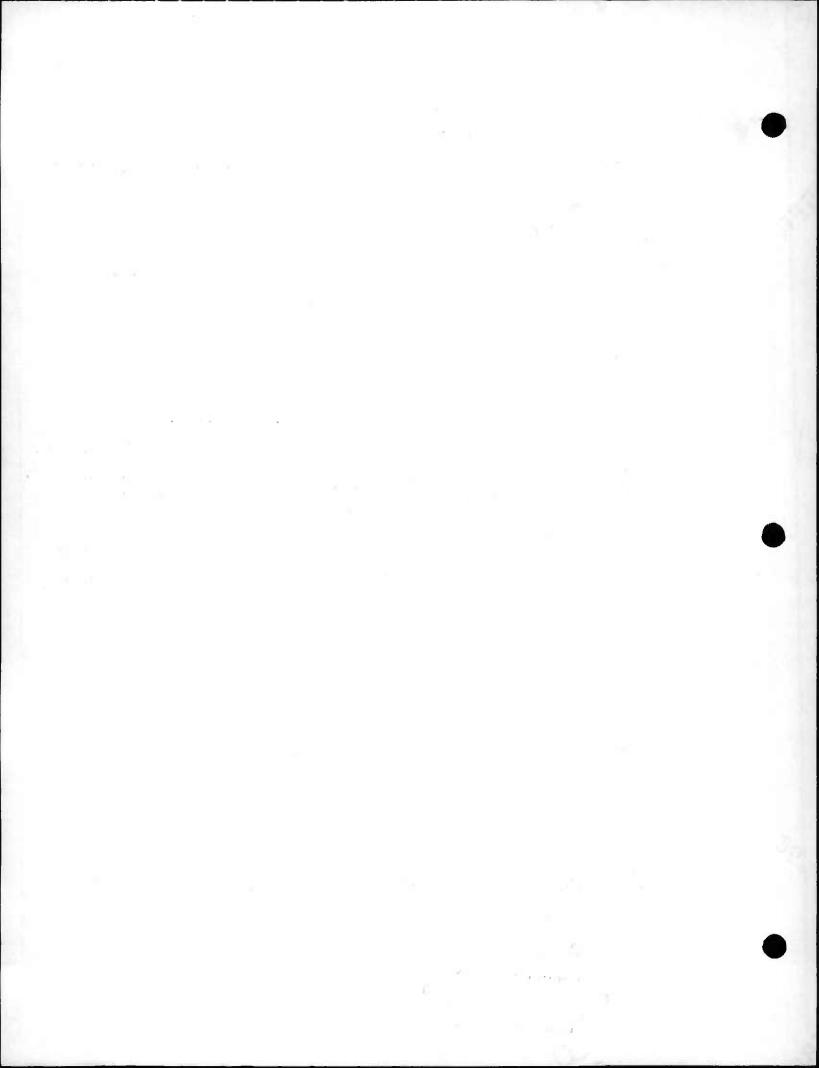
*\int \Burlel 2 \subseteq \text{Cremation } 3 \subseteq \text{Removal from State} 20c. LOCATION - City of Town, State OWINGSMILLS., 20b. PLACE AND DATE OF DISPOSITION (Name of must MD. "Garrison" Forest Vet. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe #281 E.L.Phillips Balto.,MD. completely filled in by the rial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximata ahock, or haart fallure. List only one cause on each line. intervai Batween IMMEDIATE CAUSE (Final **Onset and Death** the leart disease or condition resulting in death) llars or other traumatic event, executed Hygiene prior to burial, MEDICAL CERTIFICATION has been signed by the attending physician and one opt. Or Health and Mental Hygiene prior to burn to 3 shows any injury, or other traumatic Sequentially list conditions, DUE TO (OR AS A CONSEQUE) if any, laeding to immediata 2 cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) reculting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO that COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: ME 25. WAS CASE REFERRED TO MEDICAL EXAMINER? AL DIRECTOR: After this certificate ha 2 hours after death with the State Di If Item 28 Is marked, or Item ? The Item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 TES 2 NO OTHER: ATTENDING PHYSICIAN: me 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural В 1 YES 2 NO Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 8 1)X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL D be filed within 72 h IMPORTANT: If It 2 MEDICAL EXAMINER: On the bi nination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1531 4 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MICHAEL FISHER 31. DATE FILED (Month, Day, Year) RECIPITRAR'S SIGNATURE 05 190 whin Davidson - Re

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MICHAEL L. FISHER, M.D. UNIV. OF MARYLAND - ROOM N3W80 22 SOUTH GREENE STREET BALTIMORE, MD 21201

DHMH-18 Rev 1/89

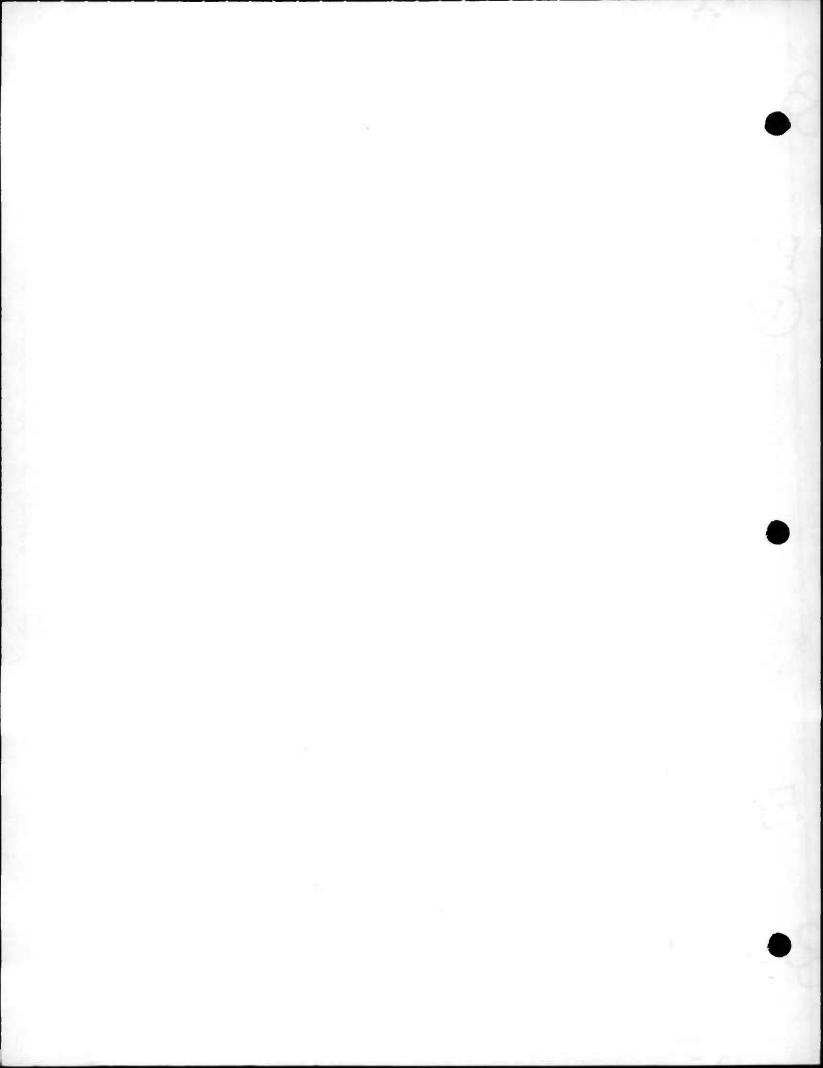


transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Les		Elaine T. Morris					2. DATE OF DEATH NONTH DAY YEAR 5 2 1993				
JR.	4. SOCIAL SECURITY NUMBER 212-30-9742	5. SEX 6.				AR IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, 16ar) 8 - 22 - 1933		-	ACE (State or Foreign	
	90. FACILITY NAME (If not Institution, give		96. CITY, TOWN OR LOCATION OF D				ON OF DEA					
EG	RESIDENCE OF DECEDENT											
DIRECTOR	Md		timore						d. INSIDE CITY LIMITS? X YES 2 NO			
	104. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COU											
BY FUNERAL	4009 Barrington Road					212		USA				
	1. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EYER IN U.S., ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifity sa, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:				14. RACE — American Indian, Black, White, etc. Specify: Black			
TED	15. DECEDENT'S En (Specify only highest gra	(Gir	ve kind of w	JSUAL OCCUI	PATION most of working	0	166. KIND OF BUS	16b, KIND OF BUSINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) 12thh	College (1-4 or 5+)	life Do MOT upp police of 1					Postal Service				
8	17. FATHER'S NAME (First, Middle, Last)	-						E (First, Middle, Meiden				
띪	Jesse Means 190. INFORMANT'S NAME (Type/Print)		191	MAILING	ADDECC /Cu			Mashingtor oute Number, City or Town				
2	Dorothy A. W			3004	Brigh	ton St	reet	Baltimor	e, Md	212	16	
	20e METHOD OF DISPOSITION 1/ Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF DISPOSITION (Name of complete Control of the control of th										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March FH West											
	23. PART LEnter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate											
	shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. LUN	on each iine.		JCE		ng, acon	ee cerdioc of respir	atory errest.		Approximate interval Between Onset end Deet	
ATION	Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING	DUE TO (OF	R AS A CONSEO									
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MEDI	DE SO VETA THOUGH DILL CONTES							MPLETION DF CAUSE DEATH? YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL	1			20	. PLACE OF DE	ATH (DL.					
Sic	EXAMINERY 1 YES 2 NO	HOSPITAL:	R/Outpatient 3		OTHER:	1.					_	
Y PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED											
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BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
2	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE O	OF DEATH (ITEM	1 27) (Type, F	Print)	I D	576	UQ	15	#	73	
1	SATUEL ZI HER A YOOO OLD COURT RO \$ 306 BAT MO 2/2009 31. DATE FILED (MONTH, Day, Your) 12. RECONSTRAINS SINGUALURE											
	MAY 5 1993	4 - w Davidson	- Mandall	-								



FOR JWR

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

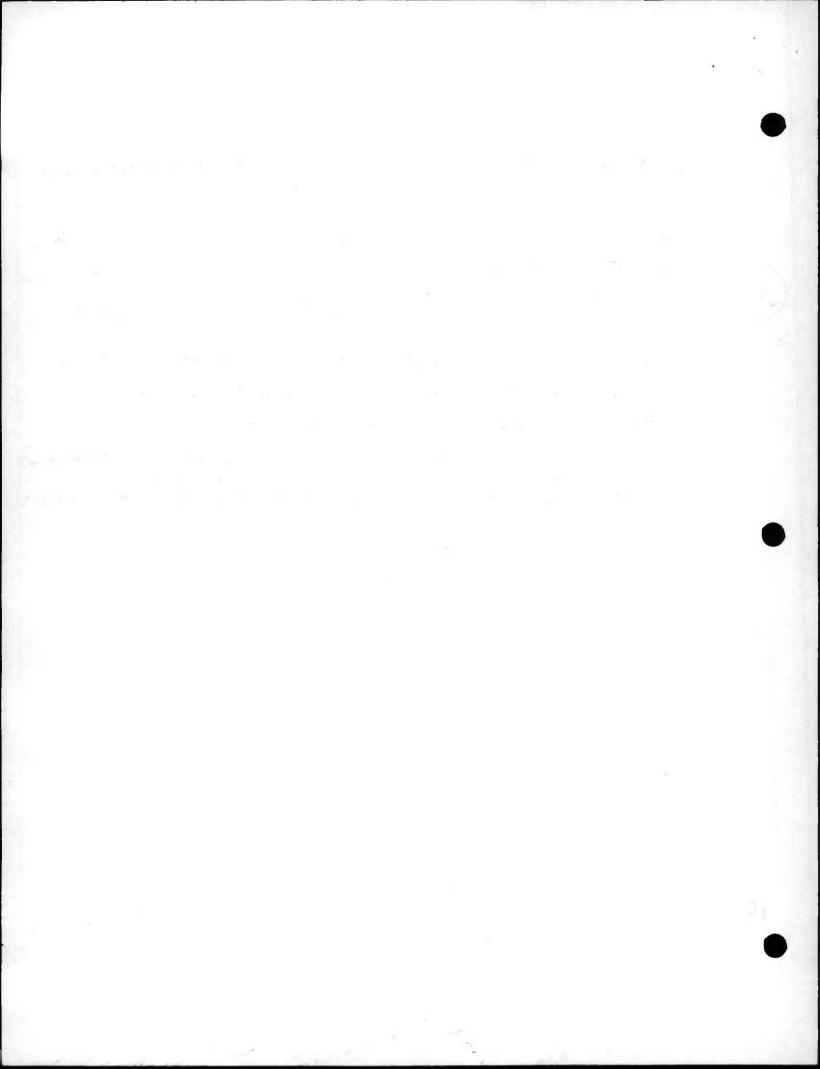
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	21350 3010 1	M2 □ F	+ + YRS. "	OHINS DAYS	HOURS MIN.	FEB. 2		niu		/									
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OR	FALLSTON GENE	RAL HOSP	ITAL	F	ALLSTON		Н	IARF	ORD										
5	RESIDENCE OF DECEDENT																		
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	MARYLAND MAI	RFORD		STRIE				1 YES 2 N	10										
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITI	ZEN OF V	VHAT COUNTRY?										
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	3 Widowed 4 Divorced						- 1	W	HITE										
Ĕ	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION mpleted)	16a. DECEDENT'S US	SUAL OCCUPATION done during mos	N et al working	16b. KIND	OF BUSINESS/IND	USTRY											
<u>u</u>	111100000000000000000000000000000000000	College (1-4 or 5+)	life. Do NOT use r	retired.)	t at working					- 1									
A I	12YRS.		SELF E	mp -0	WAZR	HYC	DRAUL	21	REPAIR	2									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA														
BE (William J.	AZM'O	IRA	-1	1-1 A	5 B	ACKME	20											
	19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street an	nd Number or Rural F														
임	FAMILY RECO	ORAS	5	Ams		SVC													
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE OF	DISPOSITION /Nan			Oc. LOCATION — (alty or To	wn State										
- 1	1 Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	I from State	cemetary, crematory or other	r niace i	MATORY	1.5 - 4			~ 1										
	21. SIGNATURE OF FUNERAL SERVICE LICENS		01/22/11/0				BALTIM			100									
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		m.h		3050	NPORT!	DRIVS	FORSET	- H.	6.0M, I	1050									
	23. PART i. Enter the diseases, or com ahock, or heert feilure. List	plications that cause	sed the deeth. Do not	enter the mod	le of dying, such	h as cerdiec or	reepiratory arm	est,	Approximat	e									
	IMMEDIATE CAUSE (Final	tonly one cause of	eech line.						Interval Bet Onset and										
	disease or condition	Cir	rhosis																
	DUE TO (OR AS A CONSEQUENCE OF):																		
z	Sequentially list conditions 6. Chronic Alcoholism																		
2	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):																		
8	cause. Enter UNDERLYING																		
- 1	CAUSE (Disease or injury that initiated events	DUE TO (OR A)	S A CONSEQUENCE OF):							\neg									
<u>"</u>	ther unitiated exerts																		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending 10 THE FUNEAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215

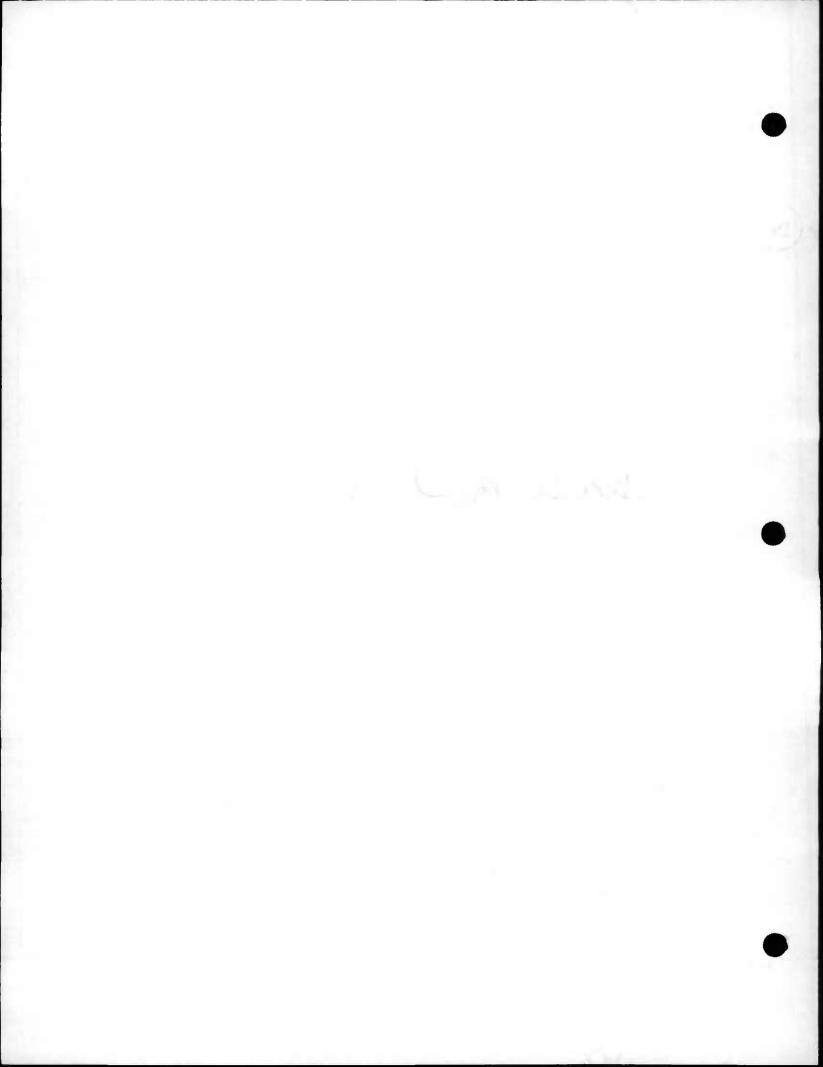
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

)	Pages	
	permit	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	- 4	-1

	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR	TMENT	OF HEAL	TH AND	MEN	ITAL HYGI				
	DAMON 1. DECEDENT'S NAME (First, Middle, Last)			PALI	4ER			M	OATE OF DEATH	1 DAY 19	93	3. TIME OF DEATH 2:10 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR IF U	NOER 24 HRS.	7. 0	ATE OF BIRTH Month, Day, Yea			HPLACE (State or Foreign	
	080-56-8321	1 🔀 M 2 🗌 F	29	YRS.				9-	17-196		1	OOKLYN. NY.	
œ	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN OR LOCATION OF OR				OEATH		9c. CO	UNTY OF I	DEATH	
013	INTERSTATE #95	AT 49.7	MARKE	R	BA	LTIMO	RE						
DIRECTOR	10a. STATE 10b. COUNT	γ		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?			
LD	NY 10e. STREET AND NUMBER				JAMAI				<u> </u>	1 TES 2 X NO			
FUNERAL	146-12 105th AVENUE					10f. ZIP (10g. Cl	TIZEN OF	WNAT COUNTRY?	
S	11. MARITAL STATUS	12. WAS DECEOEN	S DECEOENT EVER IN U.S. ARMEO			MAS DECENDE	435 NT OF HISP	ANIC OF	RIGIN? (Specify	Yea or No-	USA.	E — American Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 XI	NO	1 1	yes, specify (uban, Mexi-	can, Pur	erto Ricen, etc.)	Blec	k, White, etc.	
	15. DECEDENT'S EDU	CATION	I see no	OFDENTIO	1101141 04	CUPATION						ACK	
EE	(Specify only highest grade	completed) College (1-4 or 5 +	(G		work done o	CUPATION Juring most of w	rorking	ŀ	16b. KIND OF	BUSINESS/IN	DUSTRY		
#PL	Contental y Secondary (0-12)	College (1-4 or 5 +	MECHANIC										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. 1	AOTHER'S N	AME (F	irst, Middle, Ma	den Sumame)			
BE	SAMUEL	PALMER					ARY		WHITTL				
٩	19a. INFORMANT'S NAME (Type/Print)					(Street and Nu							
	MARY PALMER 20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem.					th STR	EET,			NY 114 LOCATION -		Carlo	
	1-1 Buriel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)					crematory or other place) E MOUNT CEMETERY				NEWARK, NEW JERSEY			
	21. SIGNATURE OF FUNERAL SERVICE UC	ENSEE	RODE	1	22. 1	NAME AND AD	ORESS OF F		1				
	* (Want	1-12	-	/	J.	OSEPH	H. BR	OWN	JR. F	UNERA	HOM	ME, P.A. P.O. BOX 4433	
	23. PART I. Enter the diseases, or canonic shock, or heart fallure.	complications that	caused tha da	ath. Do r	not antar	the mode of	dying, su	ch as	cardisc or re	spiratory a	rrest,	Approximata	
	IMMEDIATE CAUSE (Final											Interval Batween Onset and Death	
	disease or condition												
	DUE TO (OR AS A CONSEQUENCE OF):												
5	Sequantially list conditions, if any, leading to immediate	DUENCE OF	F):							-			
CA	cause. Entar UNDERLYING CAUSE (Disease or injury	с											
E	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	OUENCE OF):									
CERTIFICATION		d											
CAL	PART II. Other significant condition	s contributing to	daath but not r	esulting	in tha un	derlying cau	se given i	n Part	i. 24a. WAS PER	AN AUTOPSY FORMEO?	246	WERE AUTOPSY FINDINGS	
									1 X YES	2 🗌 NO		OF DEATH?	
Σ									1			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				_	26. PLACE C	F DEATH (C	heck on	ly one)				
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER	1:				PUBL	TC I	ROADWAY	
F	27. MANNER OF OEATH	28a. OATE OF (Month, Da		28b. TIM INJ		28c. INJURY A		-	DESCRIBE HO				
B	1 Netural 5 Pending 2 Accident Investigation		/1993	2:0			2XXNO					JCK BY AUT	
	3 Suicide 6 Could not be 4 Homicide determined	28a, PLACE OF building,	INJURY — At ho itc. (Specify)						LOCATION (STA				
91	29a, CERTIFIER	CIANA To the best of				ADWAY			ALTIM			YI.AND	
COMPLETED	(Check only one) 3/ MEDICAL EXAMINE	CIAN: To the beat of ax										a) and manner as stated.	
	200 SINATURE AND TITLE OF CERTIFIED		1	_	_		LICENSE NO					(Month, Day, Year)	
BE C	LINE DX	lle A	W				.C.M					28/1993	
٩		COMPLETED CAUS											
		LE, JR M	17.111	Pen:	n St	reet,	Bal	tir	more,	Mary	land	d 21201	
	MAY 0 5 1993	grant Think	PERMANEN	-									
	IIII II	S. F.		,	4								



FOR

Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

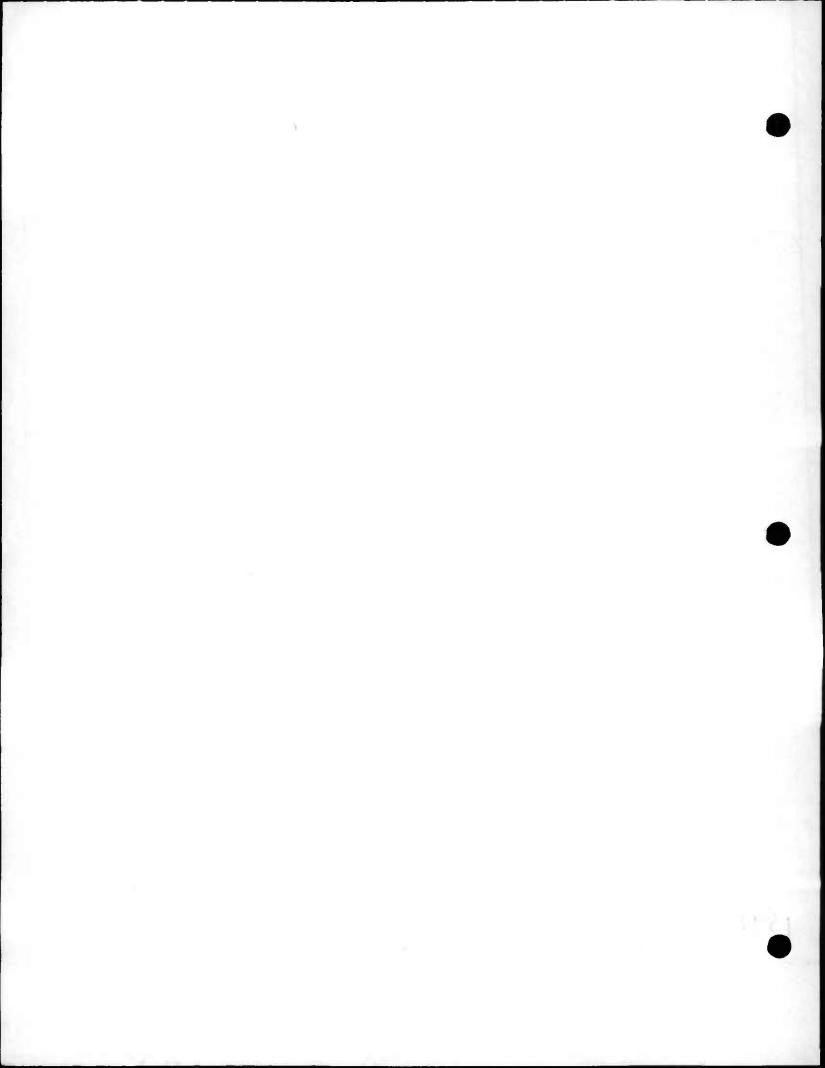
	1 - STATE REGISTRAR	Omit of it	CE	ERTIF	ICATE	OF DEA	TH	MENIAL I	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)					<u> </u>		2. DATE OF	DEATN			3. TIME OF DEATN
	Peter Roger	Parri	sh					MONTH 5	4	AY 1	9 93	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1	EAR IF UND	ER 24 HRS.	7. DATE OF	BIRTN	-		IPLACE (State or Foreign
- 1	216-32-1750	1火 M 2 ☐ F	59	YRS.	MONTHS	AYS HOURS	MIN.	(Month, D	ay, Year) 25	193	Count	n Iahoma
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, T	OWN OR LOCA	TION OF D			_	UNTY OF C	
8	507 S. Chapel	Street										, CAIT
5	RESIDENCE OF DECEDENT											
DIRECTOR						LOCATION			_			10d. INSIDE CITY LIMITS?
	Maryland			Baltimore								1 YES 2 NO
₹	10e. STREET AND NUMBER		10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?					WHAT COUNTRY?				
FUNERAL	507 S. Chapel	St.		21231								
ا جَ	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WA	S DECENDENT	OF NISPA	NIC ORIGIN? (S	Specify Yes	or No-	14. RACI	E — American Indian,
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	UNO If yes, specify Cuben, Maxican, 1 □ YES 2√2 NO Specify:					n, etc.)		Spec	k, White, etc.
	postanie de la company										Wh	nite
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	(Gi	ive kind of	Work done dur	JPATION ing most of work	king	16b. Kil	ND OF BUS	SINESS/IN	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5 +	///0.	Mainter Painter				1				
M	8 years			alli	tei							
	17. FATHER'S NAME (First, Middle, Last) William Parris	sh						ME (First, Midd		Surname)		
BE		>11					ter		ver			
2	190. INFORMANT'S NAME (Type/Print) Janet Parrish		198	MAILING	ADDRESS (S	treet and Numb	er or Rural	Route Number,	City or Tow	n, State, Zi	(p Code)	
.					_	apel	St.	вати				
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rame	oval from State	cemetery, cre-	matory or o	OF DISPOSITION THE PIECEL	ON (Neme of		DATE			Cify or To	
	4 (a) Donation 5 (a) Other (Specify)		Uak	La		meter	~				Cour	ity
Ì	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	4		22, NA	ME AND ADDR	Zel	ler.	Inc.	F.	Н.	
	Catherine	M. Z	Delex	0								21231
	23. PART i. Enter the diseases, or o	omplications that	t caused the de	eth. Do i								Approximate
	shock, or heert failure. iMMEDIATE CAUSE (Finel	List only 606 cou	se on eech line							,		intervai Between
	disease or condition	Ch.	00.	1.1	1_5	H	1		New			Onset and Death
l	reaulting in deeth)	DUE TO	(OR AS A CONSEC	DUENCE O	FI:	K	אארויכ	my 1	11900	~		1093
- 1	_	Corone	A	ban	Nisi	ad		0				2 -
ō	Sequentielly list conditions,		OR AS A CONSEC	UENCE D	F):							- July
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CONSEQUENCE OF):									+	
F	resulting in deeth) LAST											
	DARKE OF THE STREET											
DICAL	PART II. Other eignificent condition	a contributing to	deeth but not re	eculting	in the unde	riying cause	given in	Part i. 24	. WAS AN		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1	YES 2	DINO		COMPLETION OF CAUSE OF DEATN?
₩										~		1 TYES 2 NO
z I												
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MODBITA:				26. PLACE OF	DEATN (Ch	eck only one)				
ğ	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home 5 1	Residence	8 Other (St	pecify)			
표	27. MANNER OF DEATH	28e. DATE OF (Month, De		28b. TIM	E OF 28	c. INJURY AT		28d. DESCRI	BE NOW II	NJURY OC	CURED	
8	1 Netural 5 Pending 2 Accident Investigation	1,00,00	,,,				□ NO					
- 18	3 Suicide 8 Could not be	28e. PLACE OF	F INJURY AI hor	me, ferm, :	street, fectory	office		28f. LOCATIO	N (Street a	ind Numbe	r or Rural F	loute Number,
COMPLETED	4 Homicide determined		ata (optony)					City or it	wn, Stete)			
ן ב	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge des	oth occum	art at the time	date and plan	a and due	to the enuncia	\ and ===			
<u> </u>	(Check only one) 2 MEDICAL EXAMINE) and manner on stated
	290. SIGNATURE AND SITE OF CENTIFIES								piace, air			
38 I	= PK N 1/-					29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
ဝူ	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	E OF DEATH STOR	t are of	Beer						14/	13
	Taute) // CETED CAUS	COT DEATH (TIEN	- ///	A PARTY OF THE PAR			.0				
Į.	31. DATE FILED (Month, Day, Year)	HOKus	1100	in	-	own	/	10				
	the state of the s	32. REGISTRAL	R'S SIGNATURE	2.00								
- 4	MAY 5 1993 wie druiten-floodese											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

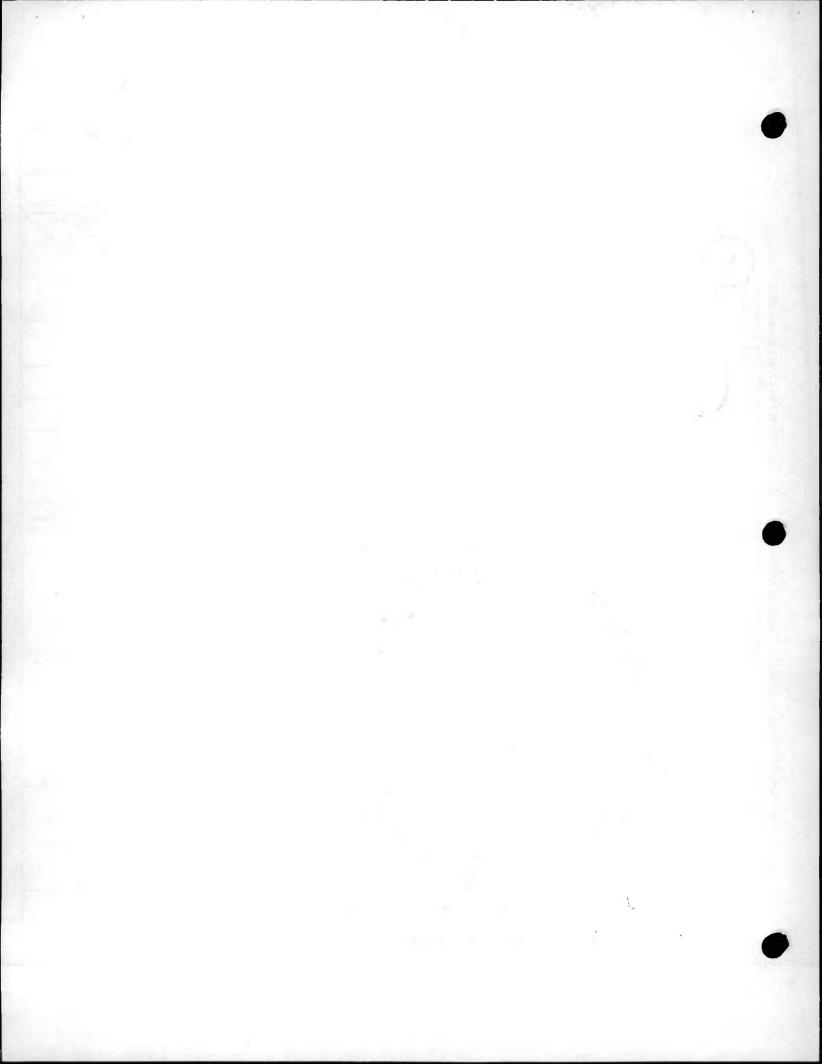


Pages 1, 2, 3 should

DALLIMORE, MARTLANI	executed within 24 nours after death, Page 6 may be intained by the host	and completely filled in by the funeral director, page 5 should be detache burial, cremation, or removal.	natic event, the medical examiner must be notified at once.
Constant of the Country, F.O. Box 58750,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Plage 6 may be meaned by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 stroughts be departed to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPART	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEI		3 12918		
		PARKER				2. DATE OF DEATH	1	3. TIME OF DEATH		
	LI/ / 1- 4333	16 M 2 D F 51	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dec. War) 10-10-4	1	BIRTHPLACE (State or Foreign Country) MD		
TOR	90. FACILITY NAME (If not institution, give str Mency Medical RESIDENCE OF DECEDENT	Conter		Baltur	OC &	MD,	9c. COUNTY			
DIRECTOR	10e. STATE 10b. COUNTY			timor	111			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1613 Eutaw Pl.	Apt. A-2	1	101.	21217		10g. CITIZEI	N OF WHAT COUNTRY?		
	11. MARITAL STATUS 1 V Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TONO IF YES, GIVE WAR OR DATES				ENDENT OF HISPA city Cuben, Mexico 2 X NO Specia	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)		Black, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1. O. b. I. D. NOT use retired.)					16b. KIND OF BU	I ISINESS/INDUS			
N N	10th		Labore	r						
	James Parker					ame (First, Middle, Maider illa Dunr				
H -	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street or		Route Number, City or Tox		del		
2	Barbara A. Ower		39 S.	Morle	y St./E	Baltimore	, MD	21229		
	1X Burtet 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) DATE 20c. LOCATION - City or Town, State Competent, cremetary or other place) VOShe I Memorial Gard. Dundalk, MD									
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE ()			MADESS OF FA		\1 _	NODELL AVE		
	23. PART I. Enter the diseases, or co	omplications that caused t	he deeth. Do no					NORTH AVE.		
	IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) BENAL FAILURE									
	Sequentially list conditions, if any leading to immediate the cause. Enter INDERTYING									
ATION	if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF)	:	1	1	,,,,,,,,,,	re		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEGUENCE OF					re		
CAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF)):			I AUTOPSY	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
EDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF)):		Part I. 24a, WAS AN	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF)):		Part I. 24a, WAS AF	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditione 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A Co	ONSEQUENCE OF)	the underlying		Part I. 24a. WAS APPERFO	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO	DUE TO (OR AS A Co	ONSEQUENCE OF)	28. PL OTHER:	Cause given in	Part I. 24a. WAS AF PERFO 1 TYPES :	I AUTOPSY RMED? 2 IV NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A Co	ONSEQUENCE OF)	28. PLJ OTHER: 4 □ Nursing Home OF 28c. NUSU RY WOF	Cause given in ACE OF DEATH (Ch	Part I. 24a. WAS AF PERFO 1 YES	I AUTOPSY RMED? 2 IV NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR AS A CO	onsequence of) not reaulting in ent 3 □ DOA □ 28b. TIME INJU	28. PL OTHER: 4 Nursing Home OF 28c. (NJU RY M 1 Y	Cause given in	Part I. 24a. WAS APPERFO 1 YES : seck only one) 6 Other (Specify) 28d. DESCRIBE HOW	I AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 100 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A Co	onsequence of) not reaulting in ent 3 □ DOA □ 28b. TIME INJU	28. PL OTHER: 4 Nursing Home OF 28c. (NJU RY M 1 Y	Cause given in ACE OF DEATH (Ch	Part I. 24a. WAS AF PERFO 1 TYPES :	I AUTOPSY RMED? 2 IVNO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS A CO	onsequence of) not reaulting in ent 3 □ DOA □ 28b. TIME INJU At home, ferm, str	28. PLI OTHER: 4 \(\text{Nursing Home} \) WOF M 1 \(\text{Y} \) reet, factory, office	Cause given in ACE OF DEATH (Ch 5 Residence IRY AT IK? ES 2 NO	Part I. 24a. WAS AN PERFO 1 YES: 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State)	I AUTOPSY RMED? 2 VNO INJURY OCCUR and Number or i	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS A CO	onsequence of) not reaulting in ent 3 □ DOA □ 28b. TIME INJU At home, ferm, str	28. PLI OTHER: 4 \(\text{Nursing Home} \) WOF M 1 \(\text{Y} \) reet, factory, office	Cause given in ACE OF DEATH (Ch 5 Residence IRY AT IK? ES 2 NO	Part I. 24a, WAS AN PERFO 1 YES : oeck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end ma	I AUTOPSY RMED? 2 VNO INJURY OCCUR and Number or i	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
E COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 THO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER CACAMINER	DUE TO (OR AS A CO	onsequence of one of resulting in one resulting in one of the one	28. PL OTHER: 4 Nursing Home OF 28c. INJU WOF 1 Y reet, factory, office	Cause given in ACE OF DEATH (Ch 5	Part I. 24a, WAS AN PERFO 1 YES : oeck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end ma	INJURY OCCUR and Number or interested, and due to the co	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Busel Route Number, Busel (e) end menner ee stated. GNED (Month, Day, Year)		

	HEGISTHAN		CERTIFIC	AIE U	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	URDY	May J.	Purd	v	MONTH	F DEATH DAY		3. TIME OF D	4
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR		7. DATE 0	F BIRTH	8	BIRTHPLACE (State o	
	220-05=3633	1 D M 2 D	8 YRS.	NTHS DAYS	HOURS MIN.	2/8	71915	5	Maryland	d
	9a. FACILITY NAME (If not institution, give stre		9		N OR LOCATION OF DE			9c. COUNTY	OF DEATH	
RECTOR	Mercy Medical (enter		Bal	to.City,	Ma.				
EC	10a. STATE 10b. COUNTY			OWN OR LOC					10d. INSIDE C	CITY
ä	Maryland		Ba	lto.	City,Md.				LIMITS?	□ NO
ă	100. STREET AND NUMBER	Apt. # 3	16		101. ZIP CODE				N OF WHAT COUNTRY	Y?
y	600 Light St.	1			21230				SA	
5	11. MARITAL STATUS 1 Never Married 2 Merried	FORCES? 1 YES	2 XNO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexica	n, Puarto Ri		or No— 14	. RACE — American I Black, Whita, etc.	
n	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 D Y	ES 2 NO Specifi	/:			SpeciWhite	
	15. DECEDENT'S EDUCA (Specify only highest grade of	TION empleted)	16a. DECEDENT'S US	UAL OCCUPA	TION most of working	16b.	KIND OF BUS	INESS/INDUS	TRY	
H	Elementary/Secondary (0-12) 7th.Grade	College (1-4 or 5+)	Garmet		ker Linen Th			ead Co.		
COMPLET	17. FATHER'S NAME (First, Middle, Last)									
	John Duffey Florence M.								ens	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	et and Number or Rural I			_		
5	Shirley M.O'bzu	ıt	640	E.F	ort Ave.	Ba1	to.Mo	d. 21	230	
	20a. METHOD OF DISPOSITION XIX Burial 2		PLACE AND DATE OF E		(Name of metery 5	DATE		A.Co.	y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE		caar mi		AND ADDRESS OF FA					000
	1 / dm 20 /	1 Marila		100	ully Fun				Md. 21	
-	23. PART I. Enter the diseases, or cp	Jugg v								
z	shock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death) e.	CARDIO DUE TO (OR AS A		MA	RY Ar	RE	ST-			l Betwee
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
	PART II. Other significent conditions	contributing to deeth b	ut not reaulting in t	he underly	ing ceuse given in	Part i.	24e. WAS AN /		24b. WERE AUTOPS	
EDICAL							PERFORI 1 YES 2		AVAILABLE PRICOMPLETION D DF DEATH?	
ME									1 - YES 2 (□ NO
PHYSICIAN:		OSBITAL:		THER:	PLACE OF DEATH (Ch					
HYS	1 YES 2 NO	26e. DATE OF INJURY	atlent 3 DOA 4		ome 5 - Residence		(Specify)	JURY OCCU	RED	
BY P	1 Netural 5 Pending	(Month, Day, Year)	INJUR		WORK?	200. 0000	HUW IN	Juni Good		
0	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm, stre	et, fectory, of	fice			nd Number or	Rural Route Number,	
TE	4 Homicide determined					City of	Town, State)			
COMPLETE	29a. CERTIFIER (Check only one)									
CO	2 MEDICAL EXAMINER:	On the besis of examination	end/or investigation, i	n my opinion	, death occured at the	time, data a	ind place, and	due to the c	ause(s) and manner s	e stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER		ha		29c. LICENSE NUM	IBER		29d. DATE 9	IGNED (Month, Day, Ye	iar)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUGE OF THE	/V_)		<i>A</i>	21	75/	2/93	
	Gomery mo	dical Com			more	sm	Place	')	,	
	31. DATE FEED (Marth, Day, Year)	32 REGISTRAR'S SIGN					1		·	

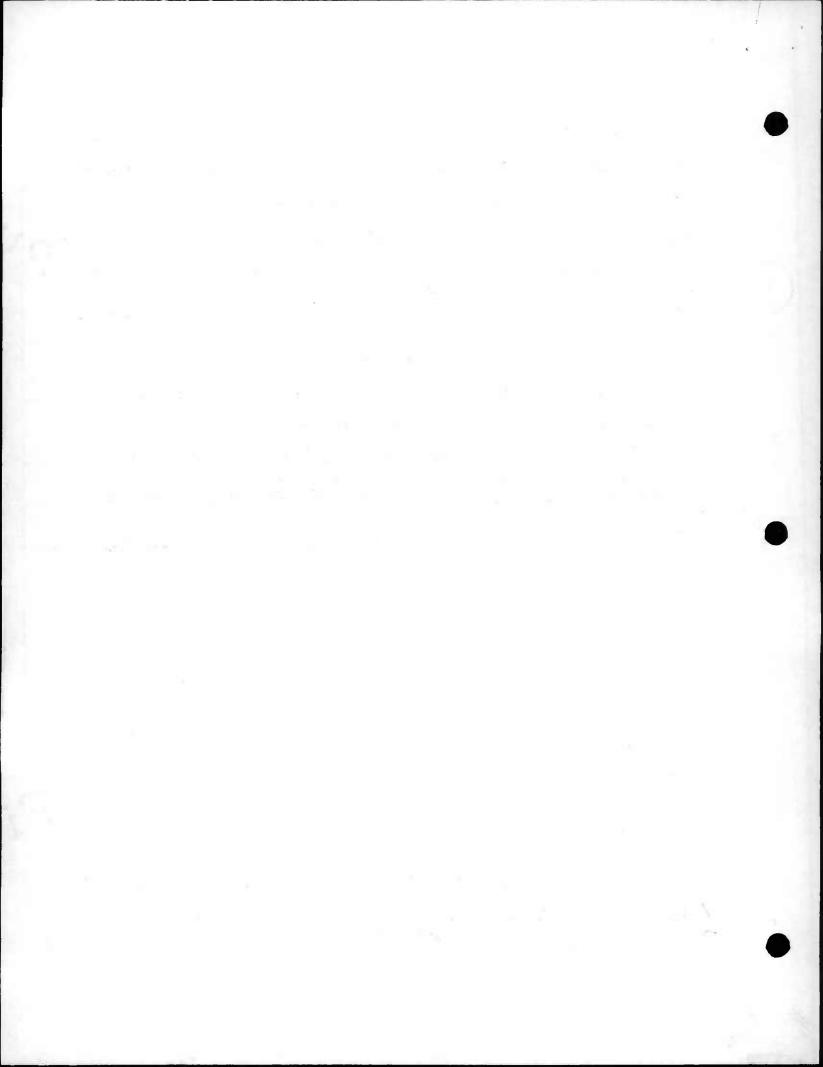


BALTIMORE, MARYLAND 21215

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFI	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENS					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH				
	CHRISTI	OA K. F	AT ZOLD		MONTH DA	1993 SAM M				
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
	215 32 2326		82 YRS.		AU6.13 19	110 GERMANY				
œ	9a. FACILITY NAME (If not institution, give	_	N L	9b. CITY, TOWN OR LOCATION OF	DEATH /	9c. COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT	AN LURSIN	SISTISR	BALLIMORS						
Ä	10a. STATE 10b. COUNT	ГҮ	10c. CITY,	TOWH OR LOCATION		10d. INSIDE CITY				
1	MARYLAND BA	Timore	Bf	Alimors		LIMITS?				
FUNERAL	10e. STREET AND NUMBER	1000000		101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
NE.		WARRA F	IVI.	2123	34	U-S-A-				
문	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 7	ES 2 NO	13. WAS DECENDENT OF NISP/ If yes, specify Cuban, Maxie	ANIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No- 14. RACE — American Indian, Black, White, stc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1 TYES 2 NO Spec	etty:	Specify:				
G	15. DECEDENT'S EDU (Specify only highest grad	JCATION	16a. DECEDENT'S U	ISUAL OCCUPATION	16b, KIND OF BUS	INESS/INDUSTRY				
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	ork done during most of working retired.)						
MP			AT	Home						
8	17. FATNER'S NAME (First, Middle, Last)	00.		18. MOTHER'S N	AME (First, Middle, Maiden S	Surname)				
H	2013 FLITA()	. URSSI		MARG		EUDORFER				
2	19e, INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street and Number or Rura	Route Number, City or Town	i, State, Zip Code)				
	20a. METHOD OF DISPOSITION	DROS	SAC	ne as abou						
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		20b. PLACE AND DATE OF cemetery, crematory or oth	er plece)	DATE 20c. LOC	CATION — City or Town, Slate				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	GREEN MC	22. NAME AND ADDRESS OF F	HGILITY CO	MO. 110				
	1120 175	1		EVANS CHAP	TOFIEW	ORIES				
\vdash	Margo 45	Navio,		8800 HARFO	RO KORO -	PARKVILLE				
	23. PART I. Enter the diseases, or shock, or heert fellure.	List Dnly Dne ceuse or	sed the death. Do no reech line.	t anter the mode of dying, su	ch as cerdiec or reepir	ratory arrest, Approximate interval Batween				
	iMMEDIATE CAUSE (Final disease or condition	0	10 1-	THON		Onset and Death				
	reaulting in death)	a. DUE TO (OR A	S CONSEQUENCE OF	Tite Carc	non of	the Jon ~ 8moz				
2	DUE TO (OR AS A CONSEQUENCE OF):									
⊵	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF):							
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c								
불	that initisted events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF):							
CERTIFICATION	Todating III death) EAST	d								
CALC	PART II. Other eignificent condition	na contributing to death	but not recuiting in	the underlying cause given in	Part I. 24s. WAS AN A	AUTOPSY 24b. WERE AUTOPSY FINDINGS				
걸					PERFORM	COMPLETION OF CAUSE				
MEDI					1 🗆 YES 27	DF DEATH?				
ä						1 1 123 2 1 10				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HORRIYAL		26. PLACE OF DEATH (C	heck anly one)					
YSI	1 TYES 27 NO	HOSPITAL: 1 Inpatient 2 ER/O		OTHER: Mursing Home 5 Residence	8 Other (Specify)					
	27. MANNER OF DEATN 1- Netural 5 Pending	28e. DATE DF INJUR (Month, Day, Year	Y 28b. TIME	RY WORK?	28d. DEŞCRIBE NOW IN	JURY OCCURED				
E I	2 Accident Investigation			M 1 TYES 2 NO						
8	3 Suicide S Could not be 4 Homicide determined	28s. PLACE OF INJU building, etc. (S	RY — At home, term, atropocify)	eet, factory, office	28f. LOCATION (Street ar. City or Town, State)	nd Number or Rural Route Number,				
H H	29e. CERTIFIER									
COMPLETED	(Check only 128) CERTIFYING PHYS			at the time, date and place, and du						
8			tion and/or investigation,	In my opinion, death occured at the	time, date and place, and	due to the ceuse(a) and menner as stated.				
H	29b. SIGNATURE AND TITLE OF CENTIFIE	011 1	- PIN	29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WH	O SOME EYED CAUSE OF	wow	1/341	990	MAY 3 1993				
1	OR THE PROPERTY	Momilier En Grose OF	DEATH (ITEM 27) (Type, P		, ,	,				
1	31. DATE FILED (Month, Day, Ybar)	32. REGISTRAR'S SI	SNATURE LO	CH RAVER B	1VO. #.	308				
7	Zarden - water	באיזיים	G YAM							
		- COO!	3 1/4							



YEAR

1993

24

April

IF UNDER 24 HRS.

7. DATE OF BIRTH (Month, Day, Year)

3. TIME OF DEATH

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s. BIRTHPLACE (State or Foreign

4. SOCIAL SECURITY NUMBER

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5. SEX

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IF UNDER 1 YEAR

DAYS

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YRS.

6. AGE (In yrs. lest birthday)

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D. B(rtificate
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RECO	he law requires that the death certificate be
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IYSICIAN:
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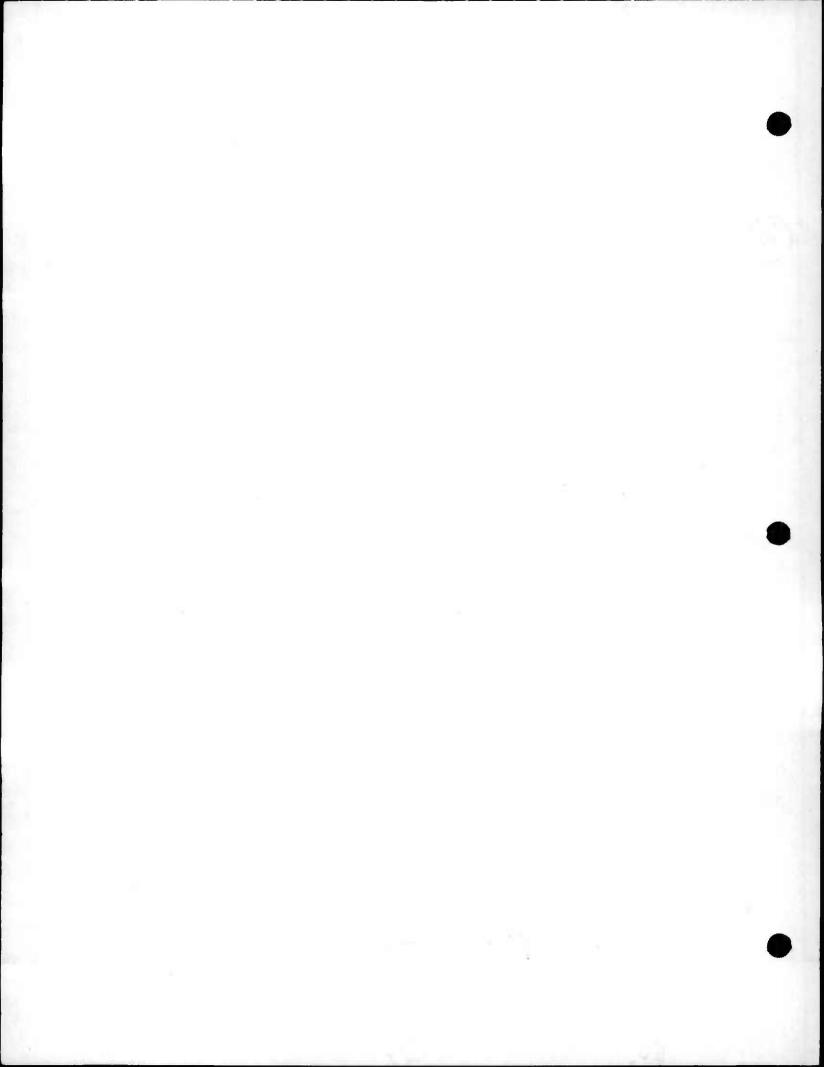
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HOSPITAL

BALTIMORE, MARYLAND 21215-0020

7-29-1990 BALTIMORE, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR FRANKLIN SQUARE HOSPITAL Baltimore BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. BALTIMORE CITY 1 XYES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 503 McELDERRY STREET, APT. 101 21202 within 24 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. Never Married 2 Merri BY 3 Widowed 4 Divorced Specify: BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for of Health and Mental Hygiene prior to burial, cremation, or removal. Elementary/Secondary (0-12) UNEMPLOYED once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) ¥ KENNARD ROBERTS JR. HENRIETTA McDONALD notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code) 2 HENRIETTA HCDONALD 503 McELDERRY STREET, APT. 101 , BALTIMORE, MD. 21202 9 20a. METHOD OF DISPOSITION
1A☐ Buriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must WESTERN STAR CEMETERY 4 Donation 5 Other (Specify)*. CATONSVILLE, MD examiner 21. SIGNATURE OF FUNERAL SEMVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O. DOX 4433 the medical 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximete sheck, or heart fellure. List only one ceuse on each line. interval Betwe IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) ardiac Arrest event, DUE TO (OR AS A CONSEQUENCE OF): ardiony opath DUE TO (OR AS A GONSHOVENCE OF): traumatic CERTIFICATION Sequentially list conditions. if any, leading to immediate tection cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to deeth but not recuiting in the underlying ceuse given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? shows any 1 YES 2 NO OF DEATH? ANEMIO 1 | YES 2 1 10 peen Thrive s certificate has been the State Dept. of PHYSICIAN: Failure. 10 item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) marked, or 27. MANNER OF DEATH 25a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED with this 1 A Natural BY 1 YES 2 NO death 2 Accident TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deal IMPORTANT: If Item 28 is m 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be 4 Homicide Щ 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner ea stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29th SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 구동 구동 fied y 29c. LICENSE NUMBER 1 4-27-93 D3909 299 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (MONTH), DOY, 1507) 1993 Trula Daydon Gandallo



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pl	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by be filled within 72 hours after death with the State Deot, of Health and Mental Hyniene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the death certificate be executed within 24 hours after dear	 the attending physician and completely filled in by the fund d Mental Hydriene prior to burial, cremation, or removal 	injury, or other traumatic event, the medical exa
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dent, of Health and Mental Hynlene prior to burlat, cremation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI	RTMEN	T OF H	IEALTH AND	MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATN			3. TIME OF DEATH
		J. Rhea					Apri	1 30		93	12:50 A.M
			yrs. last birthday)	IF UNDE	DAYS	# UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		B. BIRTHI	PLACE (State or Foreign
١.,	H 413-03-3740 I	1 M 2 □ F 9	1 YRS.				Marc	h 3,1	902		ryland
~	9a. FACILITY NAME (If not institution, give stre			9b. CIT	Y, TOWN O	OR LOCATION OF DI	EATN		9c. COU	NTY OF DE	EATN
ᅙ	9206 Ramblebrook	Road		I	Balti	more				Balt:	imore
DIRECTOR	10a. STATE 10b. COUNTY		10c. CI	Y, TOWN	OWN OR LOCATION						10d. INSIDE CITY
<u> </u>	Maryland B	altimore		Ва	Baltimore						LIMITS? 1 YES 2 Y NO
FUNERAL	10e. STREET AND NUMBER				101	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
KER	9206 Ramblebrook					21236				U.S.A	A.
5	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES	I.S. ARMED	13.	WAS DEC	ENDENT OF NISPAI	NIC ORIGIN?	(Specify Yes		14. RACE	- American Indian, White, etc.
В	3 Widowed 4 Divorced	ES			2 NO Specif				Specify	y:	
	15. DECEDENT'S EDUCA	TION 1	6a. DECEDENT'S	USUAL	OCCUPATION	ON	16h J	(IND OF BU	SINESS/INI	HISTOV	White
	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind of life. Do NOT u			st of working	102		311112371111	J031H1	
P.		N/A	Sale	sman	1 -			Dra	nerv	Comp	anv
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, Mid			COMP	zumy
BE (William Henry Rh	ea					ie Margaret Theiss				
2	198. INFOHMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										-
		(daughter)				rook Rd.					
	20a, METHOD OF DISPOSITION XX Burlal 2 Cremation 3 Remov	ral from State 20b. Pi	LACE AND DATE	OF DISPO	SITION (Ne	me of	1	20c. LO			
3	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNITIAL SERVICE LICE!	NSEF	rkwood			ID ADDRESS OF FA	5/3	<u> Bal</u>	timo	re, M	Maryland
	14	011.		S	chim	unek Fun	eral				
	466	ll-				Belair R					21236
											Approximate Interval Between
- 1	IMMEDIATE CAUSE (Final disease or condition	ha 1. 1 -	t				0.0				Onset and Death
	disease or condition resulting in death) s. Metatatic Car Cinoma y Colon DUE TO (OR AS A CONSEQUENCE OF):										
_		70C 10 (011 H3 H 0	ONSEQUENCE C	r).		Ü					
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE O	F):							-
8	cause. Enter UNDERLYING CAUSE (Disease or Injury										
프	that initiated events	DUE TO (OR AS A C	ONSEQUENCE O	F):							
CER	resulting in death) LAST										
	PART II. Other algnificant conditions	contributing to death but	not resulting	In the u	nderlylng	cause given in	Part I. 2	4a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL							- 1	PERFOR	IMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀							_	I		- 1	OF DEATH? 1 YES 2 NO
ż							_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATN (Ch	eck only one)				
YSIC		HOSPITAL: Inpatient 2 ER/Outpati	ent 3 🗆 DOA	OTHE 4 \(\text{Nu}\)		e 5 🗆 Rasidenca	8 🗆 Other (Specify)			
PH	27. MANNER OF DEATN 1 Manual 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF	28c. INJI WO	URY AT RK?	28d. DESC	RIBE HOW I	NJURY OC	CURED	
BY	2 Accident Investigation			М		ES 2 NO					
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, term,	street, fac	tory, office	·	281. LOCAT City or	ION (Street a Town, State)	and Number	or Rural Ro	oute Number,
	29a. CERTIFIER										
COMPLETED	(Check only CEHTIFYING PNYSICIA	AN: To the best of my knowled									
8		On the basis of axamination a	nd/or investigation	on, in my	opinion, d	eath occured at the	time, data a	nd place, an			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	m	· h. s			29c. LICENSE NUM			29d. DAT	E SIGNED	(Month, Day, Year)
5	30 NAME AND ADDRESS OF PERSON WAS	mucure	141)			0210	22		7 4	1-30	-7.3

1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED					
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	rme, tarm, street, fac	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	t: To the best of my knowledge, den the basis of examination and/or				nner as stated, nd dus to the cause(s) and manner as stated,				
296. SIGNATURE AND TITLE OF CERTIFIER Morror (-)	rialeurlei 1	29c. LICENSE NU	29c. LICENSE NUMBER 29d. DATE SIGNED (Month) 29d. DATE SIGNED (Month) 4-30-9						

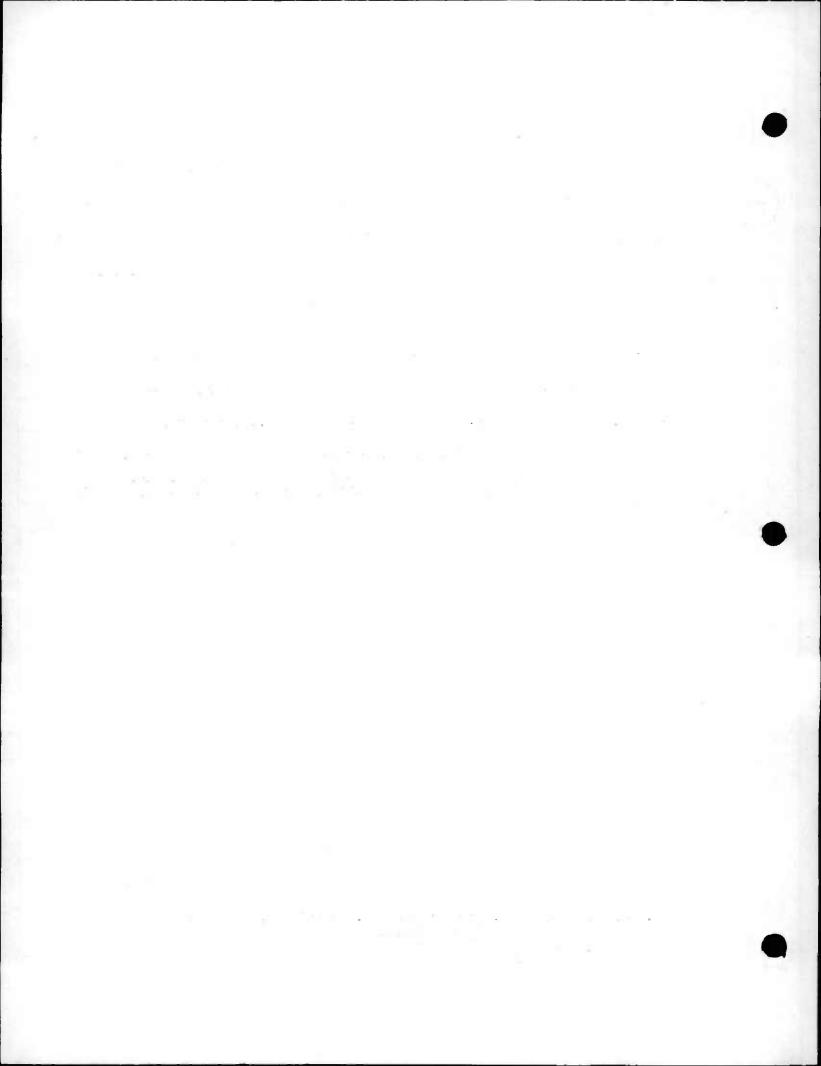
Konsilenti M ()
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

8604 Harford Rd., Baltimore, MD

Dr. Marion Kowalewski 8604 Harford

31. DATE FILED (Month, Day, Year)

MAY 0 5 1993



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Page 1	ā
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remation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event
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	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO)		
	1. DECEDENT'S NAME (First, Middle, Last)		_			2. DATE OF DEATN		3. TIME OF DEATH P	
	Robert	Alonzo	Shoemal	cer		April	22	1993 11:00	
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIDTHDI ACE (State or Femiles	
	705-10-7336	1-⊋M 2 □ F	80 YRS.	MONTHS DA	YS HOURS MIN.	Dec. 4,	1912	Country)	
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TO	WN OR LOCATION OF I		_		
DIRECTOR	Garrett Co. Memorial Hospital Oakland Garret								
<u> </u>	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT								
E				Y, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?	
	W.V. Tuc	ker		Davis				1 XYES 2 NO	
FUNERAL	P.O. Box 15				101, ZIP CODE 109, CITIZEN OF WHAT CULTURE OF WHAT COUNTY OF THE COUNTY				
	11, MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 TYPE	IN U.S. ARMED	13. WAS	DECENDENT OF NISPA	NIC ORIGIN? (Specify Ye	a or No- 14	. RACE — American Indian,	
B	3 Widowed 4 Divorced	WW TI 194		10	YES 2 NO Spec	an, Puerto Rican, atc.) //y:		Black, White, atc. Specify:	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUP	PATION	16b. KIND OF BU	JSINESS/INDUS	White	
<u> </u>	Elementary/Secondary (8-12)	College (1-4 or 5+)	(Give kind of w life: Do NOT us	vork done durin e retired.)	most of working		Association of the second		
P P	8址		Heavy H	Equip.	operat	or Coa	1		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle, Maide	Surname)		
BE (Alonzo Tecumsa	h Shoemak	er		Flo	rence Co.	lborn		
9	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rural	Route Number, City or Tox	wn, State, Zip Co	ode)	
=	Ruth Shoemak	er				s. W.V. 2			
	200 METNOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	comt from State	0b. PLACE AND DATE O	F DISPOSITION	(Name of	DATE 20c. LO		y or Town, State	
	4 Donation 5 Other (Specify)	DVIII FOR State	Davis Ce	metei	·y	4/25/93		s, W.V.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAM	T AND ADDRESS OF F				
	D. Scott H	Einkle		Hir	ikle Fun	eral Home	e, Inc	P.O. Boxle Davis, W.V	
	23. PART I. Enter the diseases, pr of	omplications that cause	ad the death. Do n	ot antar the	mode of dying, su	ch as cardiac or resp	iratory arres	t, Approximata	
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final								
	disease or condition resulting in death) a Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF):								
		DUE TO (OR AS	A CONSEQUENCE OF):				1974	
Z	Sequentially list conditions, if any, leading to immediate Multiple Myocardial Infarctions Due to (OR AS A CONSEQUENCE OF):								
CERTIFICATION									
2	CAUSE (Disease or Injury	D							
# 1	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
#	Containing in destail, Exist	4							
	PART II. Other significant condition	a contributing to death	but not resulting in	n tha underl	ving cause given in	Part I. 24s. WAS AN	AllTORCY	245 WERE AUTOROX PRODUCE	
EDICAL	Emphysema ASCVD		,		yang cuosa giveri in	PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	Zampity Bellie 1100vD					1 TYES	NO	OF DEATH?	
Σ								1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL								
PHYSICIAN:	EXAMINER?	HOSPITAL: A/		OTHER:	PLACE OF DEATN (CI	neck only one)			
¥ ∥	1 YES 2 ND 27. MANNER OF DEATH	1 Inpetient 2 ER/Out			forme 5 - Residence				
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME	JRY	INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED	
商	Accident Investigation	25- 51 125 25 41 11		`	YES 2 NO				
	3 Suicide 8 Could not be 4 Nomicide determined	26a. PLACE OF INJUR building, atc. (Spe	IY — At home, ferm, st ecr(y)	rest, factory, o	ffica	281. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,	
<u> </u>									
COMPLET		CIAN: To the best of my know							
Į į	2 MEDICAL EXAMINER	₹: On the basis of examination	on and/or investigation	, in my opinio	n, death occured at the	fime, data end placa, er	nd due to the co	euse(s) and mannar as stated.	
H	29b. SKINATURE AND TITLE OF CERTIFIER	0 1/			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)	
	Margard	a the			D266:	50		/23/93	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type,	Print)	D200.		4,	-3/33	
	Margaret A. K	aiser MD PO	0 Box 486	Oak1	and. MD	21550			
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGI	NATURE	Jaki	and in				
	MAY 5 1993	John Denden	- Rondolds						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

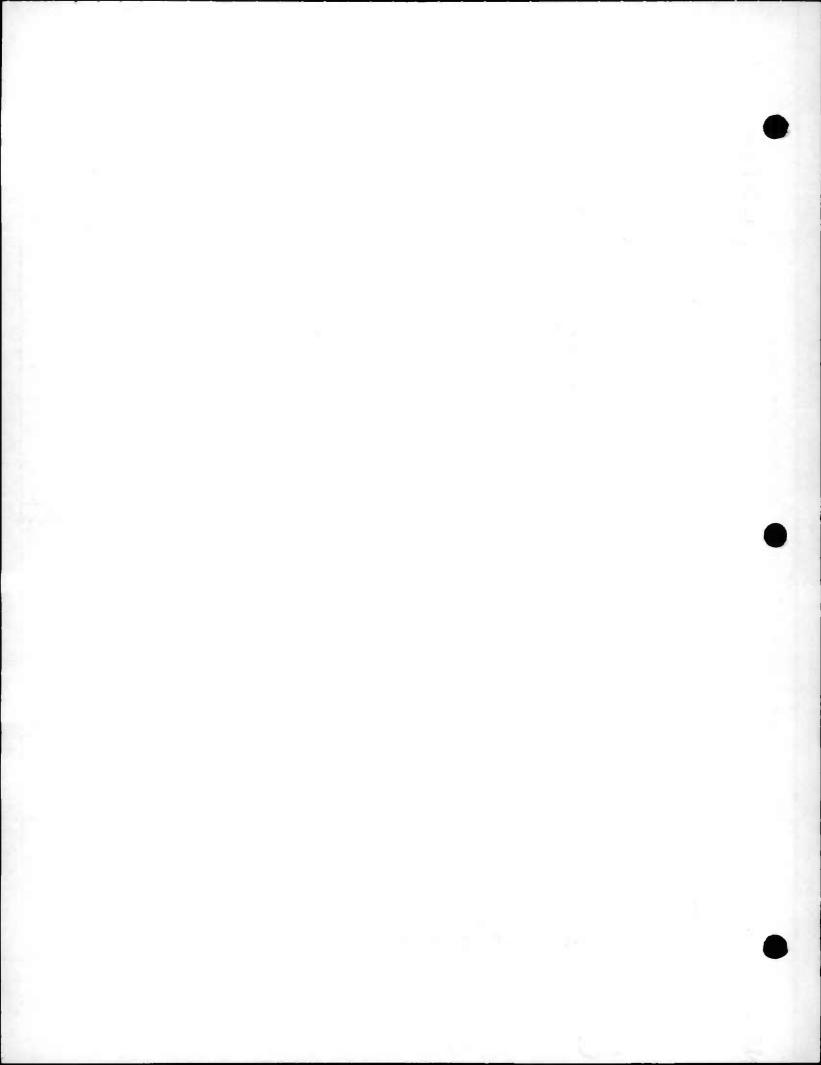
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

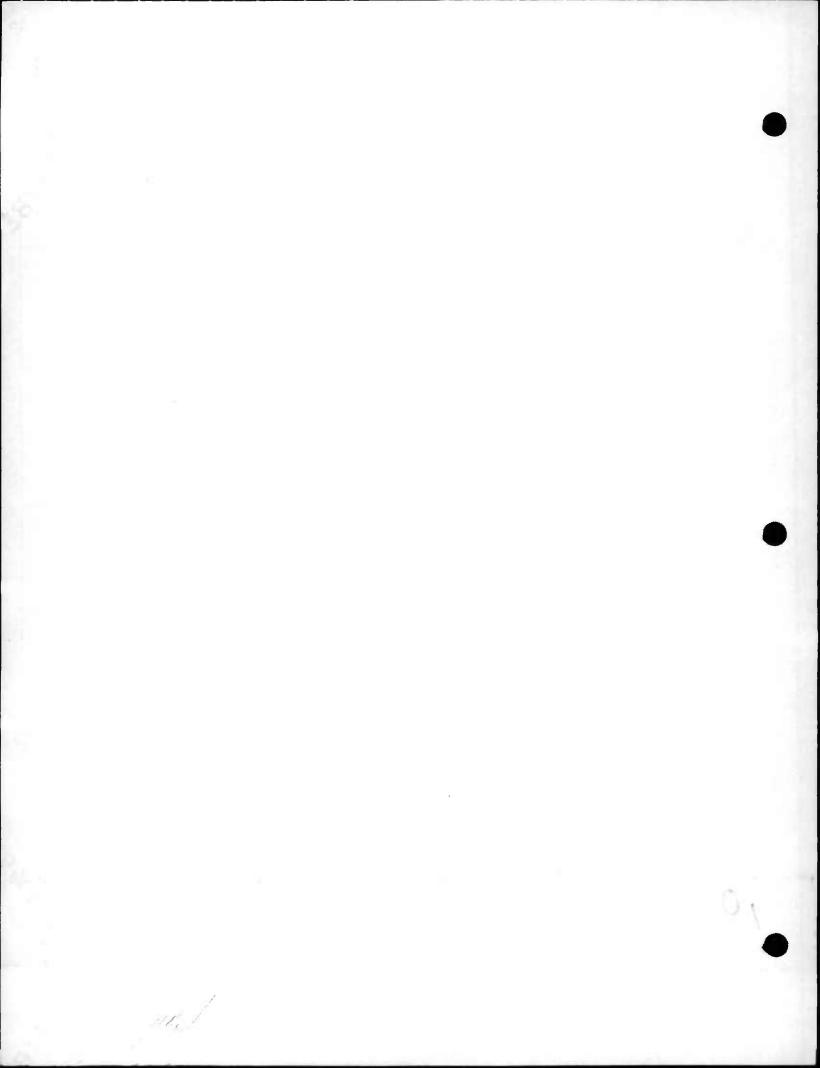
	REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.		
3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH		3. TIME OF DEATH
	DENISE ELT	ZABETH	SMITH			MONTH	DAY	YEAR	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)			APRI			
	The state of the s		_	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Mointh, Day, NOV.	HTH (Year)	Count	HPLACE (State or Foreign try)
	215-78-9454		YRS.			NOV. 8	3, 195	BA	LT. MD.
1	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN O	R LOCATION OF D	EATH	9c. C	OUNTY OF I	
8	2102 NODWOTING	3.77T)							
Ĕ	3103 NORMOUNT	AVE		BALTI	YORE				
1	10a. STATE 10b. COUNTY	Y	10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY
DIRECTOR	MD.		BAT	LTIMORE	F)				LIMITS?
4	10s. STREET AND NUMBER				ZIP CODE		100	CITIZEN OF	WHAT COUNTRY?
8	3103 NORMOUNT	AVE		1	21216		log.		
FUNERAL	11. MARITAL STATUS							U.S	
교	1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS DECI	ENDENT OF HISPAI	NIC ORIGIN? (Sp. In, Puerto Rican.	ecify Yes or No- etc.)	- 14. RAC Blac	E — American Indian, k, White, etc.
ВҰ	3 Wildowed 4 Divorced	IF YES, GIVE WAR DR D.	ATES T	1 YES	2X NO Specif	y:		Spec	BLACK
								1	DHICK
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U (Give kind of wo	ISUAL OCCUPATIO ork done during mos retired.)	N st of working	16b. KIND	OF BUSINESS	INDUSTRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	•				
\$	12		MAIL CA	ARRIER		U.S	GOV	ERNM	ENT
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Maiden Surnam	o)	
<u>ы</u> 1	DAVID E. TAYLO	R		_	EDNA	CONWAY	7		1
H	19e. INFORMANT'S NAME (Type/Print)		10h MAILING	ADDRESS /Street or	nd Number or Rural			T- 0-4-1	
ဥ	EDNA B. TAYLOR								_
					IT AVE.				
	20a, METHOD OF DISPOSITION	oval from Stata carr	. PLACE AND DATE OF	er niece)			20c. LOCATION		
1	4 Donation 5 Other (Specify)	G	ARRISÓN	FOR. V	ET. CE	M. 5-6	-93 0	WING	S MILLS, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	O ADDRESS OF FA	CILITY			
	> Sound	1200	-		ER FUN				1216
	/ Jung Ci.	- occu	~	2501	. GWYNN	S FALI	S PKW	AY B	ALT. MD.
	23. PART I. Enter the albeases, or o	complications that caused List only one cause on a	the death. Do no	ot enter the mod	de of dying, suc	h as cardiac c	or respiratory	arrest,	Approximate
		rist only blie couse bit e	ach ine.						Interval Between
- 1	IMMEDIATE CAUSE (Fine)								
	iMMEDIATE CAUSE (Fine) disease or condition	Accient	T	DA	1. 5.				Onset and Death
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Acquived	Impune CONSEQUENCE OF	D.A.	liney S.	yu duni			
	disease or condition resulting in death)	DUE TO (OR AS A			liney S	yndum.			Onset and Death
NO	disease or condition resulting in death) Sequentially list conditions,				lency S	74 dun.			Onset and Death
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS A			lency Sy	gu dv.m.			Onset and Death
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (DR AS A	CONSEDUENCE OF):		lency Sy	gu dun.			Onset and Death
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (DR AS A			liney Sy	gudven.			Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (DR AS A	CONSEDUENCE OF):		lency Sy	7 u dvom.			Onset and Death
. CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEDUENCE OF):						Onset and Death 5 years
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEDUENCE OF):			Part I. 24a.	WAS AN AUTOPPERFORMED?	SY 24k	Onset and Death 5) * < . WERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	DUE TO (DR AS A	CONSEDUENCE OF):			Part I. 24a.	PERFORMED?		Onset and Death 5) ** < b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	DUE TO (DR AS A	CONSEDUENCE OF):			Part I. 24a.			Onset and Death S) ** < < / > Were Autopsy Findings Mailable Priori To Completion of Cause Of Death?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEDUENCE OF):			Part I. 24a.	PERFORMED?		Onset and Death 5) ** < b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition RELAL AUENIA	DUE TO (DR AS A	CONSEDUENCE OF):	the Underlying	g cause given in	Part I. 24a. 1	PERFORMED?		Onset and Death S) ** < < / > Were Autopsy Findings Mailable Priori To Completion of Cause Of Death?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition REFAL ANEMIA 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (DR AS A DUE TO (DR AS A d	CONSEDUENCE OF):	the Underlying		Part I. 24a. 1	PERFORMED?		Onset and Death S) ** < < / > Were Autopsy Findings Mailable Priori To Completion of Cause Of Death?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition REFAL AUENTA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO	DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A	CONSEDUENCE OF:	: : : : : : : : : : : : : : : : : : :	Cause given in ACE OF DEATH (Ch	Part I. 24a.	PERFORMED? YES 2 NO		Onset and Death S) ** < < / > Were Autopsy Findings Mailable Priori To Completion of Cause Of Death?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition REFAL ANEMIA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MAD 27. MANNER OF DEATH	DUE TO (DR AS A DUE TO (DR AS A d	CONSEDUENCE OF:	26, PL. OTHER: 4 Nursing Homeo	Cause given in ACE OF DEATH (Ch	Part I. 24a. 1 □ eck only one) 6 □ Other (Spe	PERFORMED? YES 2 NO		Onset and Death S) ** < < / > Were Autopsy Findings Mailable Priori To Completion of Cause Of Death?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition RELAL FAI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (DR AS A d. B COntributing to death b CR R HOSPITAL: 1 Impetient 2 XER/Outp 28e. DATE OF INJURY	CONSEDUENCE OF): CONSEDUENCE OF): ut not resulting in	26. PL OTHER: 4 Nursing Home OF 28c, INJI RY WOI	Cause given in ACE OF DEATH (Ch	Part I. 24a. 1 □ eck only one) 6 □ Other (Spe	PERFORMED? YES 2 NO		Onset and Death S) ** < < / > Were Autopsy Findings Mailable Priori To Completion of Cause Of Death?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition RELAL FAI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending investigation	DUE TO (DR AS A DUE TO (DR AS A d. B COntributing to death b R R HOSPITAL: 1 Inpetient 2 XER/Outp 28a, DATE OF INJURY (Month, Day, Year)	ut not resulting in	26, PL OTHER: 4 Nursing Home OF 28c, INJE WOI 1 Y	Cause given in ACE OF DEATH (Ch 5 Residence SIT AT RK7 (ES 2 NO	Part I. 24a. 1 □ eck only one) 6 □ Other (Spe. 28d. DESCRIBI	PERFORMED? VES 2 NO Cify) E HOW INJURY	OCCURED	Onset and Death Syvecol Were Autopsy Findings MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 ND
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition RELAMINER FAIL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending investigation	DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A	ut not resulting in	26, PL OTHER: 4 Nursing Home OF 28c, INJE WOI 1 Y	Cause given in ACE OF DEATH (Ch 5 Residence SIT AT RK7 (ES 2 NO	Part I. 24a. 1 □ eck only one) 6 □ Other (Spe. 28d. DESCRIBI	PERFORMED? VES 2 NO Cify) E HOW INJURY	OCCURED	Onset and Death Syvecol Were Autopsy Findings MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 ND
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E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition REFAL FAI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only)	DUE TO (DR AS A DUE TO	ut not resulting in estient 3 DOA 28b. Time INJU At home, farm, str	28, PL OTHER: 4 Nursing Home OF 28c, INJ. RY WOI 1 Y rest, factory, office	ACE OF DEATH (Ch 5 G Residence JRY AT RK? ES 2 NO and place, and dua	Part I. 24e. 1 1	PERFORMED? YES 2 NO City) E HOW INJURY I (Street and Num., State) and manner as ablace, and due to	OCCURED stated,	Onset and Death 5
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition REFAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER WALLOW AND ADDRESS DEVERSON WIN	DUE TO (DR AS A DUE TO (DR AS A d. B COntributing to death b R R HOSPITAL: 1 Inpetient 2 XER/Outp 28a, DATE OF INJURY (Month, Day, Year) 28a, PLACE OF INJURY building, etc. (Spec	CONSEDUENCE OF): CONSEDUENCE OF): Ut not resulting in Dotation 3 DOA 2 28b. TIME INJU At home, farm, str ledge, death occurred in and/or investigation,	26, PL OTHER: 4 Nursing Home OF 28c, INJI WO 1 Y reet, factory, office	ACE OF DEATH (Ch 5 G Residence JEY AT RK? ES 2 NO and place, and due eath occured at the 29c. LICENSE NUI	Part I. 24a. 1 □ 6 □ Other (Spe 28d. DESCRIBI 28t. LOCATION City or Tow to the cause(a) time, date and p	City) E HOW INJURY I (Street and Num, State) and manner as place, and due to	OCCURED siber or Rural stated. the cause(Onset and Death S V < C D WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Route Number, a) and menner as stated.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

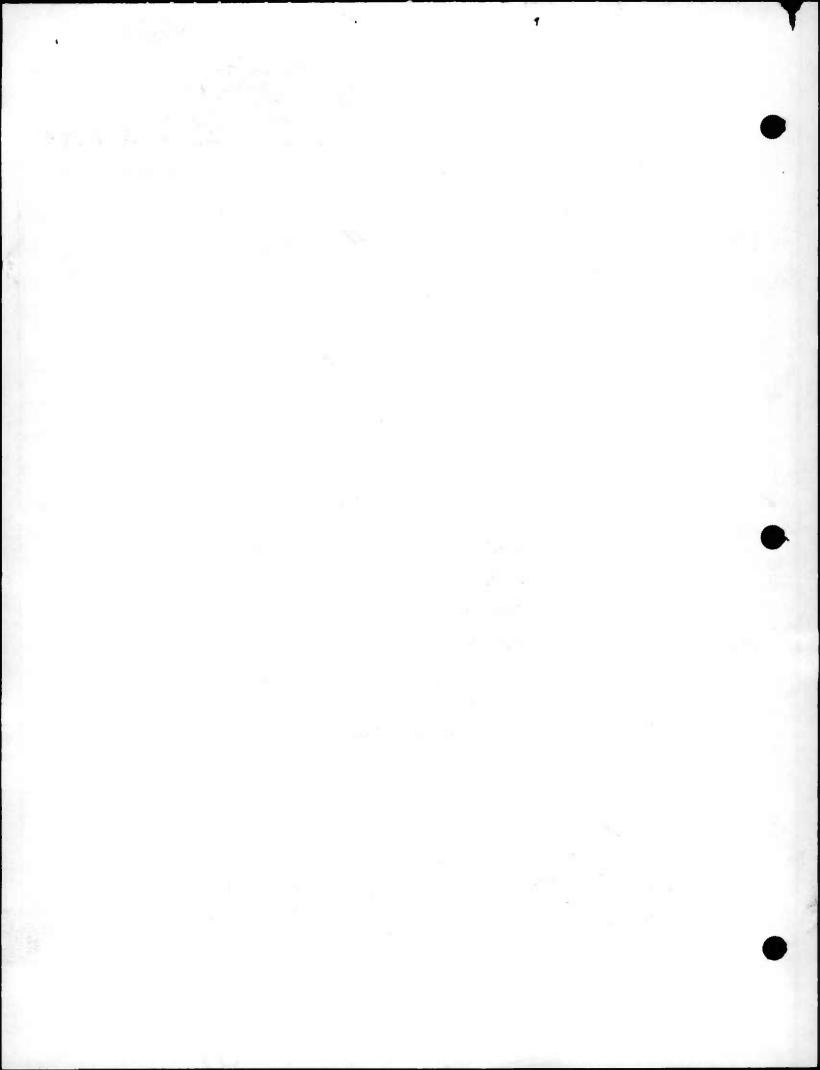
	1. DECEDENT'S NAME (First	. Middle, Last)							-	2. DATE OF 1	DEATH.			
			Marie	R. S	mith					MONTH	Di	, 199	YEAR	3. TIME OF DEATH
1 1	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs		E INDE	R 1 YEAR	IF UNDE		Apri]		, 195		3:45 a.m.m
1	216-03-5262	>	1 M 2 X F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF E (Month, Da NOV • 2	K Year)	1000	Count	
	9a. FACILITY NAME (If not in	astitution nive				05 000	Y TOWN	OR LOCATI	011 05 05		<i>∠/</i> ,	1908		oland
E	Meridian Nu			och Da	won	90. CI	_			ATH			NTY OF D	
DIRECTOR	RESIDENCE OF DEC	CEDENT	center L	JUCII Ko	ven		1 (OWSOI	1			Вс	altin	liore
黑	10a. STATE	10b. COUNT	TY		10c. CIT	Y, TOWN	OR LOCAT	TION						10d, INSIDE CITY
	Maryland	L.			Ba	lti	more	e Ci	ty					LIMITS?
ا≱ا	10e. STREET AND NUMBER						101	. ZIP COD	E					WHAT COUNTRY?
FUNERAL	3113 Dil	lon S	treet					21	224			U	nit	ed States
1 2	11. MARITAL STATUS		12. WAS DECEDEN	TEVER IN U.S.	ARMED	13.	WAS OED	ENDENT (OF HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14. RACI	E — American Indian, k, White, etc.
B	1 Never Married 2 X X Widowed 4 Divo		IF YES, GIVE V					2 NO			i, etc.j		Spec	ity.
9		EDENT'S EDI	ICATION	100	0505051710							-		White
	(Specify onl	y highest grad	e completed)		Give kind of life. Do NOT u	work done	during ma	on ost of worki	ng	16b, KIN	D OF BUS	INESS/INC	DUSTRY	
COMPLET	Elementary/Secondary (0		College (1-4 or 5	•)		sew								
8	17. FATHER'S NAME (First, M				110 u	Sew.	116	18 MOT	HED'S NAI	ME (First, Middle	a Maida	Company 1		
	Walter Ko	ารไกฬ	ski						ance		e, marcen	Surname)		
H	19a. INFORMANT'S NAME (1		DKI		19b. MAILING	ADDRES	S (Street a			Route Number, C	ity or Town	State 7ir	Codel	
유	Barbara (Geiss		- 1										Y 13219
	20a METHOD OF DISPOSIT	ION		20b.PLA	CE AND DATE	OF DISPOS	SITION (Na	ame of		DATE		CATION -		
	4 Donation 5 Other	(Specify)	noval from State	_ centred	I'yato'Roo	sar	y	5/1	/93			Ltim		
	21, SIGNATURE OF UNERA	L SERVICE LI	CENSEE					ND ADDRE			PE 1111			
	> Clean	1/17	the So	lind	ke	L.	1113	y à	Zei.	ler,	INC.	. Fu	nera	al Home
	23. PART I. Enter the di	Iseasea, Dr	complications that	t caused tha	death. Do i	i /	the mo	de of dy	onk.	ling	Stra	eet	RgT.	to 21224
	snock, or n	eart fellure.	Liat only one ceu	se on each i	ine.	·Dt diitai	the mo	da oi dy	my, auci	i da Carciac	or reapi	ratory an	eat,	Approximate Intarval Between
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	resulting in death)	7	a. DUE TO	(OR AS A CON	SEQUENCE O	T) -	ine	200	my	True	1			3-10yn
2			a	luce	nce	0	UTS	CL	20					10,000
흔	Sequentially list conditi if any, leading to immed		DUE TO	(OR AS A CON			1		~			-		10010
S	cause, Entar UNDERLYI CAUSE (Disease or Inju	NG	c.	vene		my	20	lusa		seco	e			10 yrs
E	that initiated events resulting in death) LAS	1	DUE TO	(OR AS A CON	SEQUENCE O	3 6	,		~	1	7.	_		0.1
CERTIFICATION	resoluting in death) LAS		o. Jana	el ve	soul 1	tra	eas	er.	m	-P1a	DRA	6		20 yrs.
	PART II. Other significa	nt condition	na contributing to	death but ac	ot reaulting	n the ur	dariying	cause o	given in I	Part I. 24e.	. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
MEDICAL	Atono	I F	16 mil	Pater	-c(ont	noll	St U	-pe	12.	PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
밑	Multi	in the	Act De	nent	in (5	In C	UA	1)	real	anse!	YES 2	MO		OF DEATH?
_	MBL) · /	N Role	+BI	VAP	/1	AV	An.	40.					1 NES 2 NO
Ž.	25. WAS CASE REFERRED TO	MEDICAL		7 .2 "	12	9	26. PL	ACE OF D	EATH	cit only one)		_	_	
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훉	27. MANNER OF DEATH		28s. DATE OF (Month, De		28b. YIM	E OF	28c. INJ	URY AT		28d. DESCRIB	-	HURY OCC	CURRED	
BY		Pending Investigation	(money co	ny, reary	,,,,,	M	4000	MK7 YES 2	NO					
03	3 Suicide 6 .	Could not be	28e. PLACE Of building.	F INJURY — At stc. (Specify)	home, farm, r	treet, faci	tory, office			28f. LOCATION		nd Number	or Rural R	Route Mumber;
	4 [] Homicide	determined								City or Tow	wrt, assett)			s=arronness
COMPLET	29e. CERTIFIER (Check only	IFYING PHYS	ICIAN: To the best of	my knowledge,	death occurre	d at the t	lme, date	end place,	end due t	to the cause(e)	end men	ner ee stat	ed.	
8) and mennar as stated.
Ш	29b. SIGNATURE AND TITLE			1			T		NSE NUM					Month, Day, Year
0	Michr	24	MAK	lex	nn			1)2	70	293		> <	4/	27/92
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS							٠٠			1	-///
	Dr. Michael	1 A. H	lyle M.D.	6530	Walth	er A	venu	e B	altir	more, i	Mary	land		
	31. DATE FILED (Month Day.	"5" 19	32. REGISTRA	R'S SIGNATURI	1- Rand	AP.					.:			
	AULTA	13	24 4	140		-								



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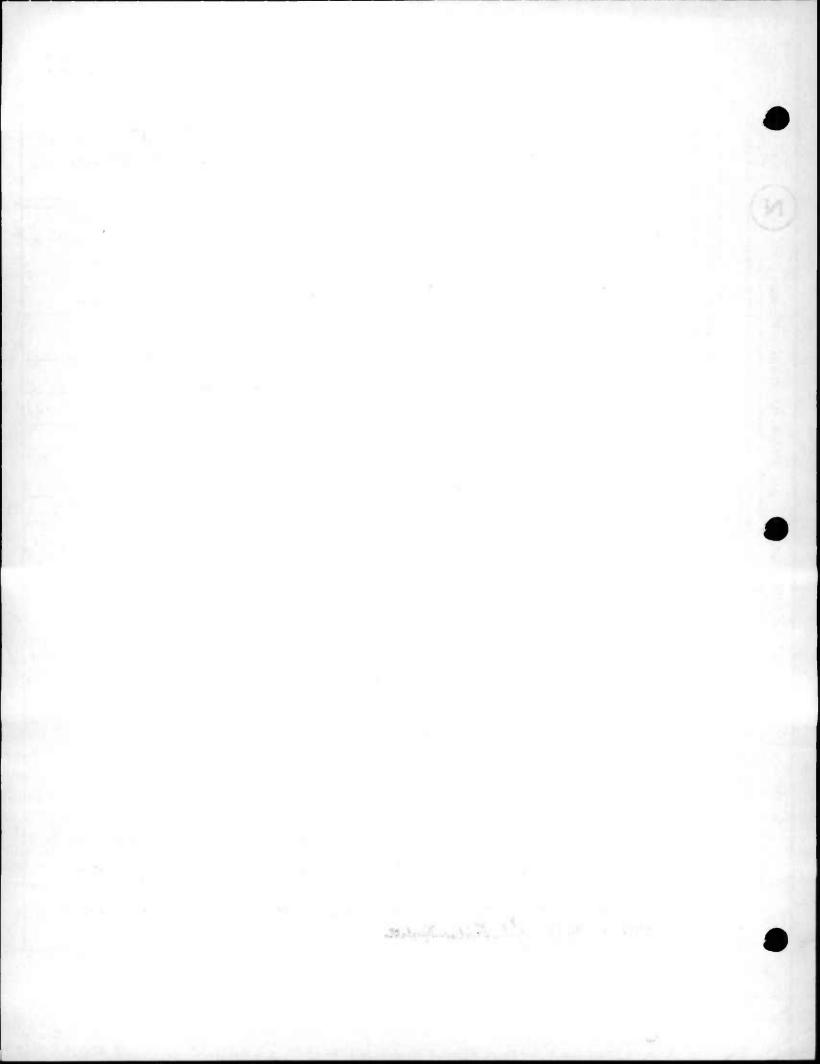
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE RA

		1 - REGISTRAR CERTIFICATE OF DEATH S A FAEG. NO.
	Į.	1. DECEDENT'S NAME (First, Middle, Last) BETTY STEVENSON 3. TIME OF DEATH MONTH TO DAY 93 16119 A M
	3	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
pin		217-56-7169 1 M 2 DF 4/ YRS. MONTHS DAYS HOURS MIN. (Month, Days Year) 5/ Country) 9e. FACILITY NAME (If not institution, give street and number) 9b. CITK/TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
. 3 should	8	96. CITY TOWN OR LOCATION OF DEATH 96. CITY TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH
1.2.	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d INSIDE CITY
(N)	E	MARY/AND BALLINGS CITY 100. CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	PA PA	104. STREET AND NUMBER 107. ZIP COOE 109. CITIZEN OF WHAT COUNTRY?
physician. burial-transi	FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No
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as th	ED B	15. DECEDENT'S EDUCATION 168, DECEDENT'S USUAL OCCUPATION 166, KIND OF BUSINESS (ADDISTOR
- 6 - T	<u> </u>	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use refined.] [Give kind of work done during most of working life. Do NOT use refined.]
he hospital detached fo	COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)
# 6 6		18. MOTHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) ALIRAE FILLTON
retained 5 should notified	TO BE	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town, State, Zyo Code)
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2 - 6		Hosefu L. Russ 2222 W. North Ave. BAITO, Mc 21216
in by remo		23. PA 1. Enter the diseasea, or complications that ceused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart fellure. Liet only one ceuse on each line. Approximate interval Between
filler fon,		IMMEDIATE CAUSE (Final disease or condition MU) AMOUAT THICARD THAT
		DUE TO (OR AS A CONSEQUENCE OF):
and con burial,	NO	Sequentially liet conditions, Due TO (OR AS A CONSEQUENCE OF):
ficate be execut physician and one prior to buri ler traumatic	CATION	cause. Enter UNDERLYING
ging gerti	RTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST
+ + 0 = -	E	d. 171.07
and by I	DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPORTS AMAILABLE PRIOR TO
signed by Health an	EDI	Primary Completion of cause of Death?
The law requires the has been sign at Dept. of Heal	N: ME	ania,
V: The la cate has State De	SICIAN:	25. WAS CASE REFERRED TO MEDICAL SINGLE SING
certific the Si	HYSI	1 YES 2 NO 1 Morphilant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
NG PHYS frer this eath with	ВУ Р	26s. DATE OF INJURY 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation 28s. DATE OF INJURY 28s. INJURY TWORK? 1 YES 2 NO
ON A D S	ED B	2 Suicide Could not be Could not be Suicide Could not be City or Town, State) 26e. PLACE OF INJURY — At home, ferm, street, factory, office 28i. LOCATION (Street and Number or Rural Route Number, City or Town, State) City or Town, State)
DR ATTEI DIRECTOR hours afte	ᆸ	
절절원=	COMPL	CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL Be filed within 72	ш	29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)
TO THE De filed IMPOR	TO B	MIN MARIA
		MARK S GLOTH D.O. Sung HOSPITAL
5		31. DATE FILED (Month, Day, Year) 32 FEBSTRANS SIGNATURES
		MAY 0 5 1993 Julie Danielson Manager



STATE OF MARYLAND / DEPARTMENT OF HEALTH

	1 - STATE REGISTRAR	MIL OF I	CE	RTIF		OF DEA		MENIAL HYGI REG.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEAT	N		3. TIME OF DEATN	
ľ	GIRDWOOD SHAFFER								3	93	14:00 M	
	4. SOCIAL SECURITY NUMBER 5.	birthday)	IF UNDER 1 1		R 24 HRS.	7. DATE OF BIRTH		8. BIRT	NPLACE (State or Foreign			
	2/8-12-5993-1	M 2 🗌 F	68	YRS.	MONTHS	MYS HOURS	MIN.	OCT 2	6-24	Codin	ENN.	
	9a. FACILITY NAME (If not institution, give street	end number)			9b. CITY, T	OWN OR LOCAT	ON OF D			UNTY OF I		
OB	402 S. Box	14Din	V 5T.		J.	BALTE	3-					
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			100 00	Y, TOWN OR							
DIRECTOR	Ms				_						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				3AL7	10f. ZtP COD	E		10.0		1♣ YES 2 □ NO WHAT COUNTRY?	
R	402 S. Bou	1 1 1 11	CT.			101. 24 000	111	11	109. 0		SA	
FUNERAL			IT EVER IN U.S. ARI	MEO	13. WA	S DECEMBENT	OF NISDA	YIC ORIGIN? (Specify	. Yes or No		- 7 7	
	1 Never Married 2 Married		YES 2 N		lt y	es, specify Cube	en, Mexica	n, Puerto Ricen, etc.)	Blac	E — American Indien, ik, White, stc.	
ВУ	3 Widowed 4 Divorced				'') 123 2 JA 110	Specin	γ.		Spec	WH	
COMPLETED	15. DECEOENT'S EOUCATION (Specify only highest grade com	ON pleted)	16e. DE0	CEDENT'S	USUAL OCCI	JPATION ing most of worki	0.0	16b. KIND OF	BUSINESS/I	NOUSTRY		
Щ.		ollege (1-4 or 5		Do NOT u	se retired.)	ng most or work		11				
MA I	10			AIN) len	WCE.		140	USIN	2		
	17. FATNER'S NAME (First, Middle, Last)	*				18. MOT	HER'S NA	ME (First, Middle, Ma	iden Sumame	2		
8E		VIS					TH	EL SH	AFF	eR		
2	190. INFORMANT'S NAME (Type/Print)	11 10	196	. MAILING	AODRESS (S	treet and Numbe	r or Rural	Route Number, City or	Town, State,	Zip Code)	21224 MD.	
	20a. METHOD OF DISPOSITION	HAPT	ER	40	× ->		3 - 0					
	1 Donation 5 Other (Specify)	from State	cemetery crer	natory or o	OF DISPOSITION THE PROPERTY OF			OATE 200	LOCATION -			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE	- 11/2	1 140		ME AND ADDRE		P/6/93		o M		
	110	- 11	0 11.	2	100	LLA 1	lace	SON			al Home	
	makes	elle	RE	_	3:	12 S,	HiG	H ST.	BAC	To	21202	
	23. PART I. Enter the diseases, or com- shock, or heart failure. List	plications that only one cau	it caused the deause on each ilna.	nth. Do	not entar th	e moda of dy	ing, suc	h aa cardiac or re	espiratory a	irrest,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	Al				01					Onset and Death	
	resulting in death)	LARON	116 0%	stay	JULY	Pulr	יאטרי	my UI.	SEASE	-	8 yrs	
_	OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any leading to immediate Due to (or as a consequence of):											
¥.	cause. Enter UNDERLYING		recess areas									
F	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEQ	UENCE O	F):							
H	resulting in death) LAST											
	PART II. Other significant conditions co	otributing to	death but not a	and the second	In the condi							
DICAL	DILATED CArdion								FORMED?	246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
				6~9	7	stery .	Vire	TYE	S 2 THO		OF DEATH?	
Σ	h/o VENTRICULAR	12120	y crain								1 TES 2 NO	
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Si	EXAMINER?	SPITAL:	error		OTHER:	28. PLACE OF D						
H H	27. MANNER OF DEATN	28a. DATE OF	ER/Outpetient 3	28b. TIN			sidence	6 Other (Specify) 28d. DESCRIBE NO	W IN HARV O	COURTO		
	1 Natural 5 Pending	(Month, D		IN.	JURY	WORK?	ONE	290. DESCRIBE NO	W INJUNY O	CCUREO		
BY	2 Accident Investigation 3 Suicide B Could not be	26e. PLACE O	F INJURY — At hon	ne, ferm,				26f. LOCATION (Str	net and Numb	er or Ruml I	Route Number	
	4 Nomicide 8 Could not be determined	building,	etc. (Specify)					City or Town, S		or or riorar	tone mander,	
COMPLETED	290. CERTIFIER	. To the best of										
MP	(Check only one) 2 MEDICAL EXAMINER: Or										N and mission to state d	
	29b. SIGNATURE AND TITLE OF CERTIFIER	- erroris-ell										
BE	Sile and B micho	11.	100 0	1230	CAL	29c. LICI	ENSE NUN	BER J HH	29d. D/	TE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUS	SE OF DEATH WEEK	271 /300	Reru	af V L	07			17	173	
	111					uplener	4	R.	11.1	un	21200	
	31. DATE FILED (Month, Day, Year)		82 SIGNATURE	JUN	PAL 17	upklass	70	P. 04	11,1	W	-120)	
	MAY 0 5 1993	gulier	Tevidon AB	ndell								



1 - FOR STATE REGISTRAR

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page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 24 hours after death. Page 6 may be retained by the hospital or attending physician. notified at pe must the funeral director, examiner medicai filled in by t and completely fille burial, cremation, the death certificate be executed within event, traumatic 9 the attending physician a Mental Hygiene prior to other 0 injury, o DR ATTENDING PHYSICIAN: The law requires that the been signed by the any shows a certificate has be the State Dept. of d, or item 23 s this c marked, After DIRECTOR: Aft hours after desitem 28 is n FUNERAL C within 72 h TANT: If II HOSPITAL TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II

BALTIMORE, MARYLAND 21215-0020

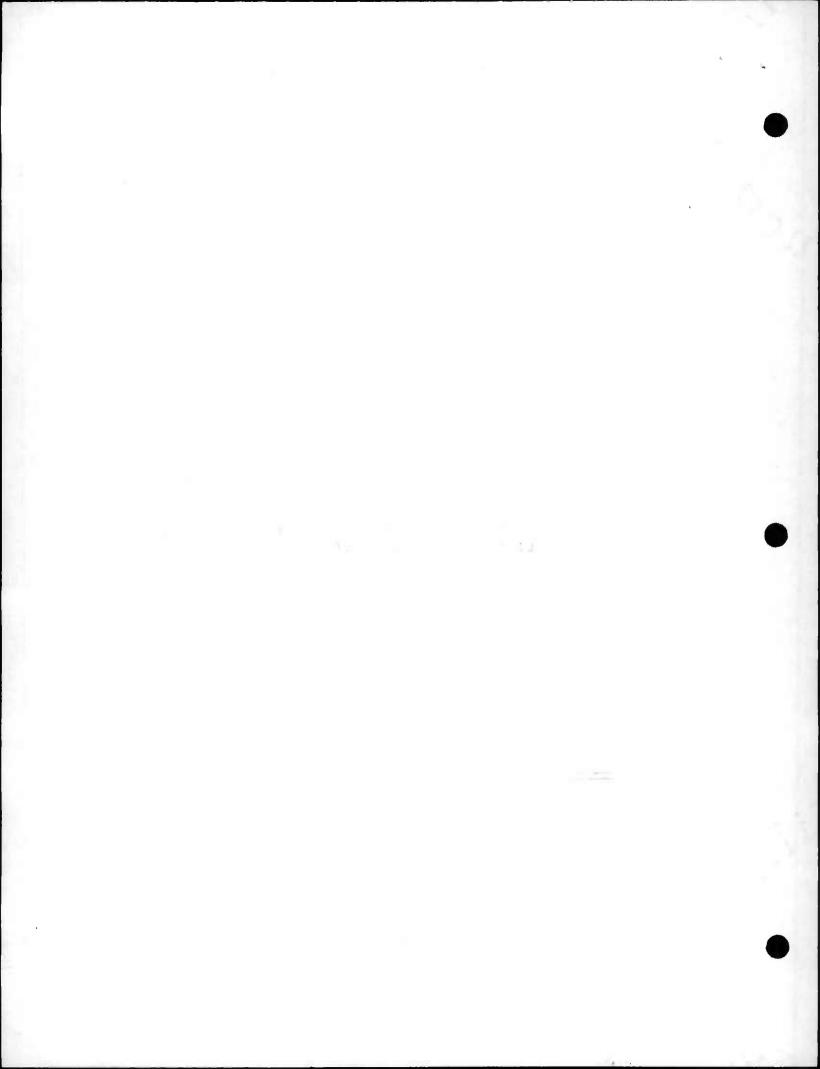
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 041 TOAN 1993 LORI **JEAN** SHANK 7:25 P M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 213-80-8974 33 YRS 10-7-1959 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 526 E. FRANKLIN STREET. WASHINGTON Hagerstown 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 926 Salem Avenue 21740 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced 1 TES 2 NO BY Specify: Specify White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Richard Karl Shank Rosanna Roser 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rosanna Shank 9<u>26 Salem Avenue</u> Hagerstown, Maryland 21740 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 1
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 3 🗆 Rem Cedar Lawn Memorial Park 4⊢16-93 Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximete shock, or heart fellure. List only one ceuse on each line. interval Between ACUTE AND CHRONIC PANCREATITIS AND FATTY IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) LIVER DUE TO ALCOHOLISM DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentieily list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24h. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Nother (Specify) | FRIENDS | APARTMENT 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED **∜** Natural 1 YES 2 NO BY 2 Accident 3 Suicide PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as attend. 2 🔀 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, data end piece, and due to the cause(e) end manner ee stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ne O.C.M.E. 04/12/1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARYNMAN 0.160 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (MONTH, Day, Year)
APR 14 1993 32, REGISTRAR'S SIGNATURE white Sindson Vandie

Sinden-Rondett

ITEMS: 23 PART I, 27, PER MEO G-699 5/5/93 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



DHMH-16 Ray 1/89

FOR STATE REGISTRAR

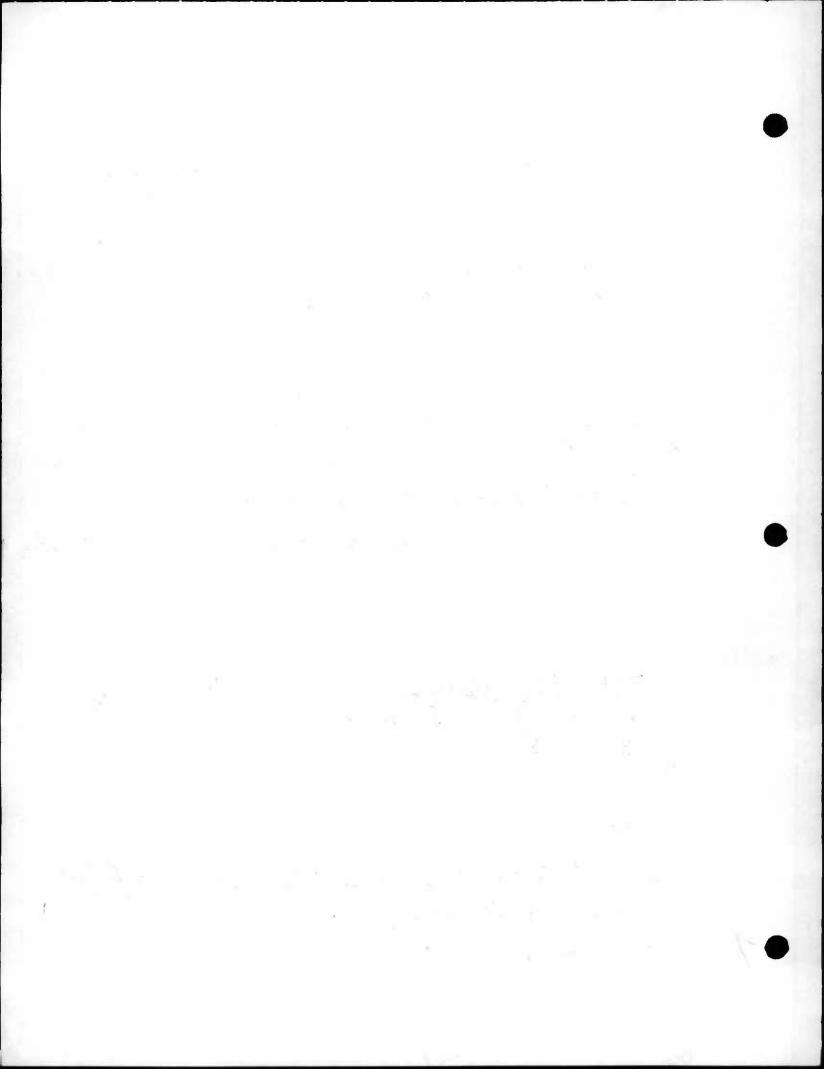
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH A GARIN SULLIVAN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 M 2 - F 429-11-5802 5-1956 Arkansa Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Holy Cross Hospital DIRECTOR Silver Spring Prince Georges RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Prince George Laurel permit. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 9715 C Covered Wagon Drive USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Merried 2 Married BY 1 YES 2 NO Specify: Black Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY College (1-4 or 5+) Medical EQ FPEC Health 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, L.W. Sullivan at Emma Smith notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Karen Sullivan Covered Wagon Drive Laurel must be 20s. METHOD OF DISPOSITION
1 Burlel 2 □ Cremation 3 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 Burial 2 Cremation 3 x 4 Donation 5 Other (Specify) Comm Com 5 8 Menifee, Arkansas examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Douglass Funeral Service 1701 McCulloh the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, Approximate shock, or heart failure. List only one cause interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition WK event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate . Enter UNDERLYING CAUSE (Disease or Injury other QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY 10.er tension any YES 2 NO OF DEATH? shows 445 YES 2 NO mo 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item 1 YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO ΒY ✓ Accident 28a. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 3 Suicide 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 COMPLETED 6 Could not be 4 Homicide 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 30250 1 (D. CZ. 2 31. DATE FILED (Month, Day.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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3. TIME OF DEATN

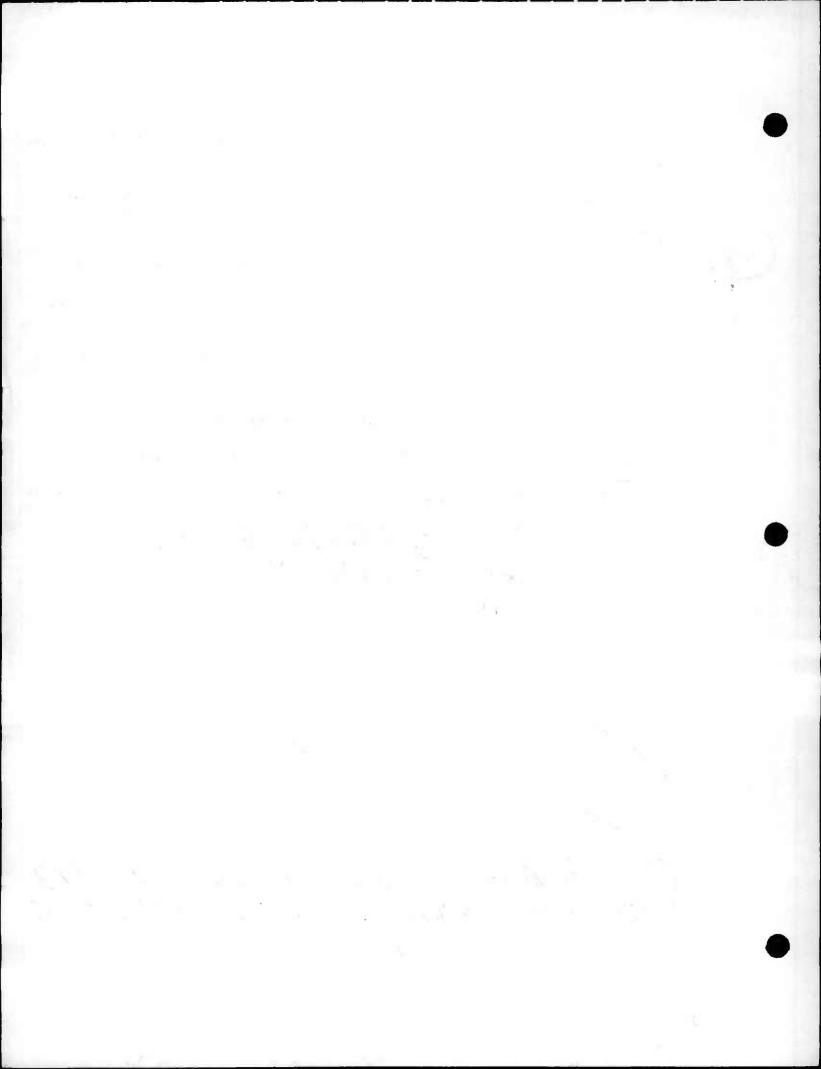
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2. DATE OF DEATH Lillian E. Schroen 3.00 P.M. April 1993 4. SOCIAL SECURITY NUMBER 5 SFY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreig. 7. DATE OF BIRTH (Month, Day, Year DAYS 1 M 2 X F 212 40 1296 80 Dec. 14,1912 Maryland 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel RESIDENCE OF DECEDENT DE Millerville, Md 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Millersville 1 YES 27 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY 402 Zeman Dr. 21108 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexicen, Puarto Rican, stc.)

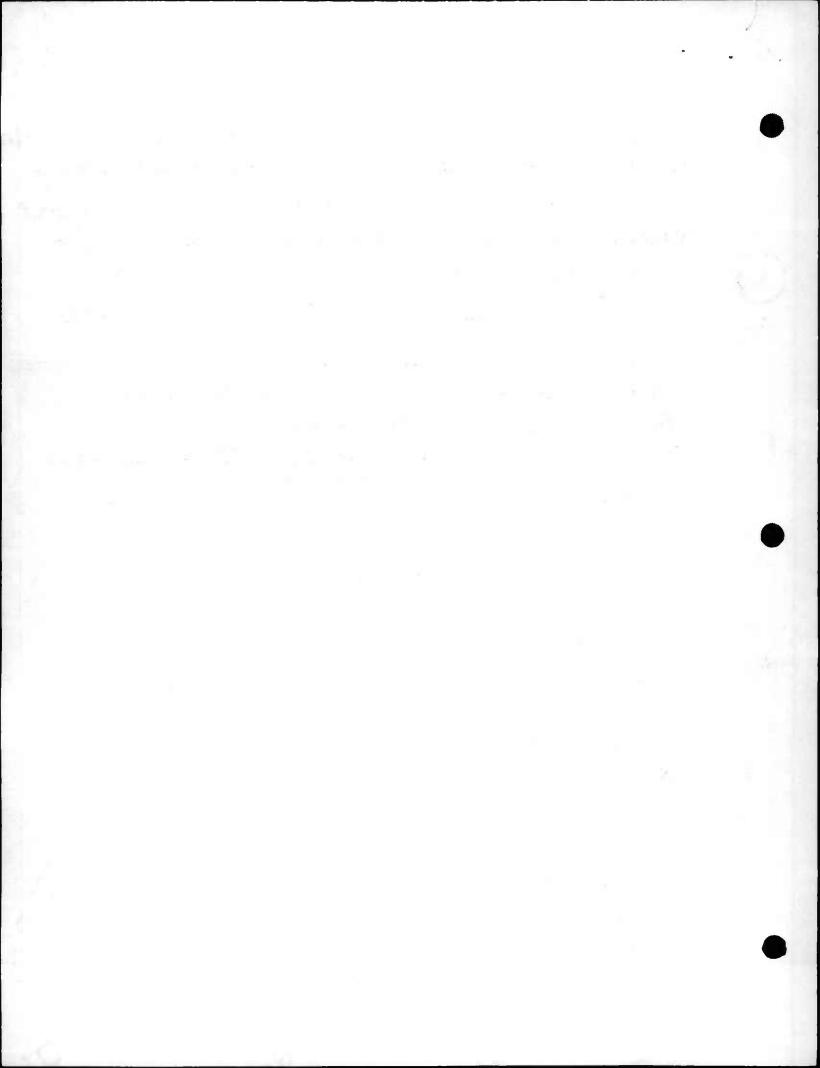
1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 retained by the hospital or attending physic 14. RACE - American Indian, 1 Never Married 2 Merried BY 3 Wildowed 4 Divorced the White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION use 16b. KIND OF BUSINESS/INDUSTRY (Specify only high jo College (1-4 or 5+) 12 detached Book Keeper Brick and Block Company 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) page 5 should be notified at William Struewe 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Frank J. Schroen 402 Zeman Dr., Millersville, MD hours after death. Page 6 may be must be 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 V Buriel 2 Cremation 3 4 Donation 5 Other (Specify) this certificate has been signed by the attending physician and completely filled in by the funeral director, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. emetery, crematory or other Cedar Hill Cemetery 5/3/93 Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasadena 34 3204 Mountain Rd., Pasadena, MD 21122 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failura. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition within 2 event. resulting in death) QUE TO (OR AS A CONSEQUENCE OF executed 0 traumatic CERTIFICATION Sequentially list conditions, A CONSEQUENCE OF if any, leading to immediata death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? shows any 1 TYES 2 NO OF DEATN? 1 YES 2 NO PHYSICIAN: MB 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) Hem EXAMINER? HOSPITAL . OTHER: 1 TYES 2 NO OR ATTENDING PHYSICIAN: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ng Nome 5 Residence 6 - Other (Specify) 4 Nursi 6 27. MANNED OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO After t death 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, etc. (Specify) 3 Suicide 28 18 ETED. 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be THE FUNERAL DIRECTOR: 4 🗌 Homicide determined Item 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the beel of my knowledge, death occurred at the time, date end piece, and due to the ceuse(e) end menner as steled. COMPL (Check only one) IMPORTANT: If 2 __ MEDICAL EXAMINER: On the bacis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. HE AND TITLE OF CERTIFIER BE 223 2 RHN 31. DATE FILED (Month, Day, Year) Deviden 1993



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Anthony SARIA 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F PO 0440 YRS PENNSYLVANIA MARCH 16 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT Baltimore County 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ARYLAND BALT noni JimoRs -H 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9807 21220 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 □ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Black, White, etc. FORCES? 1 Never Married 2 Mar IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced BALTIMORE, MARYLAND 21215-01 the hours after death. Page 6 may be retained by the hospital or attending W.W.II COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade comple 16a, DECEDENT'S USUAL OCCUPATION use 16b. KIND OF BUSINESS/INOUSTRY College (1-4 or 5+) ANION detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at 12286 BE JARY page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FAMILY AS must be 20e. METHOD OF DISPOSITION
134 Burlel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State director, 4 Donation 5 Other (Specify) VILRY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVANS CHAPLLOF HARFORD ROAC i signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. the medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory Approximata shock, or haart fallure. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition_ Pneumonia HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): Cerebrovascular accident traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY Right pneumonectomy secondary to cancer 1 | YES 2 | NO t, of H has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h OTHER 1 TYES 2 Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF BEAT 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 5 Pending BY 1 YES After t 28e. PLACE OF INJURY — building, etc. (Specify) Accident At home, ferm, street, fectory, office 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 09 COMPLETED 8 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide item 28 determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. TO THE FUNERAL D
be filed within 72 h MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 30, NAME AND ADDRESS OF PER PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Savino MD 9000 Franklin Square Drive Baltimore Maryland 21237 Thomas 31. DATE FILEO (Month, Day, Year) 5 una Davidson-Randall

1993

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1 - FOR STATE REGISTRAR

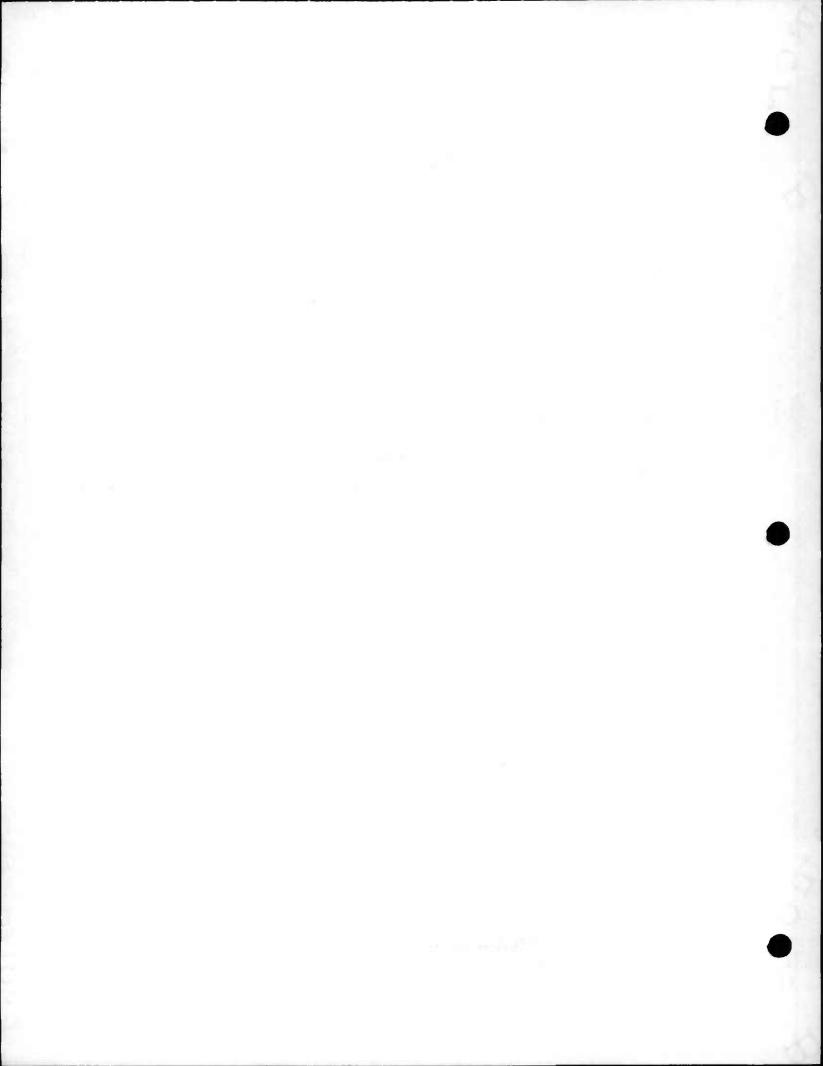
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

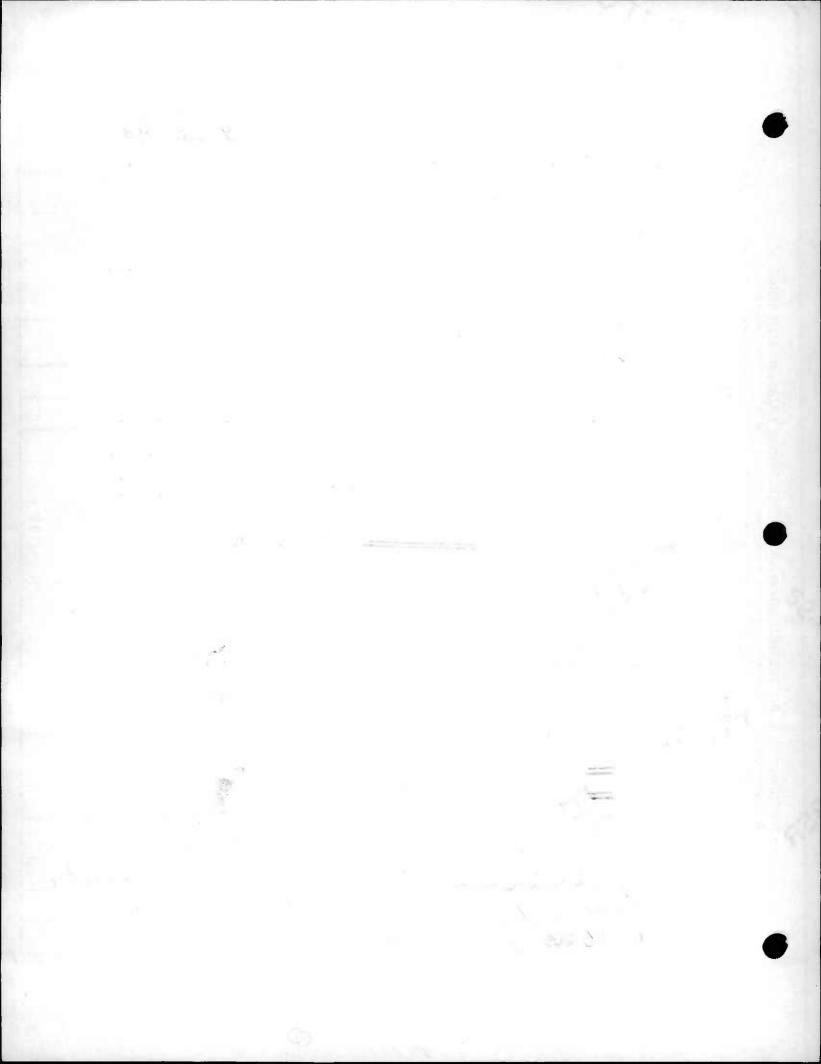
		WILLIAM				STO	KES	04 23	199	3 12	ME OF DEATH 2:12 Am		
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. 82	. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	E (State or Foreign		
200		228-03-1625 9a. FACILITY NAME (If not institution, give:			THS.	9b, CITY, TOWN	OR LOCATION OF OR	11/19/		VIRG.	INIA		
, ,	O.B.	1728 McKEAN A	VE.				MORE CI		J. COOK!	TOF DEATH			
- -	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ		10c. CIT	Y, TOWH OR LOCA	TION			104	INSIDE CITY		
	1	MARYLAND				BALT	IMORE				VES 2 NO		
Ē.	FUNERAL	10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF W 21217 IISA								COUNTRY?			
	N N	17.28 McKean Avenue 11. MARITAL STATUS 1 Never Married 2 M Married 1 PORCES? 1 YES			ARMED		CENDENT OF HISPAN	IIC ORIGIN? (Specify Y	na or No — 14	USA 4. BACE — An	nericen Indian,		
	B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	Muo		S 2 NO Specify	n, Puerto Rican, atc.)		Specify:	_{la, etc.} lack		
3	ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a.	(Give kind of v	USUAL OCCUPATI	ON ost of working	16b. KIND OF B	USINESS/INDUS		20011		
ei ei	1 1	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT us	e retired.)							
at once.	СОМР	17. FATHER'S NAME (First, Middle, Last) Ralph Stokes					16. MOTHER'S NA Helen	ME (First, Middle, Maide	n Surname)				
notified	BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street		Route Number, City or To	um State 7to C	'arda'			
be not	10	Edgar C. Crawl	ey, Sr.		3418	Garri	son Blv	d. Balti	more,	, MD a	21215		
must		20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	cemetery,	crematory or of	OF DISPOSITION (Na ther place)			OCATION — CIT				
		21. SINDIATURE OF FUNERAL SERVICE LIC	CENSEE	IKIN	g Men	orial 22. NAME A	Park ND ADDRESS OF FAM		inda11	stown	n, MD		
al. examiner		LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207											
or remova medical		23. PART I. Enter the diseases, or shock, or heart fellure	complications the	t caused the	deeth. Do n	ot enter the mo	de of dying, suci	h ae cerdiec or res	oiratory arres	st,	Approximete		
the m	1	IMMEDIATE CAUSE (Finel Onset and Death											
event, the		Arteriosclerotic Cardiovascular Disease Due to (OR AS A CONSEQUENCE OF):											
prior to burial	NO NO	Sequantially list conditions,	b. DUE TO	(OR AS A CON	SEQUENCE OF								
prior t	ICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
of Health and Mental Hygiene prior to bunial, cremation, shows any Injury, or other traumatic event, the	RTIF	that initiated events resulting in death) LAST											
Mental jury, o	8												
of Health and Menta shows any injury,	MEDICAL		contributing to bear out not resulting in			n the underlyin	g cause given in	PERFORMED?			AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE		
Nows	Me							¹□ YES INO	UIRY	OF DE	YES 2 NO		
	-: I												
State Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:	1		OTHER:	ACE OF DEATH (Che						
1 a	PHYS	27. MANNER OF DEATH 1 X Netural 5 Pending	1 Inpatient 2 Inpa	INJURY	28b. TIME	OF 28c. INJ	URY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED			
marked,	B	2 Accident Investigation	26e PLACE O	F IN II IDV As	home from -	M 1	YES 2 NO						
n 28 is	ETED	3 Suicide 6 Could not be 4 Homicide determined	building,	atc. (Specify)	nome, raim, a	treet, lectory, offic		28f. LOCATION (Street City or Town, State	and Number or)	Rural Route No	umber,		
2 =	COMPLI							to the cause(s) end ma					
PORTANT		2 MEDICAL EXAMINE	4	A A	or investigation	n, in my opinion, d			T				
be filed within IMPORTANT:	10 BE	Mun gal	GA	ul			O.C.M.			/ 23 / 1.			
		MARIO F. GOLLI	E JR√ M.	D. 11	ll Per		et, Bal	Ltimore,	Mary	land	21201		
2		31. DATE PLED MONTH, Day, Year)	The Dev	R'S SIGNATURE	refull.								
_			0								DHMH-16 Rev 1/89		

1 44 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



_	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				G. NO.	12300
	1. DECEDENT'S NAME (First, Middle, 19	allie	Tay	lov		2. DATE OF D	22 9	3. TIME OF DEATH 230
	4. SOCIAL SECURITY NUMBER HU-964	U 1 0 M 2 0 F	38 YRS. W	HUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		-05	BIRTHPLACE (State or Foreign Couptry) N. Carolina
CTOR	Sa. FACILITY NAME (II not institution, gives the same of the same	SPITAL		0	MORE,	MD	9c. COUNT	Y OF OEATH
=======================================	10e. STATE 10b. COU	ltimore	10c. CITY, 1	Balti				10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
FUNERAL D	100. STREET AND NUMBER 9848 Branchl	eigh Road	•		21133			I.S.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 2 NO	If yes, sp	CENOENT OF HISPANI ecity, Cuban, Mexican, 2 NO Specify:	C ORIGIN? (Sp., Puerto Rican,	etc.)	4. RACE — American Indian, Black, White, atc. Specify: Black
17.	15. OECEOENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. OECEOENT'S US (Give kind of work life. Do NOT use n COOK/N	k done during mo etired.)	ON sst of working	16b. KINO	OF BUSINESS/INDU	STRY
m m	17. FATHER'S NAME (First, Middle, Last) Nelson Wi	lkins			16. MOTHER'S NAM		Maiden Surname)	
be notified TO BE	19a. INFORMANT'S NAME (Type/Print) Mable B. Ha		9848	Bran	nd Number or Rural Re chleigh	RD. I	y or Town, State, Zip (Balto., N	ID. 21133
E .	26a. METHOD OF DISPOSITION FC Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify)	n	neley, gredetor Richard	ge Cer	metery 4	4/93	Balto.,	MD .
ai. exeminer	21. SIGNATUME OF FUNERAL SERVICE	Hector	#281	E.L.	Phillips	F/H	1721-27 Balto.,N	N.Monroe ST MD. 21217
ntal tygiene prior to burial, cremation, or remov y, or other traumatic event, the medicel CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
of Health and Me hows any inju MEDICAL	PART II. Other significant condit	ons contributing to death b	out not resulting in	the underlying	g ceuse given in P		WAS AN AUTOPSY PERFORMED? YES 2 \(\) NO PANCEL	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
State Dept Item 23 SICIAN	25. WAS CASE/REFERRED TO MEDICAL EXAMPLER?	HOSPITAL:		THER:	ACE OF OEATH (Chec			
5 E .	27. MANNER OF DEATH 1 [X] Natural Sending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	PF 28c. INJ WO	PRK?		E HOW INJURY OCCU	REO
E E	2 Accident Investigation 3 Suicide Suid not to datermined	28e. PLACE OF INJURY	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					r Rural Route Number,
를 를 다		YSICIAN: To the best of my know NER: On the basis of exeminatio						
PORT BE	296. SIGNATURE AND TILE OF GERTIN	IER /	MD		29c. LICENSE NUME			SIGNEO (Month, Day, Year)
2 = 2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	(ne) Sk	ai Hos	pical	a Ceh	flmare.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			, ,	, - (c sur	7.70



, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

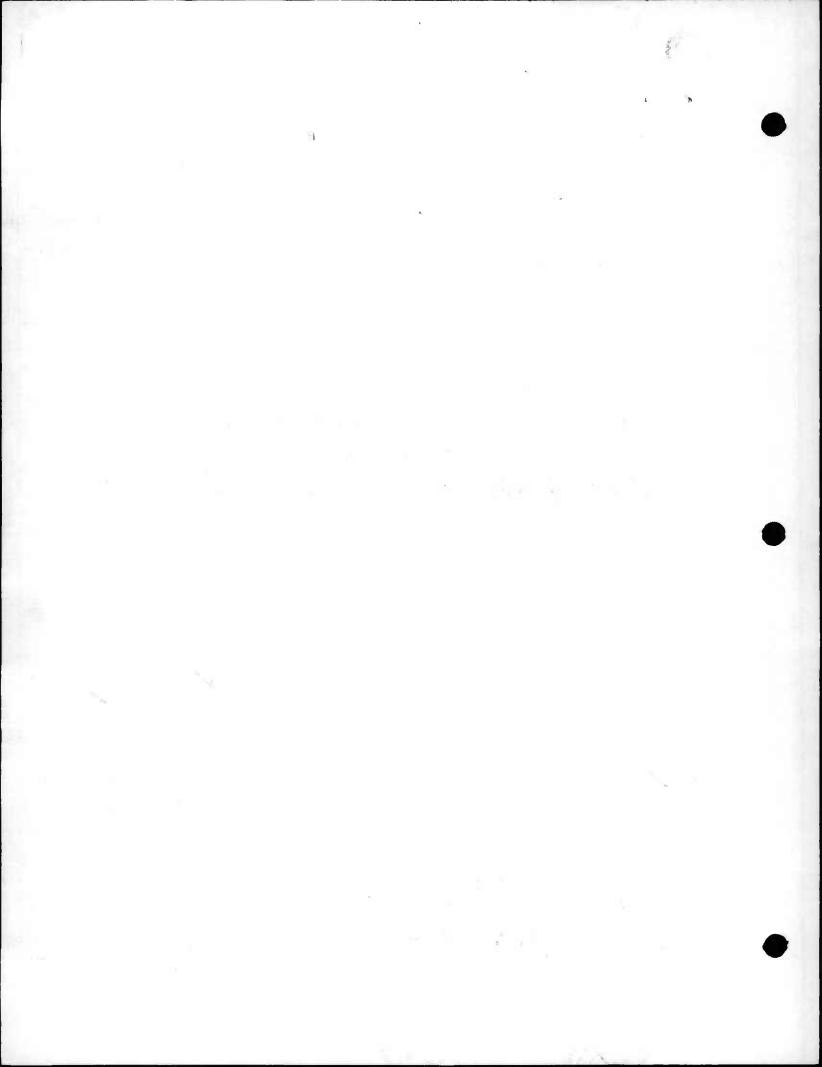
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages to filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been signing be filed within 72 hours after death with the State Dept. of Healt	IMPORTANT: If item 28 is marked, or item 23 shows

		-					91	3 12934
	FOR STATE REGISTRAR	STATE OF MARYI		RTMENT OF H		MENTAL HYGIEN REG. NO	E) [[]
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY Y	3. TIME OF DEATH
	MICHAEL	CHARLES			RBAN	05 0		3 10:00 Pm.
	4. SOCIAL SECURITY NUMBER 213-70-3868	1 → M 2 □ F 3	(In yrs. last birthday) 35 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 10 26 7 1957	7	BIRTHPLACE (State or Foreign COUNTRY MARYLAND
TOR	98. FACILITY NAME (If not institution, give a 13407 VIRGINIA RESIDENCE OF DECEDENT	•	.D	BURTONS	SVILLE	EATH	PRIN	CE GEORGES
DIRECTOR							10d. INSIDE CITY LIMITS? V 1 YES 2 NO	
NERAL	100. STREET AND NUMBER 101. ZIP CODE 611 N. STUART STREET 109. CITIZEN OF WHAT COUNTRY? U.S.A							
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES X 1 YES 2 NO Specify: WHITE							
	15, DECEDENT'S EDU- (Specify only highest grade	CATION completed)	18a. DECEDENT'S	USUAL OCCUPATIO	ON set of working	16b. KIND OF BU	SINESS/INDUS	TRY
COMPLETED	Specify only highest grade completed (Give kind of work done during most of working life. Do NOT use retired.) 12 YEARS							
BE CO	VERNON FRANKLIN URBAN JOSEPHINE ANN MOSCYNSKI							
2								
	2√a. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremation 3 □ Remote the Denation 5 □ Other (Specify)		b. PLACE AND DATE (THE TOTAL OF THE TOTAL OF THE THE THE THE THE THE THE THE THE THE				CATION — CITY SSEX MI	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE **Transfer J	ENSEE Dippel	Je.		BELAIR RO	DIPPEL DAD BALTIMO		
	23. PART I. Entar the diseases, or o	omplications that cause	d tha daath. Do r	not antar tha mo	de of dying, such	n ss cardiac or reapi	retory srrest	Approximate
	immediate cause (Final disease or condition resulting in death)	List only one cause on a	Inju	ribe				interval Between Onset and Death
NC	Sequentially list conditions.	b	A CONSEQUENCE O					
ICATIO	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	A CONSEQUENCE OF					
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	F):				
	PART II. Other algnificant condition	s contributing to death it	out not resulting	in tha underlying	causa given in i	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						PEDFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\text{NO} \) NO
ä	\ <u></u>							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ick only one)		
YSI	t 🗗 YES 2 🗌 NO	1 - Inpetient 2 - ER/Out	petiant 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	6 (Specify)	ON ST	REET
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year) 5 - 2 - 1 9 9 3	8:4	URY WO	RK7 /ES 2 - NO	PASSENGE		AUTO FIXED
- 10	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spe	c#v1	treet, factory, office	'	1 3 4 0 7 V 1	RGINI	Rural Route Number, A MANOR ROAL
COMPLETED		CIAN: To the best of my know						iuse(a) and mannar as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	O. Phut as			29c. LICENSE NUM			GNED (Month, Day, Year) 3 – 1993
2	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)				

Penn Street, Baltimore, Maryland

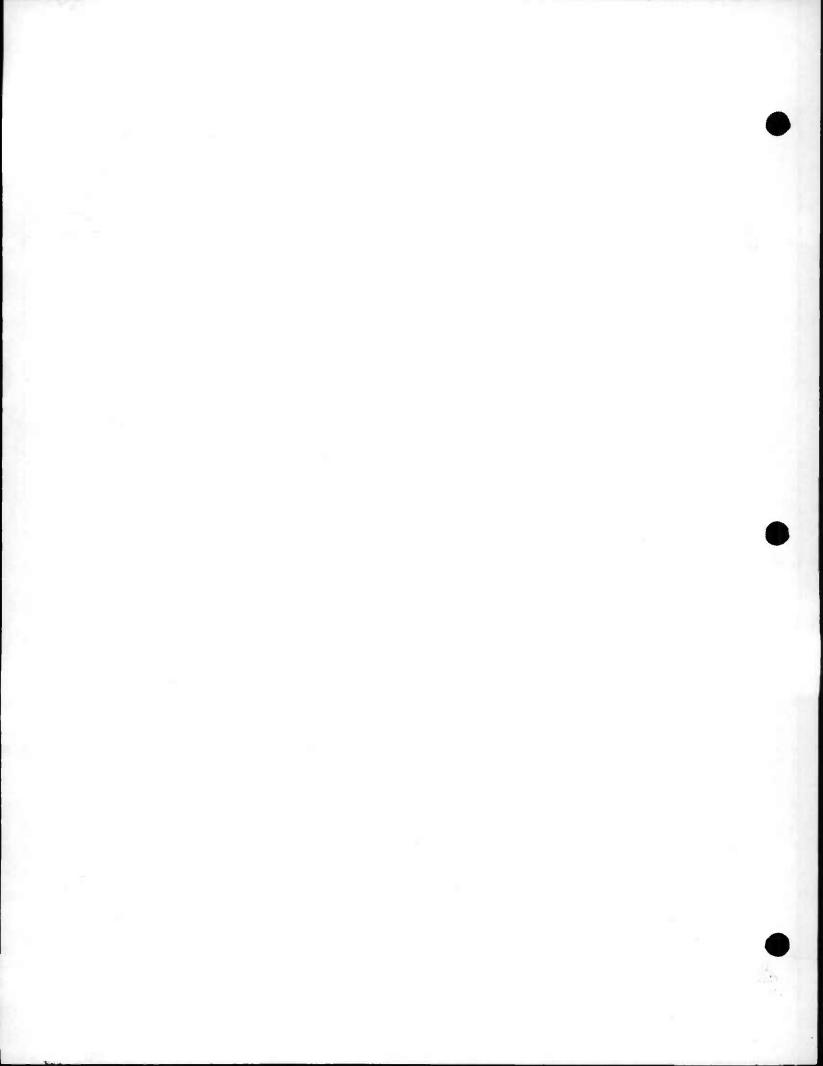
31. DATE FILED (Month, Day, Year)
MAY 0 5 1993



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		FOR STATE REGISTRAR		STATE OF I	MARYLA	ND /	DEPAR RTIF	TMENT	OF H	IEALTH DEA	AND I	MENTAI	L HYGIEI			
		1. DECEDENT'S NAME (First,	, Middle, Last)									2. DATE	OF DEATH	DAY	MEAD	3. TIME OF DEATH
			ONEL					VI	CE			4		30 -	YEAR Q 3	
		4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In	yrs. last	birthday)	IF UNDER	YEAR DAYS		R 24 HRS.		OF BIRTH		8. BIRTH Countr	IPLACE (State or Foreign
멸		212-88-14		1 X M 2 □ F	3	33	YRS.	MONTHS	UATS	HOURS	MIN.		L-4-5	9		MD
3 should	-	Sa. FACILITY NAME (If not in						9b. CITY,	TOWN (OR LOCAT	ION OF DE	НТА		9c. COUNTY OF DEATH		
2,3	2	1514 CLI		W AVENU	AVENUE BALTIMOR				RE							
	DIRECTOR	10a. STATE	10b. COUNTY	r			10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
. 6	듬	MD					ВА	LTI	OR	F.		100				LIMITS?
20 vsician		10e. STREET AND NUMBER							_	ZIP COE	Œ			10g. CITI	ZEN OF W	HAT COUNTRY?
	E E	1514 CLI	FTVIE	W AVENU	JΕ					212	18			U	.s.	Α.
020 physicia	15	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARA	AED	13. V	AS DEC	ENDENT	OF HISPAN	IIC ORIGIN	? (Specify Yo		14. RACE	— American Indian
5-0020 nding physic	BY I	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1 YES 2 NO If yes, specify Cuben, Maxical I YES, GIVE WAR OR DATES 1 YES 2 NO Specify						lican, etc.)	i	Speci	r, White, etc.			
	ED B		EDENT'S EDU	0.71011												BLACK
	ETE	(Specify only	highest grade	completed)		(Giv	EDENT'S re kind of v Do NOT us	USUAL OC	CUPATIO uring mo	ON st of work	ing	16b.	KIND OF BU	JSINESS/IND	USTRY	
E	P	Elementary/Secondary (0	-12)	College (1-4 or 5	+)											
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	COMPL	17. FATHER'S NAME (First, M.	iddle, Last)			נע	SAB	רקר	_	18 MOT	THER'S NAI	ME /Elest A	fiddle, Malde	- Sumana)		
A A A	101	JOE VICE												LTON		
TAR stained should	<u>=</u>	19e. INFORMANT'S NAME (7)	/pe/Print)			19b.	MAILING	ADDRESS	(Street a					wn, State, Zip	Cordel	
ay be		JOE VICE												MORE		21218
		20e. METHOD OF OISPOSITI	ION		20b. F	PLACEA	NDDATEC	F DISPOSI	_		7 210	DATE		DCATION —		
NOR age 6 may director, per must		4 Donation 5 Other	(Specify)	oval from State	BA	LT]	MOR	her plece) E CE	ME'	TERY	<u> </u>	1	ВА	LTIM	ORE	, MD
TIN. Page and different		21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSER							ESS OF FAC	CILITY				,
BALTIIN 24 hours after death. Pag filled in by the funeral dir ion, or removal.		- lane	XOX	CIDO	/			WM	.c.	MAR	CH E	Э.Н.	/110	1 E.	NOR	TH AVE.
B nours after d in by the or removal		23. PART i. Enter the di	seeses, Dr c	omplications the	it caused	the dee	th. Dp n	_								Approximate
24 hours filled in on, or re		ehock, or he IMMEDIATE CAUSE (Fin	ert tallure.	List Dnly Dne cau	R Dnly Dne cause Dn each line.								Interval Betwee			
		diseese or condition	-	(DAK	5	71	15	4		~~	0	1	m		Onset end Dear
s760, ted within completely ial, cremati		resulting in death)		DUE TO	(OR AS A	CONSEQ	UENCE OF):	1/2		-/	1	ILU	de'		MNUTES
executed within and completely o burial, cremar	z			DUE TO (OR AS A CONSEQUENCE OF): CONGENITAL HEART clisiuse							Years					
OX 68 be execut sician and c rior to buri traumatic	CERTIFICATION	Sequentially list conditi if any, leeding to immed	diate	DUE TO (OR AS A CONSEQUENCE OF):								1000				
m = 5	2	cause, Enter UNDERLYI CAUSE (Disease or inju														
O. E ertificating phy rigiene in	=	that initieted events resulting in death) LAS	2	DUE TO	(OR AS A C	CONSEQ	UENCE OF):								
O. F. B. P.	H H	resulting in death) EAS		1,												
S = 4 ≥ =	AL C	PART ii. Other significe	nt condition	s contributing to	deeth but	t not re	sulting i	n the unc	leriying	Cause	given in f	Part i.	24s. WAS At	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
	2												PERFO			MAILABLE PRIOR TO COMPLETION OF CAUSE
RECOR requires that been signed by of Health and shows any	MEDIC											_	1 TYES	2 DENO		DF DEATH?
	1											-				1 YES 2 NO
	SICIAN	25. WAS CASE REFERRED TO	MEDICAL						26. PL	ACE DF D	EATH (Che	ck only one	»)			
F VITA SICIAN: The certificate to the State 1, or Item	Sic	EXAMINER?		HOSPITAL:	ER/Output	tlent 3 [DOA	OTHER	na Horn	. 506	esidence (6 C Other	(Specify)			
正 5 5 5 6 6	PHY	27. MANNER OF DEATH		28a. DATE OF	INJURY		28b, TIMI	OF	Bc. INJ	URY AT				INJURY OCC	URED	
NG PHYS frer this ceath with marked	BY F		Pending nvestigation	(Month, D	ay, rear)		INJ	M		RK? 'ES 2 [□ NO					
ATTENDING ATTENDING ATTENDING Starter death		3 Suicide 8 0	Could not be	28a. PLACE O	F INJURY -	At hom	a, form, s	reet, facto	y, office	1				and Number	or Aural A	oute Number,
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is mar		4 Homicide	determined		etar (opoon)	,,						City o	r Town, State)		
DIV L OR A L DIREC L DIREC L DIREC L DIREC		29a, CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowled	dge, deat	th occurre	d at the tin	e, date	and place	, and due t	to the caus	se(a) and ma	nner sa state	d.	
HOSPITAL FUNERAL within 72 I	S	one) 2 MEDI														and manner se stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	8	29b. SIGNATURE AND TITLE		2		Λ			1		ENSE NUM					(Monthy Day, Year)
TO THE DE filed be filed in Port	m	Charles a	11	Janon	1	Щ	/	MI		1	732	29,	16	> 0	1/4	1/92
FFA	임	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	SE OF DEAT	H TEL	27) (5000	Doint\		~		0/	9	_ ~	//	110

32. ABGISTRAR'S SIGNATURE

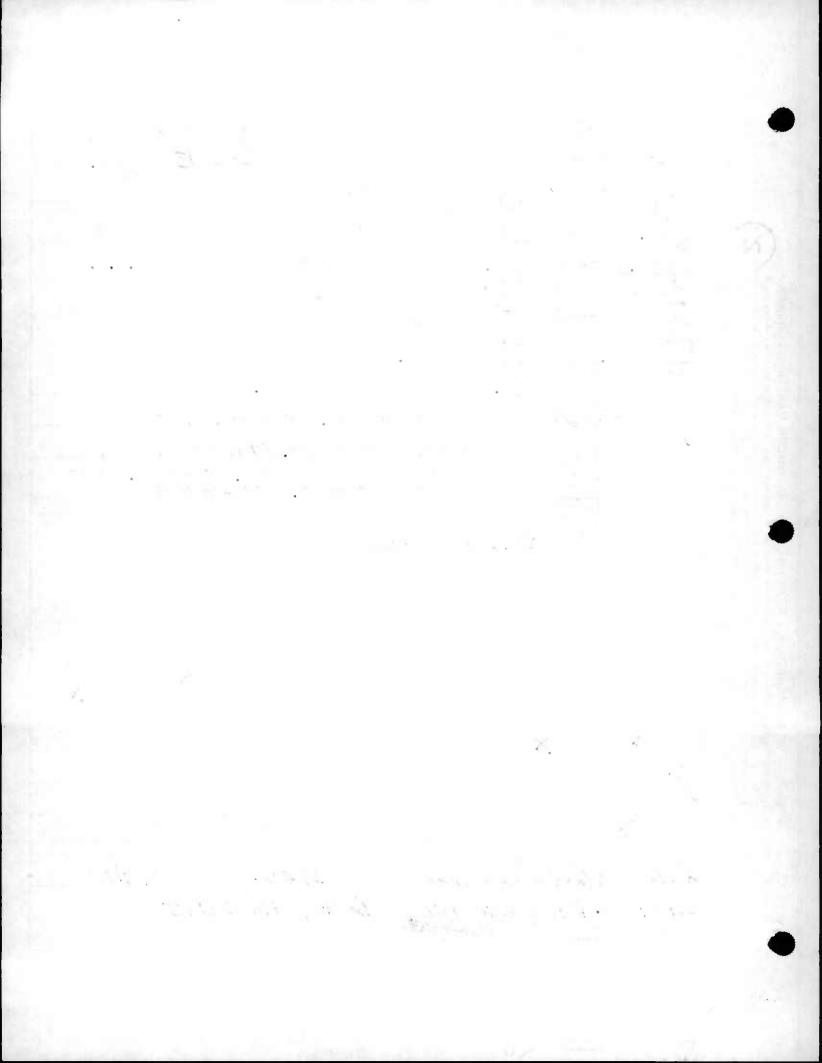


1993

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	1
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf man. 1, 2, 3 should	Pies 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

LNG/ / LAT. A.	577	HEV	1		2. DATE OF DEATH	4 0	3. TIME OF DEATH		
	land St	E (In yrs. last birghday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3 7:	B. BIRTHPLACE (State or Foreign		
7/11/10/01/11	7 2 □ F 7	69 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	. /	Country)		
9a. FACILITY NAME (If not institution, give street		<i>B. J</i>	9b. CITY, TOWN	OR LOCATION OF DEA			Unk.		
Lenvindale N/1	77		Balti	mone					
RESIDENCE OF DECEDENT	•								
10e. STATE 10b. COUNTY		10c. C(1	TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS? XXXES 2 \(\square\) NO		
Md.			Baltim	ZIP CODE		10a CITIZE	EN OF WHAT COUNTRY?		
2434 W. Belveden	no /110		100	21215		log. Citize	U.S.A.		
		R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	IC ORIGIN? (Specify Yee	or No- 1			
1 Never Married 2 Merried IF YES, GIVE WARF OR DATES			If yes, sp 1 🗌 YES	ecify Cuben, Mexican 2 SNO Specify:	n, Puerto Ricen, etc.)		Black, White, atc. Specify:		
15. DECEDENT'S EDUCATI	<u>1941-194</u>	16a. DECEDENT'S	S USUAL OCCUPATION	ON	16b, KIND OF BUS	SINESS/INDU	Black		
(Specify only highest grade con	npleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during me	est of working		eriiii "2056	100		
Unk.		Unk.							
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Malden	Surname)			
	Unk.			Uni					
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street	and Number or Rural R	loute Number, City or Town	n, State, Zip C	Code)		
Teresa Jeter-Cu	tting	861 1	Park Av	e. Balt	imore.Md				
20a. METHOD OF DISPOSITION Buriel 2 Cremetion 3 Removal	from State	of cemetary, cremator			DATE 20c. LO		•		
C Donation 5 □ Other (Specify)		Garrison	n Fores	t Vet. 5	5-7-93 Owi	ngs. N	Mills, Md		
21. SIGNATURE OF FUNERAL BERVICE LICENS	SEE		22. NAME A	ND ADDRESS OF FAC	CILITY				
1///	// /-	-					71 07077		
	/ //// ///	1	1750				St. 21217		
23. PART I. Enter the diseases, pr com	pilcations that ceu	sed the death. Do		rt P. W	ulie-Mor	ticio	an		
23. PART I. Enter the diseases, pr com ahock, pr heart fallure. Lie	nplications that ceut tonly one ceuse of	sed the death. Do n each line.		rt P. W	ulie-Mor	ticio	at, Approximeta Interval Betw		
23. PART I. Enter the diseases, pr com ahock, pr heart failure. Lie IMMEDIATE CAUSE (Final disease pr condition	t Dnly ona ceuse Di	n each line.		rt P. W	ulie-Mor	ticio	at, Approximeta Interval Betw		
ahock, or heart failure. Lie IMMEDIATE CAUSE (Final	Pressu	n each line.	not anter tha mo	rt P. W	ulie-Mor	ticio	at, Approximeta Interval Betw		
ahock, pr heart failure. Lie IMMEDIATE CAUSE (Final disease pr condition	Pressu	n each line.	not anter tha mo	rt P. W	ulie-Mor	ticio	at, Approximeta Interval Betw		
ahock, pr heart failure. Lie IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions,	Press u	n each line.	npt anter tha mo	rt P. W	ulie-Mor	ticio	at, Approximeta Interval Betw		
ahock, pr heart failure. Lie IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Press u	n each line.	npt anter tha mo	rt P. W	ulie-Mor	ticio	at, Approximeta Interval Betw		
ahock, pr heart failure. Lie IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	n each line.	npt anter tha mo	rt P. W	ulie-Mor	ticio	at, Approximeta Interval Betw		
ahock, pr heart failure. Lie IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE OF	npt anter tha mo	rt P. W	ulie-Mor	ticio	at, Approximeta Interval Betw		
ahock, pr heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE C	not anter tha mo	rt P. W.	y Lie-Mor	ticic	at, Approximeta Interval Betwoonset and D		
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ahock, pr heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE C	not anter tha mo	rt P. W.	y lie - Mor n aa cardiac Dr reapi	ticic retory arre	at, Approximeta Interval Betwoonset and Double and Doub		
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DHMH-16 Rev 1/89

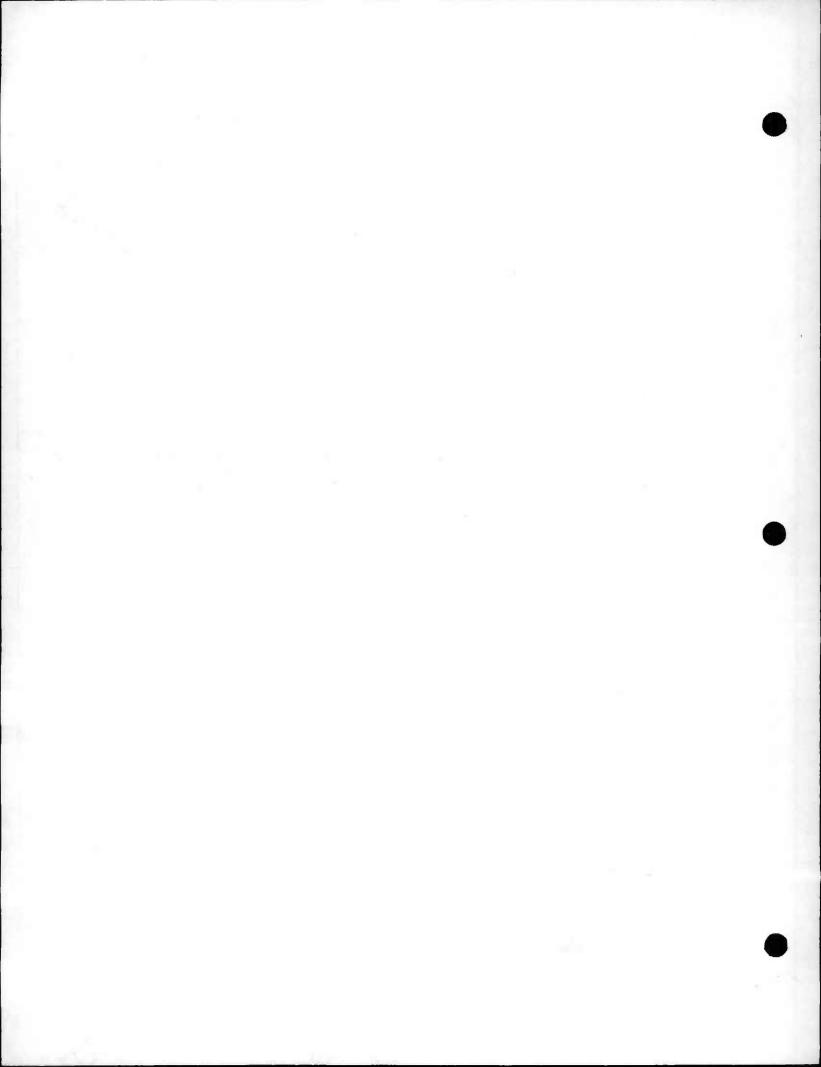


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FINEDAL DISCRETA	TO BE COMPLETED BY PHYSICIAN. MEDICAL CENTISION
al examiner must be notified at once.	MPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should oval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.
fler death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	SIMIE UF IV	IAHYLAN	D / DEPAR CERTIF	ICATE C	F DEA	TH	MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE C	OF DEATH			3. TIME OF DEATH
	GEORGIE	LEE		TA	HITE			0.5	0.1	199	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In ye	s. last birthday)	IF UNDER 1 YEA	AR IF UNDE	R 24 HRS.	7. DATE O		199		11:12 A M
	210 20 71103	1 M 2 F	The state of the s	84 YRS.	MONTHS DAY	-	MIN.	(Month.	Day, Year)	000	Countr	γ)
	219-28-7118A 9e. FACILITY NAME (If not institution, give s	21		84					1, 1			irginia
0	99. PACIETY NAME (II not institution, give s	street and number)			96. CITY, TOW	N OR LOCAT	ION OF OE	9c. COUNTY OF DEATH				
DIRECTOR	3119 GWYNNS FA	LLS PAR	KWAY		BA	LTIMO	ORE					
	10e. STATE 10b. COUNT								10d. INSIDE CITY			
1 %	Maryland	Baltimore							LIMITS?			
	10e. STREET AND NUMBER				Dalti							1 X YES 2 NO
₩.						101. ZIP COD						NAT COUNTRY?
FUNERAL			lls Parkway 2121							USA	1	
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEOENT FORCES? 1			13. WAS	DECENDENT (OF HISPAN	IIC ORIGIN?	(Specify Yea	or No—	14. RACE Bieck	- American Indian, White, etc.
₽	3 X Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			YES 2 NO			, , , , ,	1	Specif	Total Control of the
ED E	45 050505050	1	1 -									Black
世	15. DECEDENT'S EOU (Specify only highest grade	completed)	16:	(Give kind of	USUAL OCCUP work done during	ATION most of work	ing	16b. I	KIND OF BUS	INESS/INC	USTRY	
۳۱	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT ut								
COMPLET	12th Grade			C16	erk				Duva1		narm	acy
8	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Mi	iddle, Meiden	Surneme)		
BE	Rufus Fleetwoo	od							nilli			
2	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADORESS (Stre	et and Numbe	or Or Rural F	Route Numbe	er, City or Town	, State, Zip	Code)	
-	Mildred L. Pir	<u>okin</u>		3504	Denis	on R	oad	Ba	altim	ore,	MD	21215
	20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Rem	and from State			OF DISPOSITION	(Name of		OATE	9	CATION —		
	4 Donation 5 Other (Specify)	IOVAL ITOM STATE	Ar	y, crematory or o butus	Memor	ial	Park	5/6	Ral	+ i mc	re	Co, MD
1 0	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE			22. NAME	ANO ADDRE	SS OF FA	CILITY MIT	ttor	Funor	CO 1 I	Homes, Inc.
	N 1 +	XX			2501	l Gwyn	ns F	alls	Parkw	av	ali	Tomes, The.
_	and 7	18	4		Balt	l Gwyn cimore	, Ma	rylan	id 21	216		
N								Approximate interval Between Onset and Death				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF):											
HT	resulting in death) LAST		OR AS A CO	NSEQUENCE OI	ን :							
	resulting in death) LAST	OUE TO (
4	PART II. Other significant condition	OUE TO (ying cause	given in	Part I.	24a, WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
4	PART II. Other significant condition ARTHRITIS	OUE TO (lng cause	given in			MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
4	PART II. Other significant condition	OUE TO (Ing cause	given in		PERFOR	MED?	24b.	AVAILABLE PRIOR TO
MEDICAL	PART II. Other significant condition ARTHRITIS	OUE TO (ring cause	given in		PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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MEDICAL	PART II. Other significant condition ARTHRITIS ASTHMA	d	death but r	DDT reaulting	in the underly 28 OTHER:	. PLACE OF C	DEATH (Che	eck only one)	PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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D BY PHYSICIAN: MEDICAL	PART II. Other significant condition ARTHRITIS ASTHMA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 X Metural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER Check only 1 CERTIFYING PHYSI	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Date of building, of the best of the control of	ER/Outpatier INJURY y, Year) INJURY I	and 3 DOA 28b. TIM INJ	28 OTHER: 4 Nursing HE OF URY M 1 (street, factory, o	PLACE OF COMMENT OF THE PROPERTY OF THE PROPER	DEATH (Cheesidence	a Other (28d. DESC	PERFOR 1 YES 2 (Specify) RIBE HOW IN FION (Street a Town, State)	MED? NO IJURY OCC Ind Number	or Rural R	AWALLABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO
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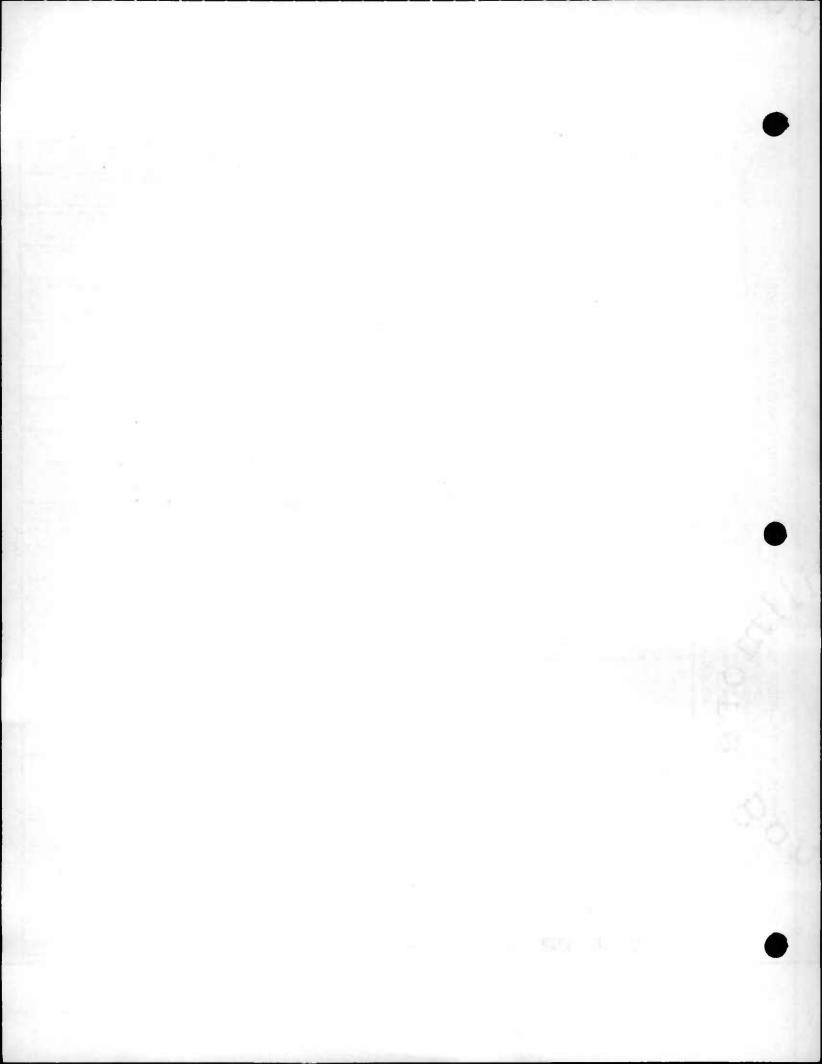
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	REGISTRAR		CERTIF	ICATE O	DEATH	REG. N	O.			
1	1. DECEDENT'S NAME (First, Middle, Last)	CECUD				2. DATE OF DEATH	DAY _	3. TIME OF DEATH		
	CHARLES R. WI	The second second				МАҮ ^н 4, 1	993	9:15 A.M. M		
	005 /6 0001	m	(In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/2/193	,	8. BIRTHPLACE (State or Foreign Country) W. VA		
	9a. FACILITY NAME (If not institution, give stre		00	9h CITY TOWN	OR LOCATION OF D			W • VA		
E E	THE JOHNS HOPKINS				ORE CITY	LAITI	10.00	IMORE CITY		
5	RESIDENCE OF DECEDENT			_						
DIRECTOR	PA 10a. STATE 10b. COUNTY			r, town on Loc ttysbur			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	10a. STREET AND NUMBER				Of. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?		
FUNERAL	183 Longstreet Dr	ive			173	25	USA			
15		12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS D	CENDENT OF HISPA	NIC ORIGIN? (Specify '	fes or No-	14. RACE — American Indian, Black, White, etc.		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WANTOR D ATmy	ATES		S 2 ND Specif			Specify:		
8	15. DECEDENT'S EDUCA (Specify only highest grade or	TIDN	16a. DECEDENT'S	USUAL OCCUPA	ION	16b. KIND OF E	USINESS/IND	white		
COMPLETED		College (1-4 or 5+)	life. Do NOT us	vork done during i e retired.)	nost of worlding					
MP	12th		F	armer		Agr	icult	ure		
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid	on Sumame)			
B	Frank Wisecup					Chafin				
2	19a. INFORMANT'S NAME (Type/Print) Joan Wisecup					Aoute Number, City or T				
1	20a METHOD OF DISPOSITION	Lan			<u> </u>	Gettysbu				
- 1	1 Burial 2 Cremation 3 Remov	rai from State cen	netery, cremetory or of	her place!				City or Town, State		
	21. SIGNATURE-OF FUNERAL SERVICE LICE	NSEE	pper Mar	22. NAME	AND ADDRESS OF FA	5/7 Ge	ttyshi	irg, Pa		
1	► 12.00 × 1	Hard No	m550	Ster	ling A <mark>s</mark> ht	on Funera	1 Home	e, Inc		
	23. PART I. Enter the diseases, or co	mnlications that cause	the death. Do s	736	Edmondsor	Ave Bal	to. Mo	1. 21228		
	shock, or heart failure. Li	at only one cause on e	ach line.					Intermi Returner		
	IMMEDIATE CAUSE (Final disease or condition	TAK1	2/1	111	mera	CATON	,	Onset and Death		
	resulting in death) a.	DUE TO (OR AS	CONSEDUENCE OF		11/6/1	1/1/00		7 1700		
z	b.	Lun	G TIA	V5/LAV1	PUL	KNANEM	FAIL	Onset and Depth How LUN 2 WEEK 5 DAYS		
E I	if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF	7:						
2	CAUSE (Disease or injury				116			SORYS		
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (DR AS)	CONSEDUENCE OF	·):						
CE	d.									
AL	PART II. Other significant conditions	contributing to deeth b	out not resulting i	n the underly	ng cause given in	Part i. 24a. WAS /	N AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
EDICAL						YES	2 NO	COMPLETION OF CAUSE OF DEATH?		
Σ						_		1 - YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:		HOSPITAL:	eyes. a.n	OTHER:	PLACE OF DEATH (Ch					
H	27. MANNER OF DEATH	Inpatient 2 - ER/Outs 28s. DATE DF INJURY	26b. TIM		me 5 Residence	6 ☐ Other (Specify) 28d. DESCRIBE HOY	(IN HIRY OCC	CHRED		
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY V	YES 2 NO	and. Describe HOV	INJUNI OCC	SONED		
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE DF INJURY	— Al home, farm, a	treet, factory, of	lce	261. LOCATION (Street	t and Number	or Rural Route Number,		
ETED	4 Homicide determined	building, etc. (Spec	опу)			City or Town, Sta	te)	V 0		
岀	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my know	ledge, death occurre	d at the time, da	te and place, and due	to the cause(s) and n	anner as stat	ed.		
COMPL								e cause(a) and manner as stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	11 11			29c. LICENSE NU	MBER	29d. DATE	E SIGNED (Month, Day, Year)		
0 8	ANLA	L	170		47414	75720	▶ ≤	5/4/93		
F	30. NAME AND ADDRESS OF PERSON WHO							1 11- 1		
	31. DATE FILED (Month, 'Day, Year)		SPITAL	- 13/	CI, MI	7. A	1716	S NAKED, D		
	SEAL AP 4000	32. REGISTRAR'S SIGN	ATURE 4-m - Rankari							
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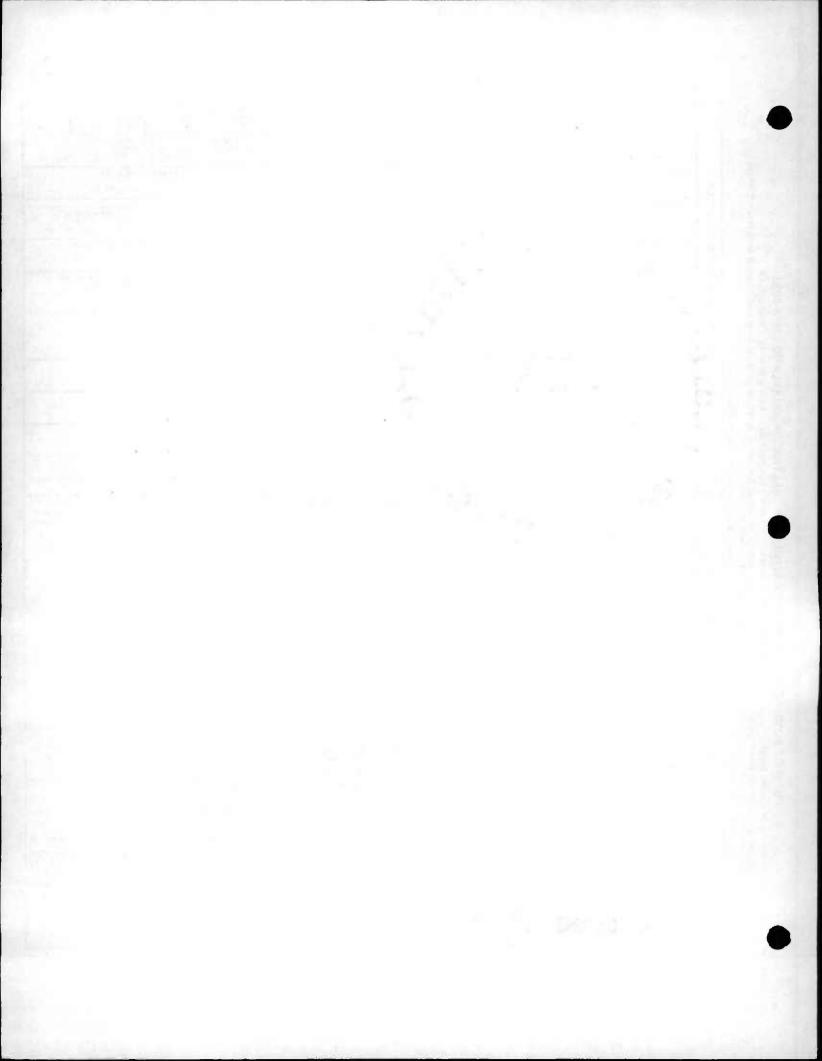


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

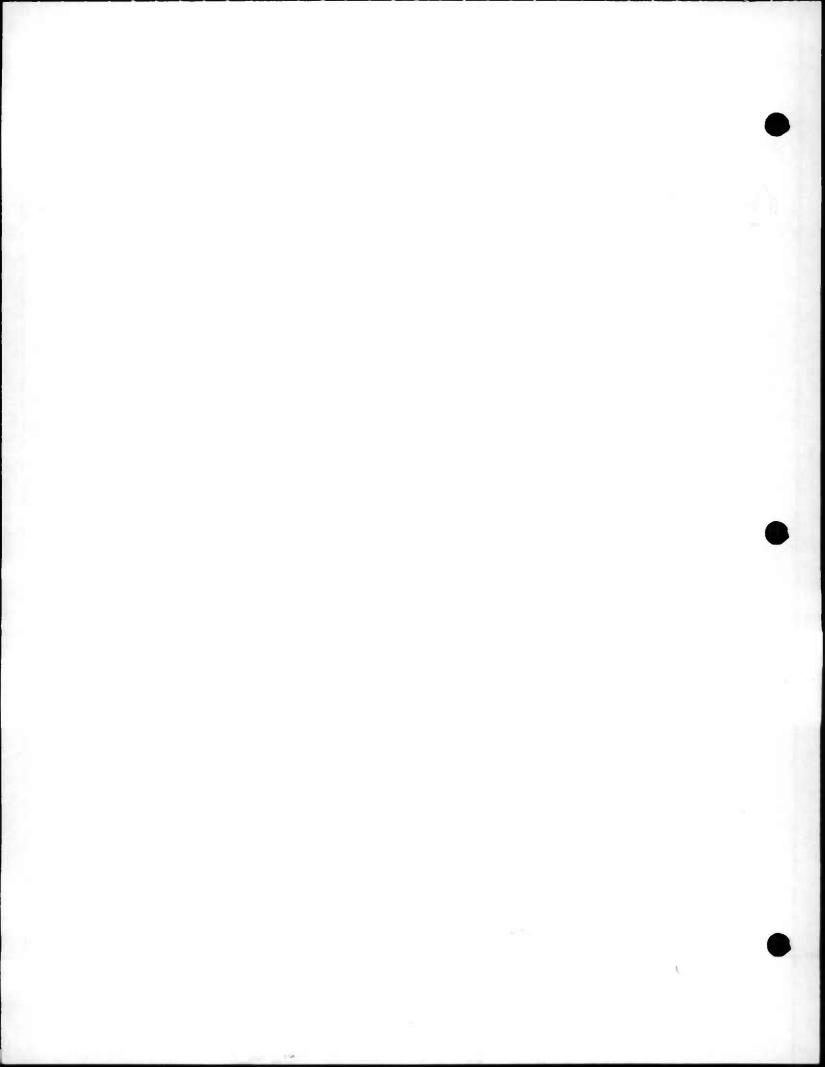
	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF	HEALTH AND F DEATH	MENTA	L HYGIEN)	1200	1)
8	1. DECEDENT'S NAME (First, Middle, Last) Bruce L. Wa	ade				2. DATE MONT	OF DEATH	DAY Y	EAR 3	7148	тн Ам
13	4. SOCIAL SECURITY NUMBER 328-46-1604 9a. FACILITY NAME (If not institution, give s	1 € M 2 □ F 4	(In yrs. last birthday) 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Mont	OF BIRTH h, Day, Year) 17/195	1	Country)	Illin	
TOR	Joseph Richey Hot restrution, give a Joseph Richey Hot RESIDENCE OF DECEDENT			Baltin	n or Location of C	DEATH		9c. COUNTY	OF OE	ATH	
DIRECTOR	Md 10a, STATE 10b, COUNTY	,		ry, town on Localtimor						IOd. INSIDE CIT LIMITS?	
FUNERAL	3229 Abell Avenue	9			101. ZIP CODE 212	218		10g. CITIZEI	USA	AT COUNTRY?	
B≺	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	1 YES 2 NO If yes, specify Cuban, I				17 (Specify Ye Rican, etc.)	s or No — 14	4. RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	IND. DO NOT L	work done during ise retired.)	TION most of working	185		JSINESS/INDUS		Lack	14
OMF	17. FATHER'S NAME (First, Middle, Last)	2yrs	Mu	sician	16. MOTHER'S N	THE ITEM	BSO	*			
Ö	Joe Wade							Surneme)			
BE (19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	3 ADDRESS (Street	at and Number or Rural	nknov		vn. State. Zio Co	de)		
2	Paul Donoghue				les Stree						
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☑ Cremetion 3 ☐ Rem		b. PLACE AND DATE	OF DISPOSITION		DAT		OCATION — City		n, State	
	4 Donation 5 Other (Specify)	G	reenmoun	t Crema			Ba1	to, Md	•		
	21. SIGNATURE OF FUNERAL SERVICE LIC	eskint		Ste	and address of F cling Ash Edmondso	ton I			Md.	21228	
CERTIFICATION	shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS	A CONSEQUENCE O	PF):		_				Interval B Onset sn	
PHYSICIAN: MEDICAL CERI	PART ii. Other significant condition	ds contributing to deeth	but not resulting	in the underly	Part i.	Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only or	10)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 DOA	OTHER: 4 Nursing H	ome 5 🗆 Reeldence	8 DOthe	r (Specify)	4058	ICE		
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	ME OF 28c.	NJURY AT NORK? YES 2 NO			INJURY OCCUR	ED		
	3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	IY — At home, ferm, ec/fy)	atreet, factory, of	fice		ATION (Street or Town, State	and Number or	Rural Rou	ite Number,	
COMPLETED		CIAN: To the best of my kno R: On the basic of examinati							ause(a) a	ind manner as s	stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER Cleice B	Heisle	r MD		29c. LICENSE NU	DSS		29d. DATE S	GNEO (A	fonth, Day, Year) 93	
	alue B. 30. NAME AND ADDRESS OF PERSON WH Alice B. Heisle	M.D. Walt	EATH (ITEM 27) (Type Ex P. Cart	er Cente	or 630	W. Fa	enette	54.18	ult	Md:	201
	31. DATE FILED (MOTO), 05 501993	32 PROISTRAM'S SIG	NATURE, ***								



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STATE OF	MARYLAND	/ DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF	DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT ERTIFICATE	OF HEALTH AND	MENTAL HYGIEN		
	1. OECEDENT'S NAME (First, Middle, Last) MARY	WOOD			2. DATE OF OEATH DO		3. TIME OF OEATH 9.20 P in
	4. SOCIAL SECURITY NUMBER / 214-30-0058	5. SEX 6. AGE (In yrs. let	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIR	THPLACE (State or Foreign ntry) ORTH CAROLINA
TOR	99. FACILITY NAME (If not institution, give sti CHURCH HOSPITA RESIDENCE OF DECEDENT			TIMORE C		9c. COUNTY OF	OEATH
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR	LOCATION LTIMORE CIT	Y		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 201 NORTH BROADWA	AY, APT. 16A		21231		109. CITIZEN OF	WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 VES 2 X IF YES, GIVE WAR OR DATES	NO II	AS OECENOENT OF HISPAI yes, specify Cuben, Mexica YES 24 NO Specify	in, Puerto Rican, etc.)	or No — 14. RA Bla Spo	CE — American Indien, ick, White, etc.
COMPLETED	15. OECEOENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	CEOENT'S USUAL OCC live kind of work done du . Do NOT use retired.)	EUPATION ring most of working	16b. KINO OF BUS	SINESS/INOUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last)	PRAYLOW		18. MOTHER'S NA SADIE	ME (First, Middle, Meiden PR	Sumeme) AYLOW	
5	190. INFORMANT'S NAME (Type/Print) PEARL WOOD			COURT, BAL			
	20e. METHOD OF DISPOSITION 1 © Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	20b. PLACE	ANODATE OF OISPOSIT	ION (Name of	OATE 20c. LO	CATION - City or	
	21. SIGNATURE OF FUNERAL SERVICE LTO		J(OSEPH H. BR	OWN JR. FU	NERAL HO	
	23. PART I. Enter the diseesea, or co ahock, or heart feilure. L	omplications that caused the de let only one ceuee on each line	eth. Do not enter th				Approximate interval Between
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	OUE TO (OF AS A CONSE	olial u	yardis	n	-	Onset end Death
ATION	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEC	QUENCE OF):	the lin	9.		
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEC	DUENCE OF):				
	PART II. Other algnificent conditions	contributing to deeth but not r	eeulting in the unde	erlying cause given in	Part I. 24a, WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL	7				1 YES 2	□ NO	COMPLETION DF CAUSE OF CEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	28. PLACE OF DEATH (Ch	eck only one)		
SAHC	1 YES 2 NO 27. MANNER OF DEATH	1 Sea. OATE OF INJURY (Month, Day, Year)	DOA 4 Nursin	g Home 5 - Residence	6 Other (Specify) 28d. OESCRIBE HOW II	NJURY OCCUREO	
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At ho	М	WORK? 1 YES 2 NO	28I. LOCATION (Street a	and Number or Burel	Route Mumber
ETEC	4 Homicide determined	building, etc. (Specify)			City or Town, State)	THE PROPERTY OF THE PARTY	Noute Namber,
COMPLETED		CIAN: To the best of my knowledge, de t: On the basic of examination end/or i					(a) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN	IBER	29d. OATE SIGNE	O (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	-		-3; (c)	unch its	spilat	
	31. DATE FILED (Month, Dey, Year) MAY 0 5 1993	Julia Devidson-Man	dell				



BALTIMORE, MARYLAND 21215-0020

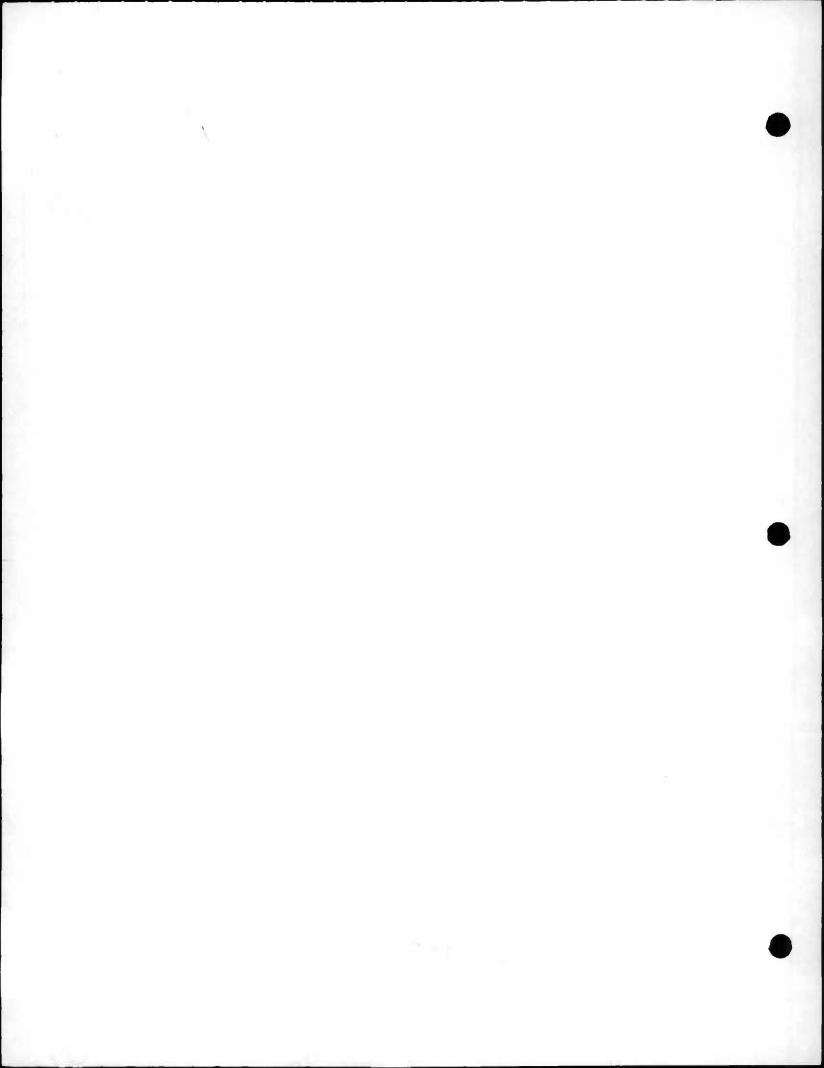
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DIVISION	TAN ON ATTENDING PRINCIPLES TO THE PARTY OF
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FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 5:35 CAROLYN WANCOWICZ 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F 52 YRS. 8-25-40 MARYLAND permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANCIS SCOTT KEY MED. CEN. BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 XYES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 325 HORNEL STREET 21224 detached for use as the burial-transit USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE — American Indian, Black, White, atc. 2 Married 1 Never Married IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) YEARS HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) page 5 should be notified at LOUIS BARTKOWIAK BE AMELIA RISNER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. CAROLYN LUNNER SHAWNEE COURT APT 104 BALTO. MD. 21234 24 hours after death. Page 6 may be pe 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata must been signed by the attending physician and completely filled in by the funeral director. t. of Health and Mental Hygiene prior to burial. cremation, or removal. GREEN MOUNT CEM. 4 Donation 5 Other (Specify) - 5 BALTO. MD. 21224 examiner 21 AUGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
KACZOROWSKI FUNERAL HOME 1047 2525 FLEET ST. BALTO. MD. medicai 23. PART Lighter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, **Approximate** shock, or heert feliure. Liet only one ceuse on each line. intervei Betwe **IMMEDIATE CAUSE (Final Onset and Death** the th disease or condition event. resulting in death) traumatic CERTIFICATION Sequentially list conditions, AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING tificate be CAUSE (Disease or injury that initiated events other DUE TO (OH AS A CONSEQUENCE OF) resulting in death) LAST 6 injury. PART II. Other significant conditions contributing to death but not reculting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TES 2 NO DF DEATH? 1 YES 2 NO has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL item 28. PLACE OF OEATH (Check only one) certificate h HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? this c 28d, OESCRIBE HOW INJURY OCCURED 1 M Natural 5 Pending В 1 YES 2 NO After t 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide TO THE HOSPITAL OR ATTENDIT TO THE FUNERAL OIRECTOR: AN be filled within 72 hours after de IMPORTANT: If Item 28 is: 28f. LOCATION (Street and Number or Rural Route Number, City or Town: State) -60 ETED 8 Could not be 4 Homicide determined 29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of aximination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Mogifi, Day, Year) 15145 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 17) (Type, Print) HOPKINS BAYVIEW CIRCLE BALTIMORE, MARYLAND 21224 22. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



r attending physician,	use as the burial-transit permit. Pages	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. I within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	ist be notified at once.
hin 24 hours after death. Page 6	itely filled in by the funeral director mation, or removal,	IANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
death certificate be executed wit	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal,	ury, or other traumatic even
ICIAN: The law requires that the	erificate has been signed by the State Dept. of Health and N	or Item 23 shows any inj
HOSPITAL OR ATTENDING PHYSIC	UNERAL DIRECTOR: After this c rithin 72 hours after death with	ANT: It item 28 is marked,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

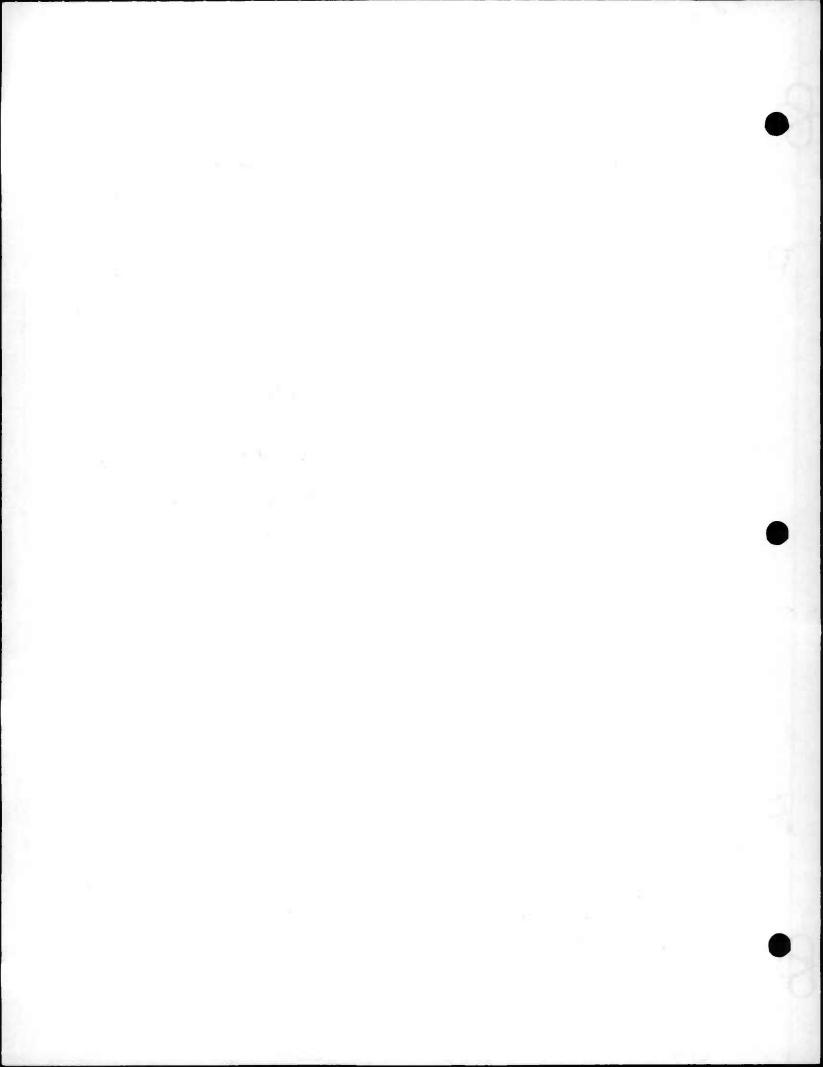
1, 2, 3 should

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Arthur Wolf 93 10:30 AM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 7. DATE OF BIRTH 1 🛛 M 2 🗌 F 216-28-3777 /19/32 Md 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 9515 Powder Horn Lane Parkville Baltimore 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 YES 2 XNO Parkville FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9515 Powder Horn Lane 21234 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 2 XNO ΒY 1 YES 2 XNO 3 Widowed 4 Divorced Specify Specify White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Store Manager Athens Formal Wear 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) BE Carl Eric Wolf Julia Ward Smith 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Eliner M. Wolf Same as 10e 20a, METNOD OF DISPOSITION
1 🗵 Buriel 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 28c. LOCATION - City or Town, State cemetery, cremetory or other place)
Gardens of Faith Cem. 4 Donation 5 Other (Specify) 5/5/93 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home Inc. 1050 York Rd. Towson, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ehock, or heart fellure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significent conditione contributing to deeth but not resulting in the underlying causa given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 | YES 2 | N 1 YES 2 DHO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 TES 2 THO g Home 5 ☐ Rasidence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Watural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER h. Dav. Year 848 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Myo Thant, M.D. 9101 Franklin Square Drive, Baltimore, Md. 21237 A REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)
MAY 0 5 1993

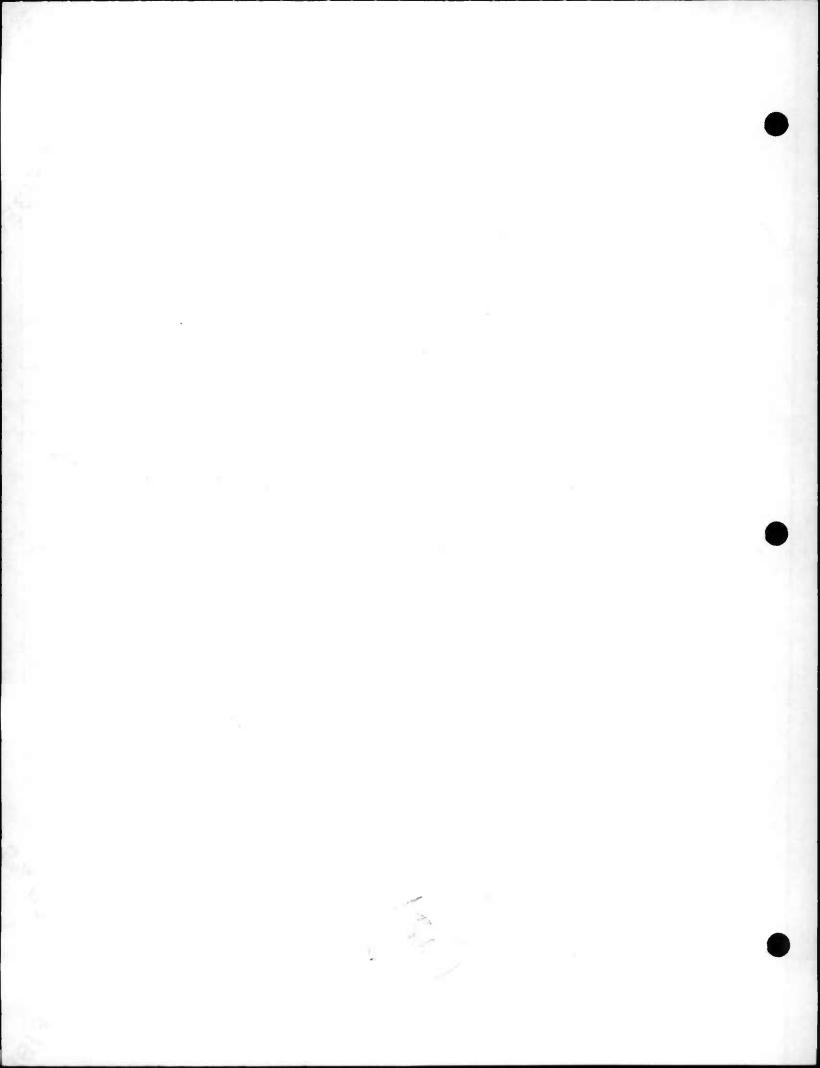
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be filed within 72 h
IMPORTANT: IT II

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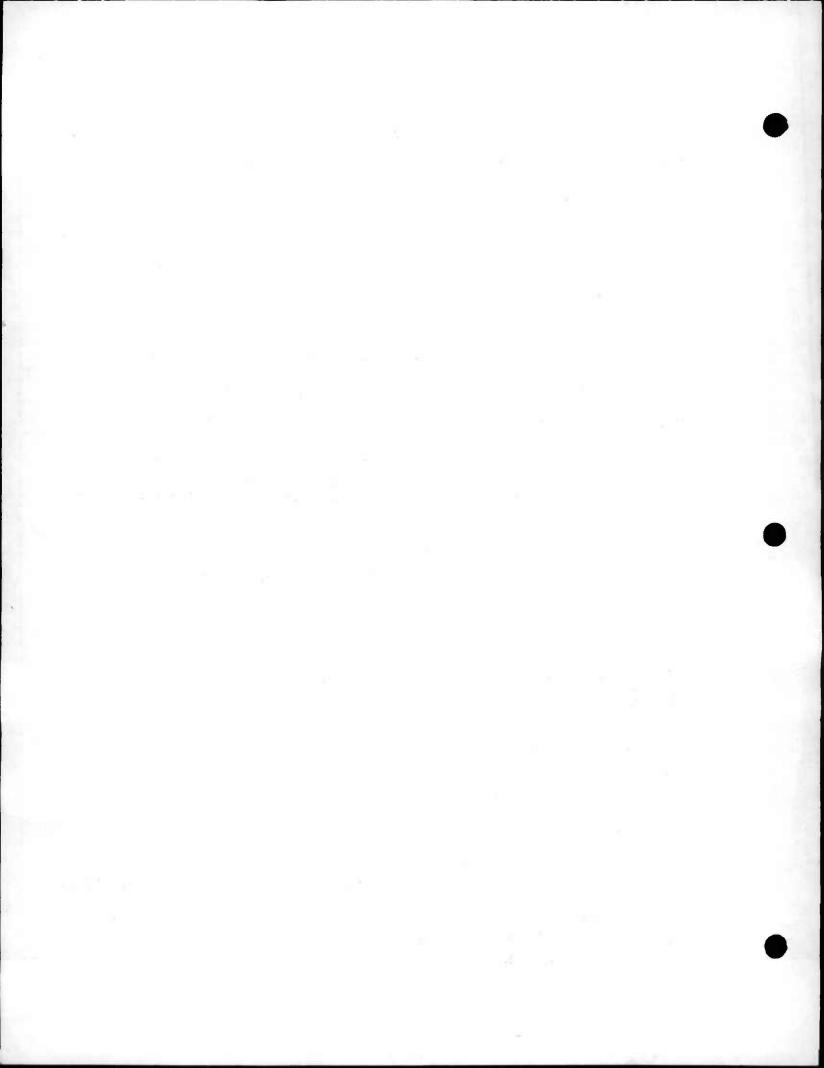
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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician	y filled in by the funeral director, page 5 should be detached for use as the bunat-trantion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tran- be filed within 72 hours after death with the State Dept, of Meatta and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last) ROGER		WIL	SON					2. DATE OF C	DEATH D	199	3 3EAR	3. TIME OF DEATN 12:01 PM M
	4. SOCIAL SECURITY NUMBER 185 26 4096	1 💢 M 2 🗆 F	59 September 1995		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day June	HRTN V. Year)	1933	Countr	PLACE (State or Foreign insylvania
ron	99. FACILITY NAME (If not institution, give street end number) MEMORIAL HOSPITAL AT EASTON PESIDENCE OF DECEMENT 99. COUNTY OF DEATH TALBOT PESIDENCE OF DECEMENT												
FUNERAL DIRECTOR	100. STATE 10b. COUNT Maryland An	10c. CITY	, TOWN OF	LOCAT		saden	a				10d. INSIDE CITY LIMITS?		
IL.	10e. STREET AND NUMBER			101	ZIP CODE					ZEN OF V	1 YES 2 X NO		
NER/	805 224th St.							211			Uni		States
₽	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	ever in u.s. ari Yes 2	0	11	yes, sp	ENDENT OF	F NISPANI 1, Mexicen, Specify:	C ORIGIN? (Sp , Puerto Rican	etc.)	or No—	14. RACE Black Speci	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12	CATION completed) College (1-4 or 5+)	(Gi	CEDENT'S L we kind of we Do NOT use ChOOL	ork done du retired.)	ring mo	st of working	g	Anr	ne Ai	runde of Ec	el Co	*
BE CON	17. FATHER'S NAME (First, Middle, Last) Benjamin	V	Vilson	-			Rac	:he1	E (First, Middle		Ruth	_	Shaw
5	19a. INFORMANT'S NAME (Type/Print) Anna L. Wilson								na, M		n. State, Zip 2112		
	20e. METHOD OF DISPOSITION 1) Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cemetery, crer	natory or oth	er place)			5/	DATE 6 /03		CATION —		ship, PA
ı	21. SIGNATURE OF FUNERAL SERVICE-LIC	ENSEE 1	LOOK 1	OLU I	22. N	AME AN	D ADDRES	S OF FACI					
	Stoley	Tohum	u		3	204	Moun	itain	Rd.,	Pasa	adena	acen ME	21122
	23. PART i. Enter the diseases, pro ahock, pr heart fellure.	Dimplications that c List only one cause	aused the dea on each line.	ath. Do no	ot enter t	he mo	de of dyli	ng, such	as cardiac	Dr reapl	ratory arr	est,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sein	ive										Onset and Death
	.	DUE TO (Q	AS A CONSEC	UENCE OF)):								1
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSED	UENCE OF)	:								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OI	R AS A CONSEO	UENCE OF)	:								
1 0	PART II. Other significant condition	s contributing to de	eath but not re	sulting in	the und	erlying	cause g	Iven in P	art i. 24a.		AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL	MSULIN	DENG	NAER	UT	- C	VI	ABO	STE	5 1	PERFDR			AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN?
	MEL	TUS							_				1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE DF DE	ATH (Chec	k only one)				
VSIC	EXAMINER?	HOSPITAL:	R/Outpatient 3		OTHER:	g Nom	5 🗆 Res	sidence 8	Other (Spe	icify)			
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,		28b. TIME INJU	OF 2 RY M		JRY AT RK? 'ES 2 [28d. DESCRIB	E HOW IN	JURY OCC	CURED	
- 23	3 Suicide 8 Could not be determined	28e. PLACE OF II building, etc	NJURY — At hon :. (Specify)	ne, farm, sti	reet, factor	y, office		1	28t, LOCATION City or Tow	(Street a	nd Number	or Rural R	oute Number,
COMPLETED		CIAN: To the beat of my											end menner ee stated.
U C	296. SIGNATURE AND TITUE OF GERTIFIER							NSE NUMB					(Month, Day, Year)
10 B	THE STATE OF THE S	Seley											
	30. NAME AND ADDRESS OF PERSON WHI	1 .	BB	27) (Type, F	Print)	<u>ب</u>	-	G	21-50	MU	114	LE.	1-97 M34658
	MAY 5 1993	32. REGISTRAR'S	SIGNATURE	4									



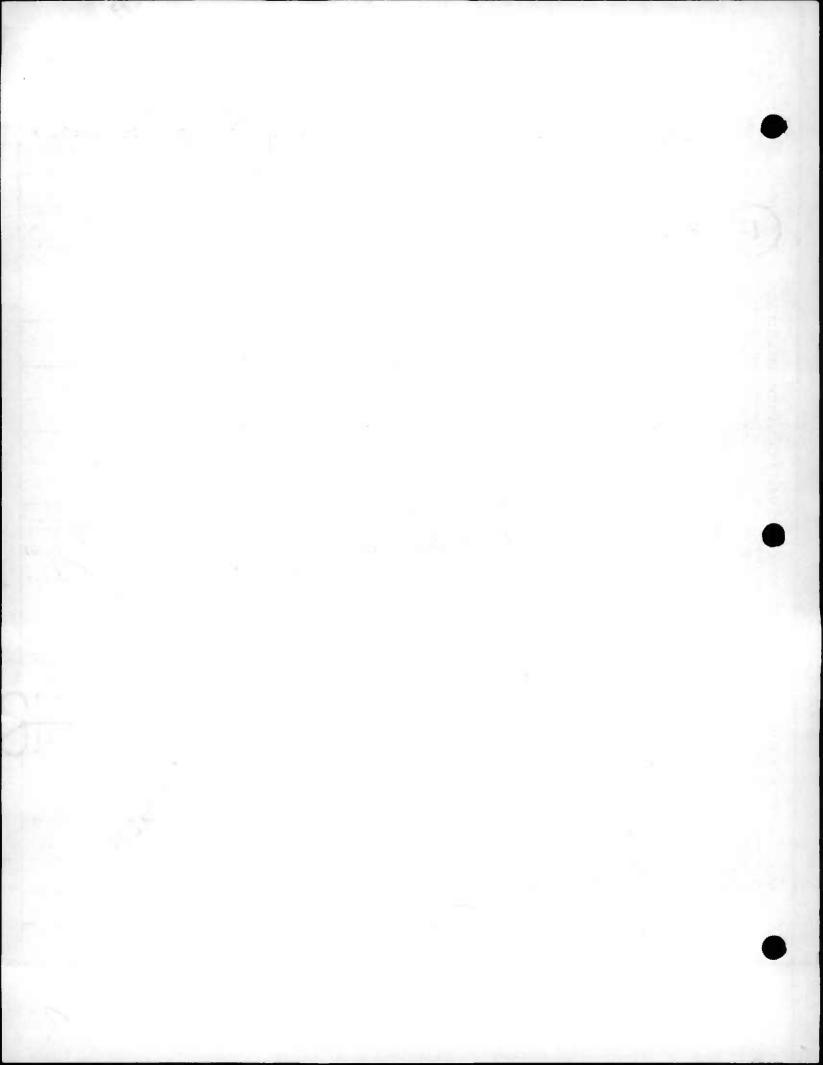
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		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	IENT OF H	HEALTH AND N	MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last) CATHERINE G.	ALBERT				2. DATE OF DEATH MONTH 05		/FAD	ME OF DEATH
Pin		4. SOCIAL SECURITY NUMBER 213-01-4708	1 □ M 2 💆 F 78	YRS. MO	UNDER 1 YEAR			915	BIRTHPLACE Country) Mary]	E (State or Foreign
, 2, 3 should	TOR	99. FACILITY NAME (If not institution, give s Harbor Hospital RESIDENCE OF DECEDENT	· ·	96	Balti	MOTE	ATH	9c. COUNTY	Y OF DEATH	
permit, Pages 1,	DIRECTOR	10a. STATE 10b. COUNT	Arundel	1,000	n Burn					INSIDE CITY LIMITS? YES 2 \ NO
	FUNERAL	100. STREET AND NUMBER 102 Crain Highway	, #962		101	21061		U.S.	N OF WHAT (COUNTRY?
1215-0020 r attending physician. use as the burial-transit	ВҰ	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR OATI	2 K NO	If yes, sp	ENDENT OF HISPANI ecify Cuban, Mexican 2 1 NO Specify:		e or No- 14	Black, White Specify:	nericen Indien, e, etc.
N º E	LETED	15. OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION 1 completed) College (1-4 or 5+)	6e. DECEOENT'S USL (Give kind of work life. Do NOT use rel	done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUS		
AND 2 the hospital detached for	COMPLET	11th 17. FATHER'S NAME (First, Middle, Last)		Account	ing cl			omery V	Ward	
YLA by the be det	ВСС		ONES				NE (First, Middle, Melden lizabeth I		סשים	
MAR retained to 5 should notified	00	19e. INFORMANT'S NAME (Type/Print)	ONLD	19b. MAILING ADI	ORESS (Street e		oute Number, City or Tow			
E, M ny be ret page 5 s	2	Michael Albert, J	r.				e, Manches			.02
may may sa sa sa sa sa sa sa sa sa sa sa sa sa		20e. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cemete Net	LACEAND DATE OF D ery, crematory or other p W Cathedr	place)			ocation — city ltimore		ate
		21. SIGNATURE OF FUNERAL BETTYDE LIC	Jan Ma		HUBBA 4107	Wilkens A	AL HOME, I Ave, Balti	imore,		1229
O. BOX 68760, enrificate be executed within 24 ing physician and completely fill righer prior to burial, cremation, other traumatic event, the	RTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet intitleted events resulting in death) LAST	a. SEPS OUE TO (OR AS A CO DUE TO (OR AS A CO OUE TO (OR AS A CO OUE TO (OR AS A CO OUE TO (OR AS A CO OUE TO (OR AS A CO	ONSEQUENCE OF):						Approximate Interval Between Onset and Death
RECOR requires that been signed by of Health an shows any	MEDICAL CE	PART II. Other significant condition DIABETES EMPHYSEMI	MELLITUS,	not resulting in the	LESS	g causa given in P	Part I. 24s. WAS AN PERFOR	RMEO?	COMP OF OE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 \(\subseteq \text{ NO} \)
VITAL JIAN: The law ritificate has b he State Oept, or item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 250 NO	HOSPITAL:		HER:	ACE OF DEATH (Chec				
OR ATTENDING PHYSICIAN: The ORECTOR: After this certificate his ours after death with the State Clem 28 is marked, or item	ву Рну	27. MANNER OF OEATH Natural 5 Pending Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJ		28d. DESCRIBE HOW I	NJURY OCCUR	REO	
OR ATTENDIN OIRECTOR: Aff nours after des	ETED 6	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, straet	t, factory, office		281. LOCATION (Street a City or Town, Stete)		Rural Route N	umber,
4 2 5 F	COMPL		CIAN: To the best of my knowled R: On the bacle of examination of						euse(e) end r	nanner ee stated.
TO THE HOSPIT TO THE FUNERA De filed within 7	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIEF Chandakala	Rafa, Hou	72 320	AFA	AS 244	BER 61614-26	29d. DATE SI	IGNEO (Month	(93
		CHANDRAKAL	O COMPLETED CAUSE OF DEATH			of Hos	PITAL	CEI	NIEI	2
		31. DATE FILED (Month, Day, Your) MAY 06 1993	32. REGISTRAR'S SIGNATU							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	(
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.	-
TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit perms. Progress 1.2 be filed within 72 hours after death with the State Dest. of Health and Mental Holiene prior to burial, cremation, or removal.	led in by the funeral director, page 5 should be detached for use as the burial-transit permanal or removal.	mit. Pages 1/2, 3 should
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.)

	1 - FOR STATE REGISTRAR	OF MARYLAND / DEPARTME CERTIFICA	ENT OF HEALTH AND ME	ENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
		Anna E. Armstr	ong	5-2-1993	YEAR 10:32 PM
	4. SOCIAL SECURITY NUMBER 5. SEX			DATE OF BIRTH (Month, Day, Year)	B. BIRTHPLACE (State or Foreign Country)
1	216-10-1826 1 M 2 E	90 YRS.		7-16-1896	Manyland
œ	9a. FACILITY NAME (If not institution, give street and numb		CITY, TOWN OR LOCATION OF DEAT	H 9c. COUNT	Y OF DEATH
DIRECTOR	Francis Scott Key 1	Ted. Cnt. Be	altimore		
3EC	10a. STATE 10b. COUNTY	10c, CITY, TOW	VN OR LOCATION		10d. INSIDE CITY
	Md	<u>-</u>	Baltimore		LIMITS? 1/YES 2 NO
JAE	10e. STREET AND NUMBER		101. ZIP CODE	10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	1/3 N. Streepen St.		2/224		U.S.A.
	1 Never Married 2 Married FORCES	7 1 YES 200 MIO	 WAS OECENDENT OF HISPANIC If yes, specify Cuban, Mexican, I 	ORIGIN? (Specify Yes or No — 1 Puerto Rican, etc.)	4. RACE — American Indian, Black, White, etc.
ВҰ	3. Devidowed 4 Divorced	GIVE WAR OR DATES	1 YES 2 NO Specify:		Specify: White
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL	L OCCUPATION	16b. KINO OF BUSINESS/INDU	
	Elementary/Secondary (0-12) College (1-	(4 or 5+) Seamstne	one during most of working ad.)	C 0 M	0
M		Jeamsene		Comfy Manu	factory
8	17. FATHER'S NAME (First, Middle, Lest) ELias Lloyd			(First, Middle, Maiden Sumame)	
BE	190. INFORMANT'S NAME (Type/Print)	19h MAILING ADDE	I'I CL R. Q. C RESS (Street and Number or Rural Rou	ret Neff	North)
2	Mr. William E. Arm		Linwood Ave		2.24
	20a. METHOD OF DISPOSITION	20h DI ACEAND DATE OF DISI	DOCITION (Name of	DATE DO LOCATION OF	
	1X Burial 2 Cremation 3 Removal from Sta 4 Donation 5 Other (Specify)	cemetery, crematory or other pla	ice Cemetery	16 Balto	. Md
3	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAME AND ADDRESS OF FACIL Hartley Mill	TY Function	И
2	Jody & Smi	th	7527 # 1022	Rd. Balto.	nome
	23. PART I/Enter the diseases, or complication	na that coused the death. Do not en	iter the mode of dying, such a	is cerdiac or respiratory arres	st, Approximate
	shock, or heart failure. List only or iMMEDIATE CAUSE (Final	t / /			Interval Between Onset and Death
	disease or condition	tupo tension			3 hours
	16	UE TO (OR AS A CONSEQUENCE/OF):	Eschem	-0.00	1
ON	Sequentially list conditions,	UE TO (OR AS A CONSEQUENCE OF):	18 chem	a	2 days
CERTIFICATION	cause. Enter UNDERLYING	or inflormed it contactoring or).			
표	CAUSE (Disease or Injury that initiated events	UE TO (OR AS A CONSEQUENCE OF):			
토	resulting in death) LAST				
	PART il Other aignificent conditions contributi	ing to death but not resulting in the	underiving cause given in De	rt i. 24s. WAS AN AUTOPSY	AAL HETE AUTOROV CHIRMING
CAL	dementra, CHF	ng to down out not resulting in the	diloanying cause given in Fa	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
ED				_ 1 □ YES 2 NO	OF DEATH?
2					1 VES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check	only one)	
Sign	1 YES 2 NO 1 D Inpetter		fER: Nursing Home 5 □ Residence 6 [Other (Specify)	
E	(M	ATE OF INJURY 28b. TIME OF INJURY	28c. INJURY AT 20 WORK?	ed. OESCRIBE HOW INJURY OCCU	RED
ВУ	1 Natural 5 Pending		1 YES 2 NO		
	3 Suicide 6 Could not be 4 Homicide determined	ACE OF INJURY — Al home, farm, street, illding, etc. (Specify)	factory, office 2	61. LOCATION (Street end Number of City or Town, State)	Rural Route Number,
<u> </u>					
AP.		best of my knowledge, death occurred at the			
COMPLETED	111111111111111111111111111111111111111	le of examination end/or investigation, in n	ny opinion, death occured at the tim	ne, dete end place, end due to the	ceuse(s) end manner as stated.
BE	296. SIGNATURE CALCERCATION		29c, LICENSE NUMBE		BIGNED (JAWET, Day, YAW)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	ey by		J2126 5/	2/93
	THE PARTY OF PERSON WHO COMPLETE	OT DEATH (TEM 27) (1)DK, PHIS)			
	31. DATE FILED (North, Day, Year)	SISTANT S'SIGNATURE BANGLER			
	MAY 6 1993	TO SOUTH (MODILE - NO. 18			



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Company of the same of the sam
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

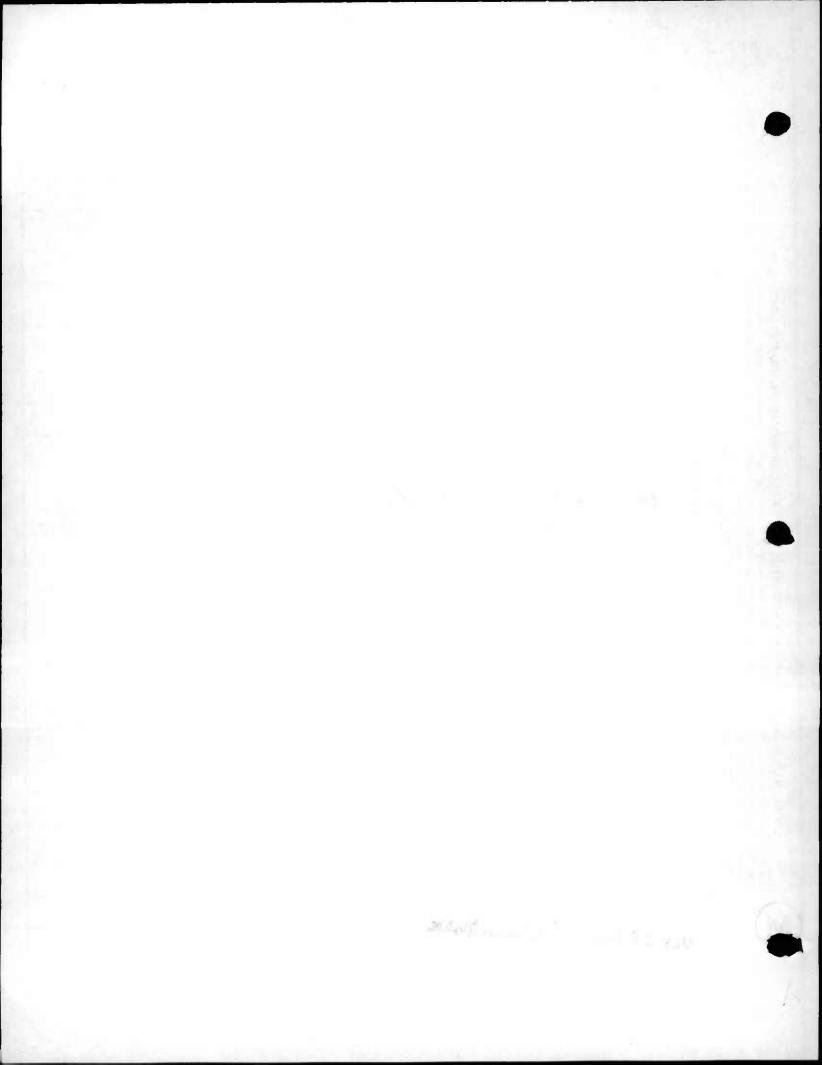
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF	HEALTH AND		TYGIENE REG. NO.	93	12946
	DECEDENT'S NAME (First, Middle, Last)	CORINA	Brock	BENSO	N	2. DATE OF MONTH	DEATH DAY 02	YEAF 1993	
	4. SOCIAL SECURITY NUMBER 215 28 8103	1 🗆 M 2 🔀 F	E (In yrs. lest birthday) 60 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH	6, BIF	NTHPLACE (State or Foreign intry)
DE CE	9a. FACILITY NAME (If not institution, give statements) 340 HOLY Cross RESIDENCE OF DECEDENT			96. СІТУ, ТОЖН Baltin	OR LOCATION OF DI	EATH	100	COUNTY OF	
DIRECTOR	10e, STATE 10b, COUNTY	ne Arundel		y, town on Local					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
EHAL	340 Holy Cross	Road		1	21225		10	g. CITIZEN OF	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	B 2 XNO	If yes, s	CENDENT OF HISPAN pecify Cuban, Maxica S 2 X NO Specify	n, Puarto Rica	pecify Yea or N	Bir	CE — American Indien, ack, White, atc. ecity: White
COMPLEIED	15. DECEDENT'S EQUI (Specify only highest grade Elementary/Secondery (0-12) 8th Grade	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u		ON ost of working		ome Ma		
DE CON	17. FATHER'S NAME (First, Middle, Last)	ngram Bro	ck		18. MOTHER'S NA		2311	ame)	
2	19a. INFORMANT'S NAME (Type/Print) Daniel Benson J	r.	337 C	AODRESS (Street PESSWell	and Number or Rural F L Road				and 21225
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	b.PLACE AND DATE	of disposition (A	ery	5/5		on - city or imore,	Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE M 3	isunk	Georg	DE J. Gon	ce Fur	eral H	Iome P	
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	at Dury Dna cattea Dn	ed the daeth. Do naech lina. A CONSEQUENCE OF	not antar tha me	oda of dying, such	h as cardiac	or reapirator	ry arrest,	Approximata interval Between Onset and Deetl
OFFICE HOLD	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF						
. 11	PART II. Other eignificant conditions	contributing to death	but not resulting	n the undarlyin	g ceuse given in i		. WAS AN AUTO PERFORMED?	?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (Che	ock only one)			1 TYES 2 NO
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Out 26a. DATE OF INJURY	petient 3 🗆 DOA	OTHER: 4 - Nursing Hon	e 5 Rasidence	8 🗆 Other (Sp	ecify) BE HOW INJURY	V COCUPED	
	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year) 28a. PLACE OF INJUR	Y — At home, farm, s	M 1	PRK? YES 2 NO		N (Street and No.		Route Number
	4 Homicide detarmined	building, etc. (Spe	icity)			City or To	vn, State)		
	2 MEDICAL EXAMINER	: On the beals of axamination	on and/or investigatio	n, in my opinion, d	eath occured at the t	lime, deta and	pleca, and dua	to the cause	(a) and mannar as eteted.
	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	elemen o	20	4	29c, LICENSE NUM 02278	BER 2	29d.	DATE SIGNE	O (Month, Day, Year)
	Aron - Wi	CANAL CAUSE OF DE	татн (ITEM 27) (Туре,	/ .	Hora to	/ Ct	ster		



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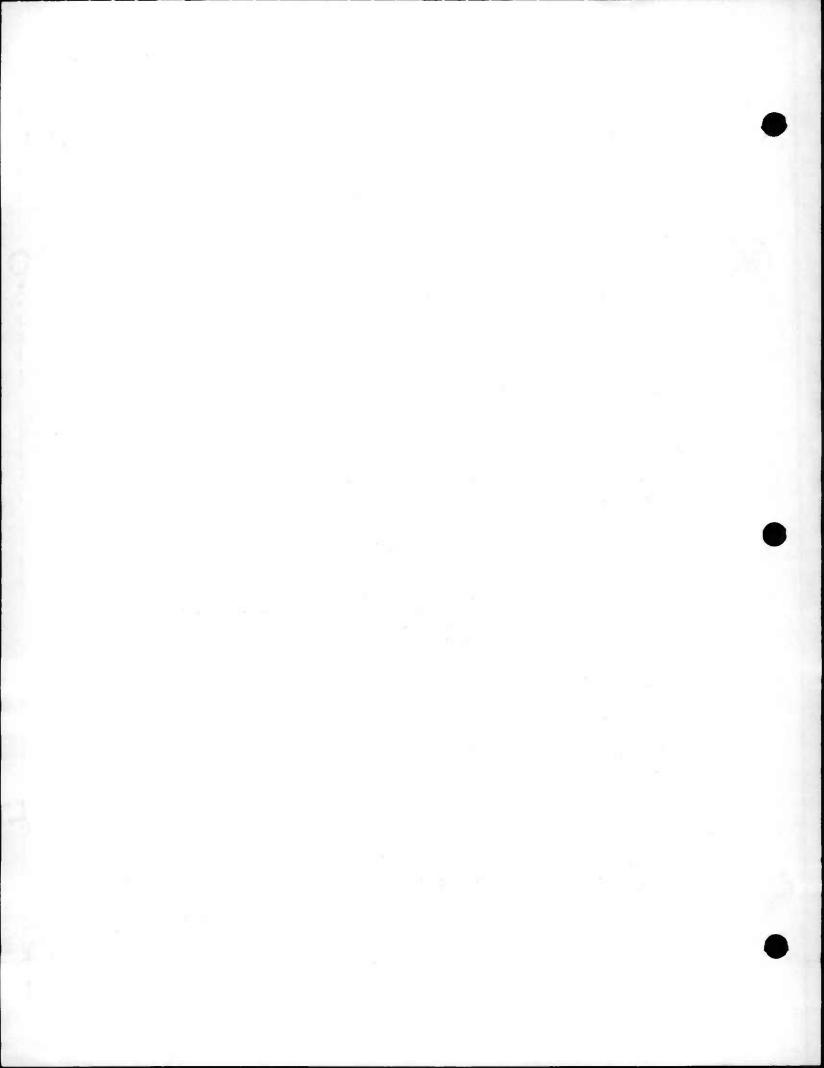
							93	12947
		1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ERTIFICATE	OF HEALTH AND	MENTAL HYGIEN	E	
			LAMY, SZ		. OI DEATH	2. DATE OF DEATH MONTH D	year 93	3. TIME OF DEATH 0/20 M
		242-40-59481	SEX 6. AGE (In yrs. last	YRS. F UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02/2//3	Cou	THPLACE (State or Foreign intry)
	TOR	9a. FACILITY NAME (If not institution, give stree SIN QUI HUSPI RESIDENCE OF DECEDENT	t Cul		town or Location of De	M b	9c. COUNTY OF	DEATH
	DIRECTOR	10a. STATE 10b. COUNTY		BALT	I MORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL	100. STREET AND NUMBER 2924 OAKFOR	RD AVENU	E	10f. ZIP CODE 2/2/5		10g. CITIZEN OF	WHAT COUNTRY?
	B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	E. WAS DECEOENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	0 11	MAS DECENDENT OF HISPAN I yes, specify Cuben, Mexica YES 2 NO Specify	n, Puerto Rican, atc.)	Blo	CE - American Indian, sck, Whita, atc.
	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) (Gh	CEDENT'S USUAL OC we kind of work done d Do NOT use retired.)	CCUPATION luring most of working	16b. KIND OF BUS	SINESS/INDUSTRY	
a at 03166	BE CON	17. FATHER'S NAME (First, Middle, Last)	Bellamy		18. MOTHER'S NA	ME (First, Middle, Maiden	sumame)	Vis
מוחווומר	2	190. INFORMANT'S NAME (Type/Print) (avolyn Mit	chell a	2625 U	(Street and Number or Rural I	Druie Number, City or Town	, Stete, Zip Code)	1. Va 23235
		20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	from Stata cemetely frem	NO DATE OF DISPOSITION OF OTHER PROPERTY OF OTHER PROPERTY OF OTHER PROPERTY OF THE PROPERTY O	M Park	5/8/93 Xa	cation—city or	Town, Stata
		21. SIGNATURE OF FUNERAL SERVICE LICEN	lurch	4	anch F. H	1. West	abore	4 Dre
		IMMEDIATE CAUSE (Finei	plicetione that caused the det only one cause on each line.	nth. Do not enter	the mode of dying, such	h as cerdiec or reepi	ratory arrest,	Approximate interval Between Onast and Deeth
and a		resulting in death)	DUE TO (OR AS A CONSEO	Death WENCE OF):	- likely	arrythin	uc	
	MION	Sequentially list conditions, if any, leading to immediate	DUE TO JUST AS A CONSECU	UENCE OF):	act for	ulay		
	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	OUE TO (OR AS A CONSEO dealet	10	act ac	sea f		
	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24e. WAS AN AUTOPSY PERFORMED? ANALABLE PRIOR						Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	AN: ME							1 YES 2 NO
	25. WAS CASE REPERRED TO MEDICAL EXAMINERT 26. PLACE OF DEATH (Check only one) 25. WAS CASE REPERRED TO MEDICAL EXAMINERT 1							
	ВУ РН	27. MANNER OF CEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IP	JURY OCCURED	
3 Suicide 4 Homicide 5 Could not be detarmined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.					Route Number,			
	OMPLE		i: To the best of my knowledge, das					(s) and manner as stated.
	O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	y Haber	mD	D24			5 /9 3
1	⊢ ∦	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM	27) (Sepa Ories)				

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Day, Year)

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density Owner to the second to the second to the	er death. Page o may be retained by the hospital or attending program	he funeral director, page 5 should be detached for use as the burial-transit perm	ral.	i examiner must be notified at once.	
TO THE LOCATES OF STREETING DEVICED ALL The law consistent that the death and force he amounted subthing the force and	TO THE MOSTIAL OF ALTENDING PHYSICIAN: THE IAM REQUIRES LITAL DIE GOGAL CONTINUES OF EXECUTED WITHIN 24 HOURS ATEL OCADI, 1796 6 May be retained by the hospital of attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit permit	be fied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 • STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR	RTMENT OF			INC -	3 12948	
	1. OECEOENT'S NAME (First, Middle Last)	A	BAIL	EY	DEATH	2. DATE OF OEATH		YEAR 3. TIME OF CEATH	
	4. SOCIAL SECURITY NUMBER 219-16-4484 9e. FACILITY NAME (If not Institution, give sti	1 0 M 2 □ F	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF	100	26	D. BIRTHPLACE (State or Foreign Country) W. G. State or Foreign Country) Y OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT GENERAL HOSPITAL RANGE OF DECEDENT								
	10e. STATE 10b. COUNTY		Ba					10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
FUNERAL	3512 Spring	dale,	Ave	1	2/2/	6	10g. CITIZE	of what country?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	YES 2 NO	It yes, s 1 ☐ YE	pecify Cuban, Maxi S 2 NO Spec	ANIC ORIGIN? (Specify can, Puarto Rican, etc.) cify:	Yes or No- 1	4. RACE — American Indian, Black, White, atc. Specify: Black	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPAT work done during rr se retired.)	ION lost of working	16b. KIND OF	BUSINESS/INOU	STRY	
BE	17. FATHER'S NAME (First, Middle, Lest) Augustas 190. JNEORMANT'S NAME (Rippe/Print)	Baitey	/ 195 MANIAN	ADDRESS (Stand	Bear	NAME (First, Middle, Maid Wine Ha If Route Number, City or	mis		
2	Rosa Perul 29a. METHOD OF DISPOSITION	Bailey	351	2 Spr	nafale	Ave 1	Balto.	red 2026	
	1 Burial 2 Cremation 3 Ramo	72 H M (2000)	206. PLACE AND DATE CHIPTERS, Crematers or of the Control of the C	other place) Ce	Metery	5/7/93 B	alto, M	ty or Town, State	
21. SIGNATURE OF FUNDERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAYCH F. H. West MAGE						line			
	23. PART I. Enter the diseasee, or cahock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in daath)	RESP	IRA TO	RY	PAI	ich aa cerdiec or re	epiratory arrec	Approximate intervel Between Onset and Daath	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
4	PART II. Other significent conditions	contributing to de	eth but not resulting	in the underlyir	ng ceuse given i	n Part i. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA	OBKA					PERF 1 YES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (C	heck only one)			
SHH	1 VES 2 NO 27. MANNER OF DEATH	28a. DATE OF IN.		4 Nursing Hor E OF 28c, IN	JURY AT	6 Other (Specify) 28d. DESCRIBE HON	Y INJURY OCCU	REO	
2/ Accident Investigation M 1 YES 2 NO					261. LOCATION (Stre	OCATION (Street and Number or Rural Route Number,			
							lty or Town, State)		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	The			29c. LICENSE NO	JMBER 37333	29d. DATE S	BIGNED (Month, Day, Year)	
-	30. NAME AND AGORESS OF PERSON WHO	COMPLETED PAUSE	OF DEATH (ITEM 27) (Type	(BA	AL TO	. Lip	2113	7.	
	31. DATE FILED (Month, Day, Mar), 1993	32. EUSTRAL	SIGNATURE PONDAN						

and the figure of

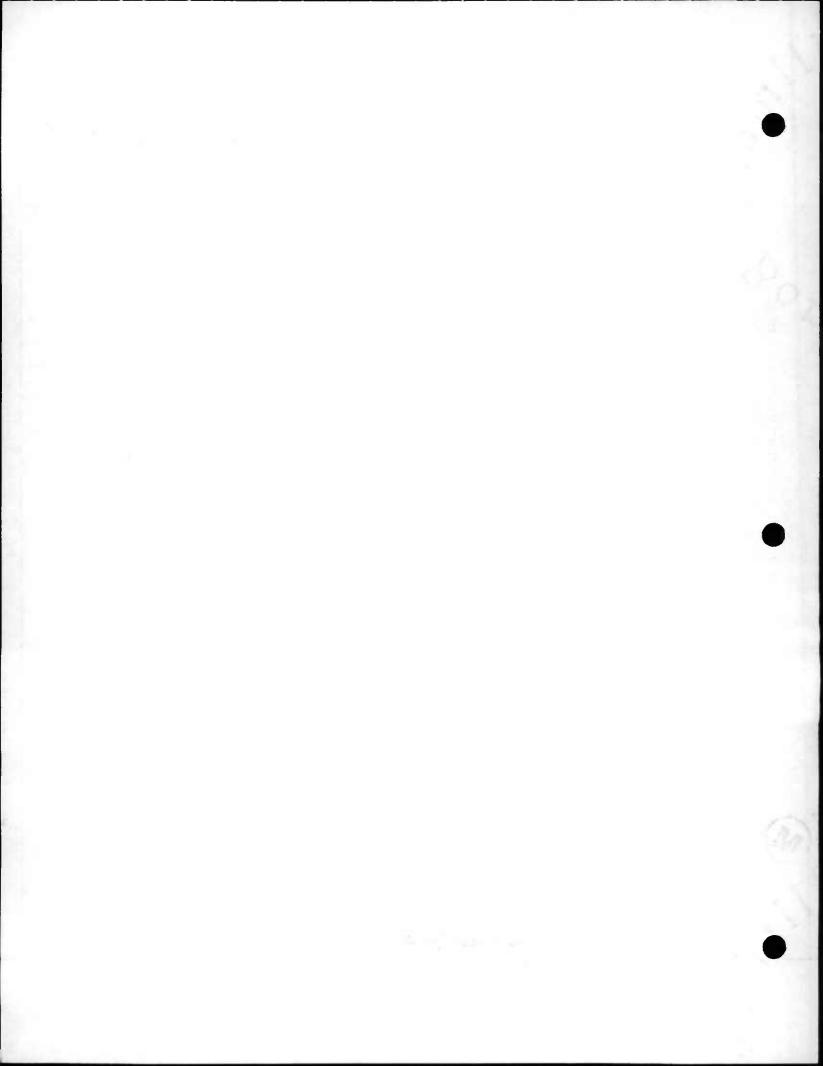
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	CATE OF	DEATH	RI	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lame- BESSIE ISABELLE BR	UNS	22			2. DATE OF D	04 199	TAD	3. TIME OF DEATH
	218-18-8129	M 2 X F 74		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B		Country)	YLAND
DIRECTOR	9a. FACILITY NAME (If not institution, give street a	9a. FACILITY NAME (If not positivation, give styped and number) 9b. CITY, TOWN OR LOCATION OF DEATH ANNAPOLIS ANNE ARUNDEL							
<u> </u>	10a. STATE 10b. COUNTY		10c. CITY.	TOWN OR LOCAT	ION				10d. INSIDE CITY
	MARYLAND QUEEN A	ANNE'S		EVENSV					LIMITS? 1 YES 2 X NO
FUNERAL	105 TOUHEY DRIVE		21666			U S	S A	HAT COUNTRY?	
B	1 Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR DR DA	2 XNO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specifi	n, Puerto Rican,	ecify Yes or No— , etc.)	14. RACE Black, Specify	American Indian, White, etc. WHITE
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON .	16a. DECEDENT'S US	BUAL OCCUPATION	ON .	16b. KINE	O OF BUSINESS/II	NDUSTRY	WILLE
		illege (1-4 or 5+)	life. Do NOT use i	rk done during mo retired.)	st or worlding				
M M		ONE	DOMESTI	2		SEI	LF EMPLO	YED	
8	17. FATHER'S NAME (First, Middle, Last)	-			18. MOTHER'S NA	ME (First, Middle	, Maiden Surname		
BE	WILLIAM C. HASLUP				SADIE	BAILY			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural i	Route Number, Ci	ity or Town, State, 2	Zip Code)	-
	LARRY BRUNS		105 TO	DUHEY D	RIVE, ST	EVENSV]	ILLE, MI	2166	6
	20s. METHOD OF DISPOSITION 1 1 Description 1	from State 20b	PLACE AND DATE OF	DISPOSITION (Na	me of	DATE	20c. LOCATION -		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	4 Donation 5 Other (Specify)		etery, crematory or othe CARMEL				PASADE	ENA, M	D
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	3//1/	m	SINGL	ETON FUN	ERAL HO			
\vdash	22 DARY I Enter the discourse	2/11/10/5		1 SEC	OND AVE.	S.W. C	SLEN BUF	NIE,	MD 21061
	23. PART I. Enter the disesses, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, interval Between Onset and Death								
	disease or condition resulting in death) a	DUE TO (GR. A	CANCE	/ 4	dans	CENC	ensm	4	
		DUE TO (GR.A. A	CONSEQUENCE OF):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
F S	Cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):					-			
E	that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST								
S S	d								1
A.	PART II. Other eignificent conditions con		ut not resulting in	the underlying	ceuse given in	Part i. 24a.	WAS AN AUTOPS'		WERE AUTOPSY FINDINGS
EDICAL	GR bles	2-04				10	YES 2 NO	(COMPLETION OF CAUSE OF DEATH?
E I						_		,	I ☐ YES 2 ☐ NO
Ϊż									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
XS	1 YES 2 NO 1	Inpatient 2 - ER/Outp	etient 3 DOA 4	☐ Nursing Hom	e 5 🗆 Residence		··		
1 1	27. MANNED OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME (ry wo	RK?	28d. DEŞCRIB	E HOW INJURY O	CCURED	
B	2 Accident Investigation	00 - 01 AOF OF MINIMU			ES 2 NO				
3 Suicide 4 Homicide 28e. PLACE OF INJURY — All home, farm, street, factory, office building, atc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.					ute Number,				
12	29a. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my knowl	ledge, death occurred	at the time, date	and place, and due	to the cause(s)	and manner as si	ated.	
Š	one) 2 MEDICAL EXAMINER: On	the basis of examination	and/or investigation,	In my opinion, d	eath occured at the	time, date and p	place, and due to	the cause(e)	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	m	-		29c. LICENSE NUM	4BER	29d. D/	TE SIGNED	Month, Day, Year)
) BE	Tan a m	Me	45	-	031	778	•	5/3	793
임	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	rint)	16	Luni	1 ac	NIC	
	Thort A. M.	114424	MO		tus	NAPO	List.	400	21751
	31. DATE FILED (Month, Day, 1987) MAY OR 1993	HEGISTHAR'S SIGN	ATURE Angle						



detached for use as the burial-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the within 72 hours after death with the State Dear, of Health and Mental Hotlere prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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31. DATE FILED (Month, Day, Year)
MAY 0 6 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print)

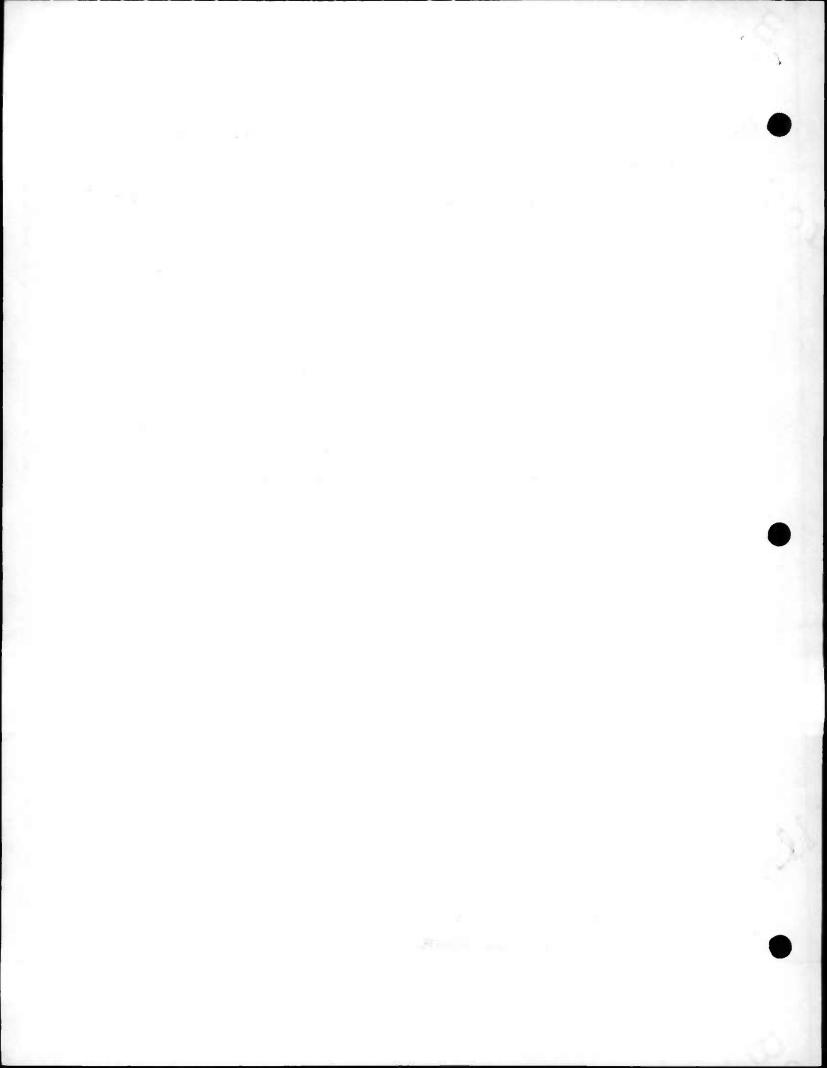
32. REGISTRAR'S SIGNATURE

93 12950 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 09:15 PM DAD BIDDIX C OOLIDGE 05 03 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 07 13 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 245-24-6628 1 🕅 M 2 🗌 F YRS NORTH CAROLINA 1924 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH A.A. COUNTY DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE RESIDENCE OF DECEDENT 10a STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL ODENTON 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2611 EVERGREEN ROAD 21113 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WIR OR DATES 2 NO BY 1 TES 2 NO Specify 3 Widowed 4 Divorced WW II WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10 NONE FOREMAN AMETEK 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at PETER V. BIDDIX **BE** NANNIE HALL 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 HELEN G. BIDDIX 2611 EVERGREEN RD. ODENTON, MD 21113 be 20s. METHOD OF DISPOSITION
1 Structure 2 Commention
4 Donation 5 Dehac/Sp. 20b. PLACE AND OATE OF DISPOSITION (Name of cametery, crematory or other place) GRASSY CRBAPTIST CHURCH CEMETERY 20c. LOCATION - City or Town, State Must DATE CREEK SPRUCE PINE, N.C. examiner 21. SIGNATURE OF FUI 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME watte SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate interval Between ahock, or heert failure. Liet only one cause on each line. **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition (ongeshire reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) injury, or other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO provescula COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) marked, or item HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER 1 | YES 2 | NO 4 Nursing Home 5 Residence 8 Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Watural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 28 29e. CERTIFIER
(Check only one)

One)

MEDICAL SYMMETS: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER **BE** 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 193624 3

BASANT K. KHANDELWAL, M.D./1600 CRAIN HIGHWAY, SW #201/GLEN BURNIE, MARYLAND 21061



DIRECTOR

FUNERAL

BY

COMPLETED

BE

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CERTIFICATION

PHYSICIAN: MEDICAL

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COMPLETED

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	hours after death, Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Established of ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	WEEN, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f	ANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

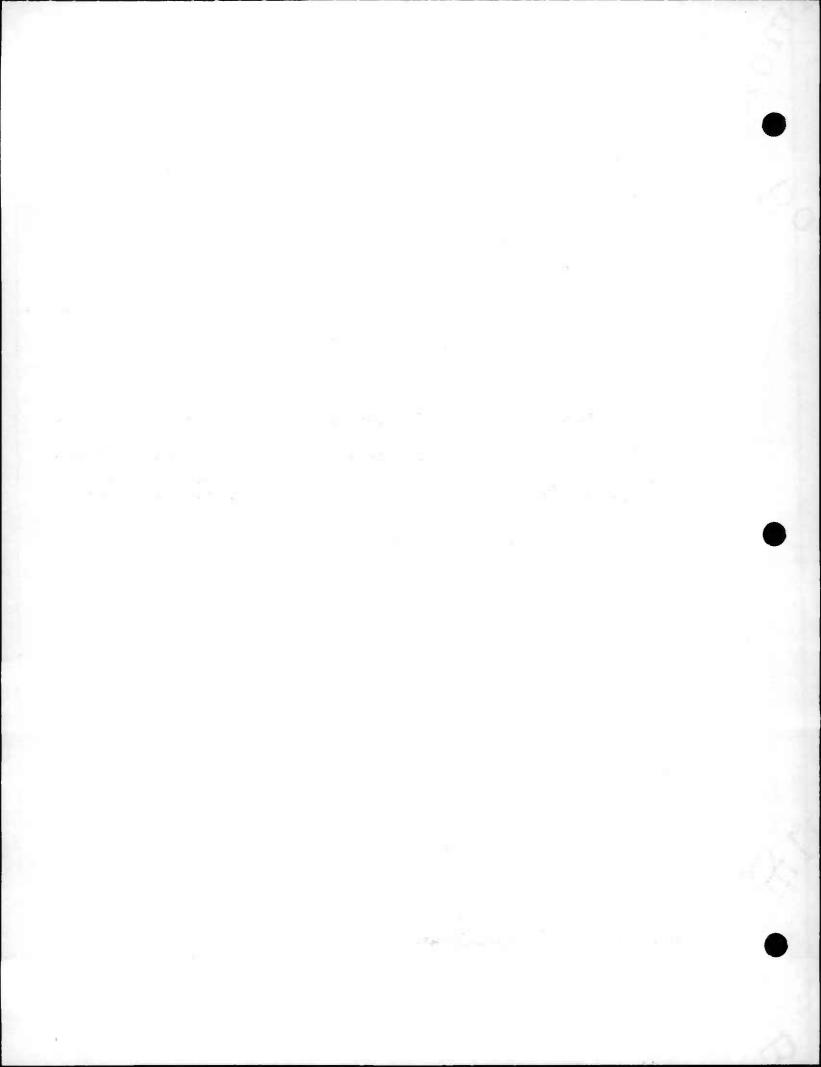
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0.4 1993 0.5 Chien Chen 10:20 PM 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 160645931 1 M 2 F 08/14/1905 Taiwan 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3234 Smith Avenue Pikesville Baltimore 10a. STATE 10h COUNTS 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County Pikesville 1 YES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 3234 Smith Avenue 21208 Taiwan 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yee, specify Cuben, Maxican, Puerto Rican, etc.)

1 XYES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 NO 14. RACE — American Indian, Black, White, etc. 2 K NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 🛣 Widowed 4 □ Divorced Specify: Oriental 18e. DECEDENT'S USUAL OCCUPATION
('Show kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) None 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Chung Yi Chen 3234 Smith Avenue Pikesville, Maryland 21208 20e. METHOD OF DISPOSITION
1 ☐ Buriel 2 🏋 Cremetion 3 ☐ Rem 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Metro Crematory, Inc. 4 Donetion 5 Other (Specify) Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEF 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART i. Enter the diseases, or Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. Use only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death disease pr condition ARTERIOSCLEROTIC CARDIOVASCULUR DISEASE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? YES 2 | NO DF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: ng Home 5X Rasidence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER (Check ank) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piecs, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the besid of a ed/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(s) end manner as stated. 296 SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E 05/05/1993 CAUSE OF DEATH (ITEM 27) (Type, Print)

Penn Street, Baltimore.

21201

Maryland



3. TIME OF DEATH
849 PM

10d, INSIDE CITY LIMITS? 1 YES 2 NO

Black

s. BIRTHPLACE (State or Foreign

REG. NO.

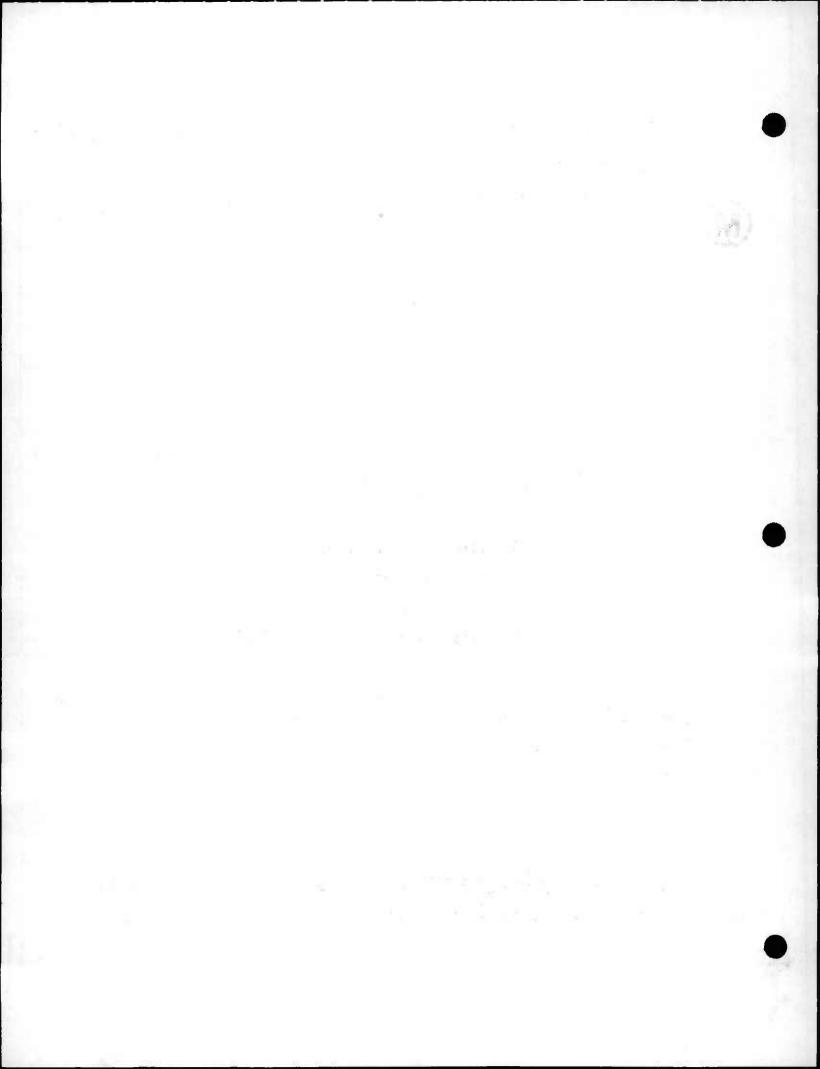
		4. SOCIAL SECURITY NUMBER 5. SEX, 6. AGE (In yrs. last	t birthdey) IF UNDER 1 YEAR		2. DATE OF DEATH MONTH 7. DATE OF BIRTH	93	3. TIME OF DEA
plnots	-	220-10-6642 12M 2 F 74 90. FACILITY NAME (If not institution, give street and number)	YRS. MONTHS DAYS		(Month, Day, Year) 6-26-19	Cou	" Hd
	CTOR	PRESIDENCE OF DECEDENT	timere	Balt	more		
(IV	Series Control	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOW	CATION			10d, INSIDE CIT LIMITS? 1 YES 2
an. transit per	FUNERAL	3214 Avon dale fre		21215		U	WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	B	11. MARNITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS OECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	O If yee,	ECENOENT OF HISPANIC specify Cuben, Mexicen, ES 2 NO Specify:	ORIGIN? (Specify Yee Puerto Rican, etc.)	Bla	CE - American Ind ck, White, stc. city: Blad
2121 al or atte for use a	COMPLETED	(Specify only highest grade completed) (Gir	CEDENT'S USUAL OCCUPA ve kind of work done during Do NOT use retired.)	TION most of working	Bethle W	NESS/INDUSTRY	tool
YLA by the be det	BE COM	17. FATHER'S NAME (First, Middle, Lagt)	action ev	18. MOTHER'S NAME	(First, Middle, Meiden S	(CIVI)	109
MA retain 5 sho	10 E	Naomi Cooper 3	MAILING ADORESS (Street)	ndale A	ite Number, City or Town,	State, Zip Code)	2/2/5
OR Maretor, prector,		1 to Buriel 2 Cremation 3 Removal from State cemetary, crem	matory or other place)	crest Vet	DATE 200 LOCA	ATION - City or 1	Own, State
0 = 0		Sala March	22. NAME Marc	4300	Wabus	h A	ve
24 hours at filled in by tion, or rem		23. PART I. Enter the diseases, or complications that caused the design about, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSE	ary E	dema	es cerdiac or reapin	atory arrest,	Approxim Interval E Onset and
P.O. BOX 68 th certificate be executeding physician and if Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	UENCE OFI	y cartolle	d)		
DRDS that the ed by the h and Me	MEDICAL C	PART II. Other significant conditions contributing to death but not re			24a. WAS AN A PERFORM	ED?	b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF DF DEATH?
P. req been been she	SICIAN: MI	Declined not recessary. 9 29 WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	FPOTE WHA 26.		only one)		1 🗆 YES 2
O £ 5 \$ \$	/ PHYS	1 De YES 2 NO Unpatient 2 ER/Outpatient 3 2. MANNER OF DEATH 28. OATE OF INJURY (Month, Day, Year)	DOA 4 Nursing Ho	Ome 5 Residence 8 NJURY AT WORK?	Other (Specify)	JURY OCCUREO	
DIVISION OR ATTENDING F DIRECTOR: After hours after death	TED B	2 Accident Investigation 3 Suicide S Could not be determined 28e. PLACE OF INJURY — At hom building, atc. (Specify)			Bf. LOCATION (Street an City or Town, State)	d Number or Rural	Route Number,
DIN TAL OR AL DIRI 72 hour	COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, dear					e) end manner es s
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	O BE C	296. SUMATORE AND TITLE OF CERTIFIER	MD Pro	29c. LICENSE NUMBE	ER	29d. DATE SIGNE	(Month, Day, Year)
5+1		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)	tal of	Bout	MORE	

32. GISTHAM'S SIGNATURE
Julie Davidson-Rondoll

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

ate, Zip Code) Approximata Intarval Batween **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TES 2 NO RY OCCUREO Number or Rural Route Number, es stated. e to the ceuse(e) end manner es stated. d. DATE SIGNED (Month, Day, Year) 5/4/93

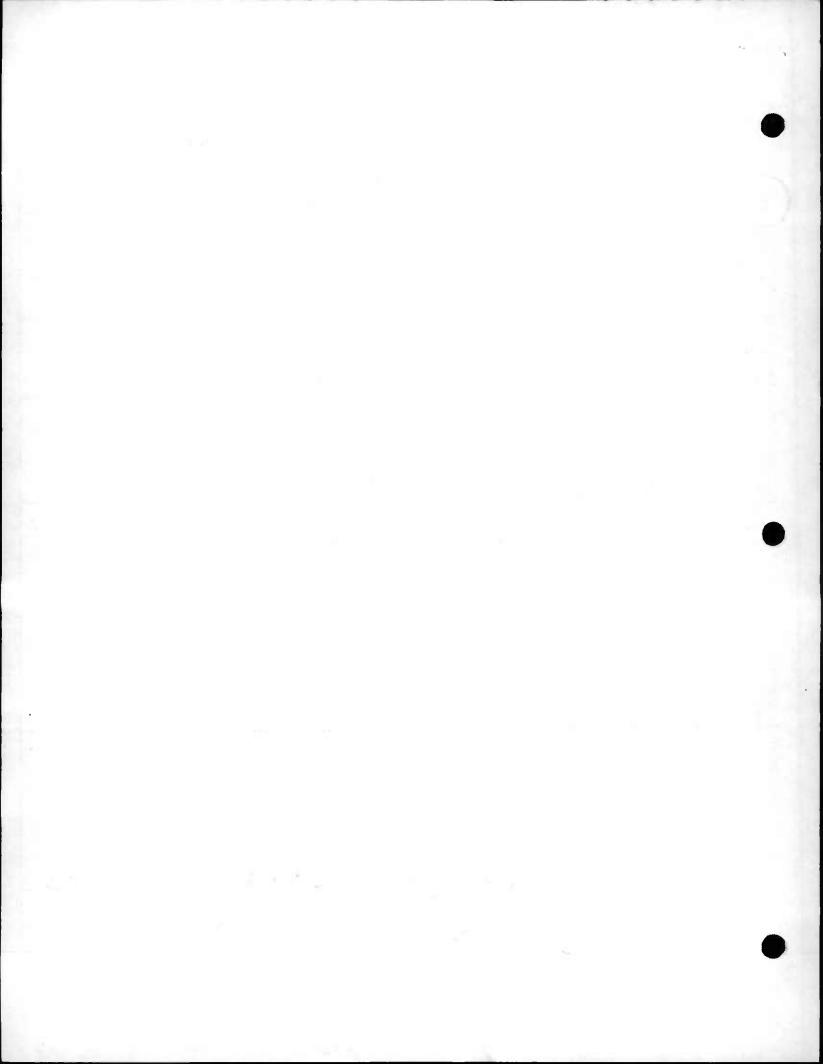


BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician,	ed in by the funeral director, page 5 should be detached for use as the bunal-transit permit. or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. be filled within 72 hours after death with the State Deot, of Health and Mental Hygiere prior to bunal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

	1 - FOR STATE OF REGISTRAR			TMENT OF	HEALTH AND	MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2, DAT	E OF DEATH		3.	TIME OF DEATH
	AQUINAS T. COLLINS					MON	1	"1993"	EAR	м
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. is	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH	8.	BIRTHPLA Country)	ICE (State or Foreign
	213-12-3776 1⊠м2□೯	83	YRS.	MONTHS UNITS	HOURS MIN.		1-1909		Mary	land
~	Sa. FACILITY NAME (If not institution, give street and number)		į.		OR LOCATION OF D			9c. COUNTY	OF DEAT	н
<u>ē</u>	PERIOR NUTSING HOME			Bal	timore C	ity				
EC	10s. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOC	ATION				100	I. INSIDE CITY
5	Maryland		1	Baltim	ore City				1.	LIMITS?
AL	10e. STREET AND NUMBER				M. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL DIRECTOR	6104 Walther Avenue				21206	5		USA		
2	11. MARITAL STATUS 1 Never Married 2 Married FORCES?	NT EVER IN U.S. A	RMED NO	13. WAS DE	CENDENT OF HISPA pecify Cuban, Mexico	NIC ORIGI	N? (Specify Yes	or No- 14	RACE —	American Indian,
BY	3 Novemented 2 married if YES, GIVE	WAR OR DATES			S 2 NO Specif		rinomi, micej		Specify:	
	16. DECEDENT'S EDUCATION	16a. D	ECEDENT'S	USUAL OCCUPAT	ION	16	b. KINO OF BUS	INESS (INDUS	Whi	te
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5		Give kind of w e. Do NOT us	ork done during n	lost of working	10	a. KINO OF BU	SINESS/INDUS	IHT	
립	12 vrs. 2 vears	_	rogran	nina			II S	F. & G		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		09101	ilizing.	18. MOTHER'S NA	ME (First,				
BE	Martin T. Collins				Virgin	nia S	Sweeney			
2	19a, INFORMANT'S NAME (Type/Print)	19	9b. MAILING	ADDRESS (Street	and Number or Rural	Route Nun	nber, City or Town	n, State, Zip Co	de)	
	Mr. Francis Collins		6104	Walthe	Avenue	Balt	imore.	Md. 2	1206	
	20s. METHOD OF DISPOSITION XIX Buriel 2 □ Cremation 3 □ Removal from State	20b. PLACE	AND DATE O	F DISPOSITION (I	lame of	1		CATION — City		1.0-1-1
4	4 Donation 5 Other (Specify)	Pari	kwopa	Cemete		4-93	Bal	timore	, Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LOSSOM DULLEL	Vom E		Lass	sahn Fune	ral				1000
	23. PART I. Enter the diseases, or complications th		eath. Do n	ot enter the m	L Belair	HO.	Baltim Baltim	ore, M	d. 2	1236 Approximata
	shock, or heart failure. List only one ce	use on each lin	e.						"	interval Between Onset and Death
	disease or condition	star	e C	an ce	1					Oliset and Death
ı	resulting in death)	O (OR AS A CONSE		-						
z	- Hy	dvon	201	1105	7'5					
일	it any, reading to immediate	O (OR AS A CONSE	OUENCE OF): /	1	_/_				
CERTIFICATION	CAUSE, Enter UNDERLYING CAUSE (Disease or injury	515 tel	N	en	kou	7 / 2	3515			
Ë	that initiated events resulting in death) LAST	O (OR AS A CONSE	QUENCE OF):	/					
崽	d									
SAL	PART II. Other significant conditions contributing to	death but not	resulting is	n the underlyi	ng ceuse given in	Part I.	24a. WAS AN			RE AUTOPSY FINDINGS
2							PERFOR		CO	MPLETION OF CAUSE DEATH?
Ä								17/11		YES 2 NO
ž										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		Т		LACE OF DEATH (CA	neck only o	ne)			
YSI	1 YES 2 NO 1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	OTHER:	me 5 🗆 Residence	8 🗆 Oth	er (Specify)			74
	27. MANNER OF DEATH 28e. DATE O (Month,	F INJURY Day, Year)	28b. TIME	JRY W	JURY AT ORK?	28d. OE	SCRIBE HOW I	NJURY OCCUR	EO	
ВУ	2 Accident Investigation	07.00			YES 2 NO					
	3 Suicide 8 Could not be determined 28e. PLACE building	OF INJURY — At h j, etc. (Specify)	ome, farm, s	lreel, factory, offi	Ce .	28f. LO	CATION (Street a or Town, State)	nd Number or	Rural Route	Number,
4	no centrate									
MP.	(Check only 1 CERTIFYING PHYSICIAN: To the best of									
COMPLETED	one) 2 MEGICAL EXAMINER: On the basis of	examination end/or	investigation	n, i <i>n</i> my opinion,	death occured at the	time, det	e and place, en	d due to the c	ause(e) en	d manner ee stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIER	-			20c. LICENSE NUI	MBER				nth, Day, Year)
2	1000000	- 2	2		L 041	75	,5	> 5	> 13	.93
	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAL				i 1	. .	M-1 4	FFO 00	F 43	
	Dr. Elon (Johns Hopkins G 31. DATE FILED (Month, Day, Year) 32) ASSISTE			icnam C.	Tunc Ral	το.,	Ma. (250-26	54/	
	MAY 6 1993 Julia	MASSIGNATURES	indell							
	thus a saas									DHMH-18 Rev 1/89

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



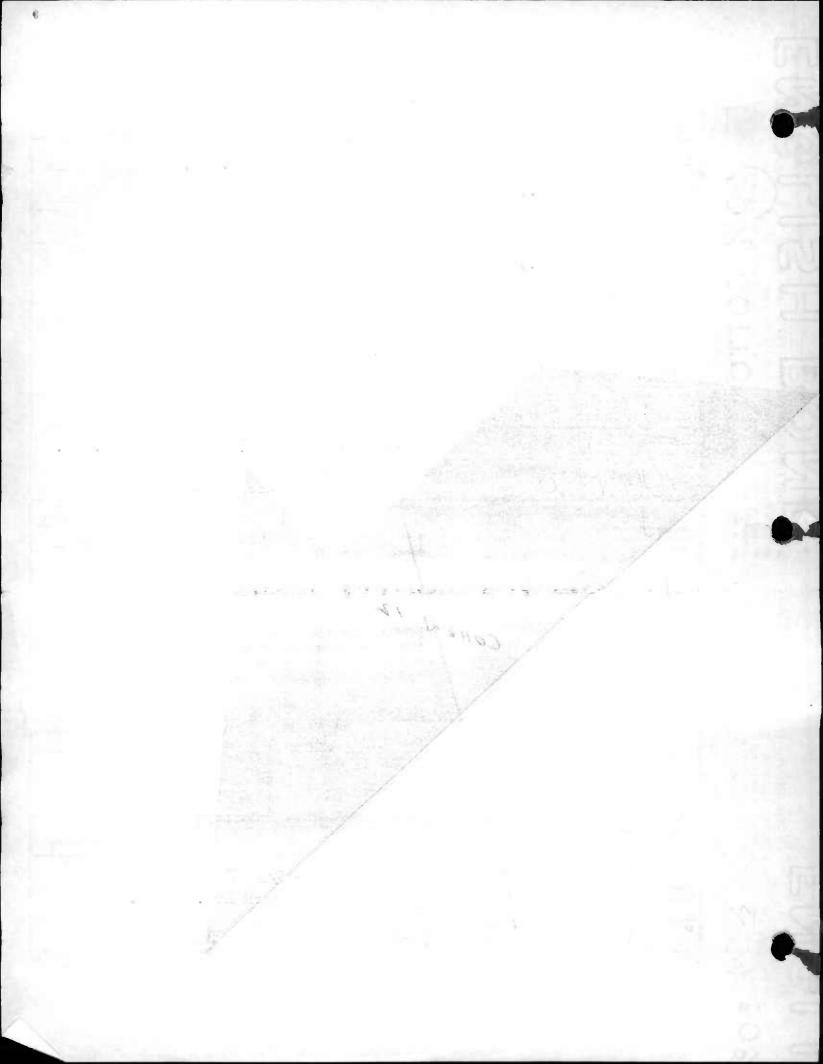
į.				IFICATE C						
	1. DECEDENT'S NAME (First, Middle, Last)				, -		TE OF DEATH	AY 1	YEAR 3.	TIME OF DEATH
	Julius			Coher	l .			993		3:45 A
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birtho	lay) IF UNDER 1 YE	AR IF UNDER 24	HRS. 7. DA	TE OF BIRTH		. BIRTHPL/	ACE (State or Foreign
	155 01 5138	12 M 2 F	79 YR	S. MONTHS DA	YS HOURS A		onth, Day, Year)	10	Country)	ew York
	9a. FACILITY NAME (If not institution, give	street and number)	, ,		WN OR LOCATION		00, 10	9c. COUNT		
œ .	8523 Milford A	Ave.,		Silv	er Spr	ring		Mon	tgom	ery
유	RESIDENCE OF DECEDENT									
DIRECTOR		ntgomery	10c.	CITY, TOWN OR L	CATION,				10-	d. INSIDE CITY LIMITS?
5 1	Maryland	on egomer y	"	11101	25				1 [YES 2 NO
ا ہے	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
8	8523 Milford A	Ave.,			2091	LO		Unit	ed S	tates
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE			DECENDENT OF I			or No- 1	4. RACE —	American Indian,
	1 Never Merried X Merried	FORCES? 1 X Y			s, specify Cuban, I YES 2 🔀 NO		to Rican, etc.)			sian
ል∥	3 Widowed 4 Divorced	WWILKOR						۲,	auca	STan
	15. DECEDENT'S ED (Specify only highest gred		16a. DECEDE	NT'S USUAL OCCUI	PATION a most of wadding	1	18b. KIND OF BU	SINESS/INDU	STRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		d of work done durin OT use retired.)	g mon or monang					
린		4	Engi	neer			Privat	te Fi	rm	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						st, Middle, Maider			
ш	Abraham Cohen				Tama	ara L	ukash:	insky		
9	19e. INFORMANT'S NAME (Type/Print)			LING ADDRESS (St				vn, State, Zip C	Code)	
2	Gladys Cohen		Sa	me add:	ress as	s #10				
	20e METHOD OF DISPOSITION 1 🖾 Buriel 2 🗆 Cremetion 3 🗆 Rec	novel from Casts	20b. PLACE ANO	OATE OF OISPOSIT	TION (Name	D.	ATEA 2903LG	OCATION — CI	ty or Town,	h, Va.
1	4 Donation 5 Other (Specify)	noval from State	KING COED	oate of oisposite of a V 1 d M	emoria.	l Gạn	. Fa.	lls C	hurc	h, Va.
	21. SIGNATURE OF FUNERAL SERVICE	ICENSEE		22, NAN	es Pear	OF FACILITY	Funer	al Ho	mes	
	> (N / 100).	1			Falls (
_	Chagan									
	23. PART I. Britar tha diseasea, or shock, or heart fallure	. List only one cause of	n each line.	a man and a second				piratory arre	st,	Approximata interval Batwee
	IMMEDIATE CAUSE (Final	I.M.	100	c du		mar	2011			Onset and Deat
	disease or condition resulting in desth)	· White	stau	c xu	ng	Deric	RN			3/92
Ì		DUE TO (OR A	S A CONSEQUEN	CE OF):	0					
z										
\sim 11	Sequentially list conditions.	b								
일	Sequentially list conditions, if any, leading to immediata	bDUE TO (OR A	S A CONSEQUEN	CE OF):						
ICATIO		¢								
TIFICATIO	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	¢	IS A CONSEQUEN							
ERTIFICATIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	¢								
	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	c	IS A CONSEQUENC	CE OF):	flying cause giv	ven in Part i	. 24a. WAS A			ERE AUTOPSY FINDINGS
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	IS A CONSEQUENC	CE OF):	rlying cause giv	ven in Part i	PERFO	RMED?	A)	MILABLE PRIOR TO OMPLETION OF CAUSE
EDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	IS A CONSEQUENC	CE OF):	rlying cause giv	ven in Part i		RMED?	CO	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	IS A CONSEQUENC	CE OF):	rlying cause giv	ren in Part i	PERFO	RMED?	CO	MILABLE PRIOR TO OMPLETION OF CAUSE
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	IS A CONSEQUENC	CE OF):			PERFO	RMED?	CO	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions the conditions of the condit	d. DUE TO (OR A	h but not result	CE OF):	R8. PLACE OF DEA	TH (Check on	PERFO	RMED?	CO	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
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MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d. DUE TO (OR A	h but not result	CE OF): ting in the under OTHER: OA 4 Nursing NJURY 28	28. PLACE OF DEA	ATH (Check on dence 6 1 28d.	PERFO	RMED?	AM CC OH	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
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ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	d	h but not result Dutpetient 3 D BY BY BY DUTP DU	OA OTHER: OA OTHER: NJURY M 1	28. PLACE OF DEA	NTH (Check on dence 6 (Check on 28d. NO)	PERFO 1 YES y one) Wher (Specify)	INJURY OCCI	AN CK OH	MILABLE PRIOR TO MAPLETION OF CAUSE F GEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the co	d	Dutpetient 3 Depty 28t North Dutpetient 3 Depty 28t North Dept	CE OF): ting in the under OTHER: OA 4 Nursing D. TIME OF NJURY M 1 arm, street, factory,	28. PLACE OF DEA Home 5. Resid C. INJURY AT WORK? YES 2 1	ATH (Check on dence 6 (28d.) NO 26f.	PERFC 1 YES 1 YES Wher (Specify) DESCRIBE HOW LOCATION (Street) LOCATION (Street)	INJURY OCCI	AN CION I	MILABLE PRIOR TO MAPLETION OF CAUSE F GEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the conditions of the conditi	d	Dutpetient 3 Depty 28t North Dutpetient 3 Depty 28t North Dept	CE OF): ting in the under OTHER: OA 4 Nursing D. TIME OF NJURY M 1 arm, street, factory,	28. PLACE OF DEA Home 5. Resid C. INJURY AT WORK? YES 2 1	ATH (Check on dence 6 (28d.) NO 26f.	PERFC 1 YES 1 YES Wher (Specify) DESCRIBE HOW LOCATION (Street) LOCATION (Street)	INJURY OCCI	AN CION I	MILABLE PRIOR TO MAPLETION OF CAUSE F GEATH? YES 2 NO
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E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the co	DUE TO (OR A d. DOS CONTributing to deat HOSPITAL: 1 Inpetient 2 ERA 28e. DATE OF INJU (Month, Dey, Ye 28e. PLACE OF INJ building, stc. (SICIAN: To the best of my k NER: On the basis of examin	Dutpetient 3 Description Dutpetient 3 Description Dutpetient 3 Description Dutpetient 3 Description Dutpetient 3 Description D	OTHER: OA 4 Nursing O. TIME OF INJURY M arm, street, factory,	28. PLACE OF DEA Home 5 Resk C. INJURY AT WORK? YES 2 1 office date and place, a lon, death occured	ATH (Check on dence 6 C C C C C C C C C C C C C C C C C C	PERFO 1 YES Ther (Specify) DESCRIBE HOW LOCATION (Stree City or Town, State course(a) end m date end plece, (INJURY OCCI	DURED The state of the state o	MALABLE PRIOR TO MAPLETION OF CAUSE F OCATH? YES 2 NO te Number, and manner as stated.
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and investigations are set of the conditions and investigations are set of the conditions and investigations are set of the conditions are s	d	Dutpetient 3 Description Dutpetient 3 Description Dutpetient 3 Description Dutpetient 3 Description Dutpetient 3 Description D	OTHER: OA 4 Nursing O. TIME OF INJURY M arm, street, factory,	28. PLACE OF DEA Home 5 Resk C. INJURY AT WORK? YES 2 1 office date and place, a lon, death occured	ATH (Check on dence 6 C C C C C C C C C C C C C C C C C C	PERFO 1 YES Ther (Specify) DESCRIBE HOW LOCATION (Stree City or Town, State course(a) end m date end plece, (INJURY OCCI	DURED The state of the state o	MALABLE PRIOR TO MPLETION OF CAUSE F OCATH? YES 2 NO te Number,

32. RADISTRANS BIGNATURE

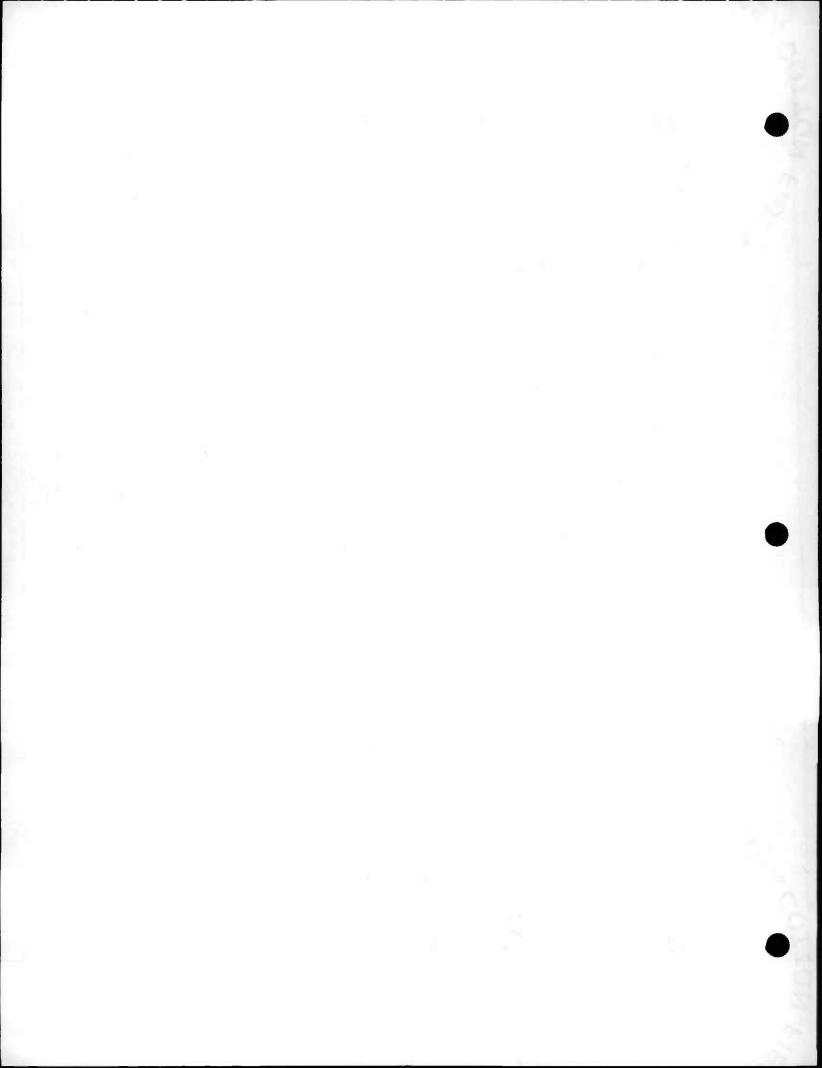
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Western

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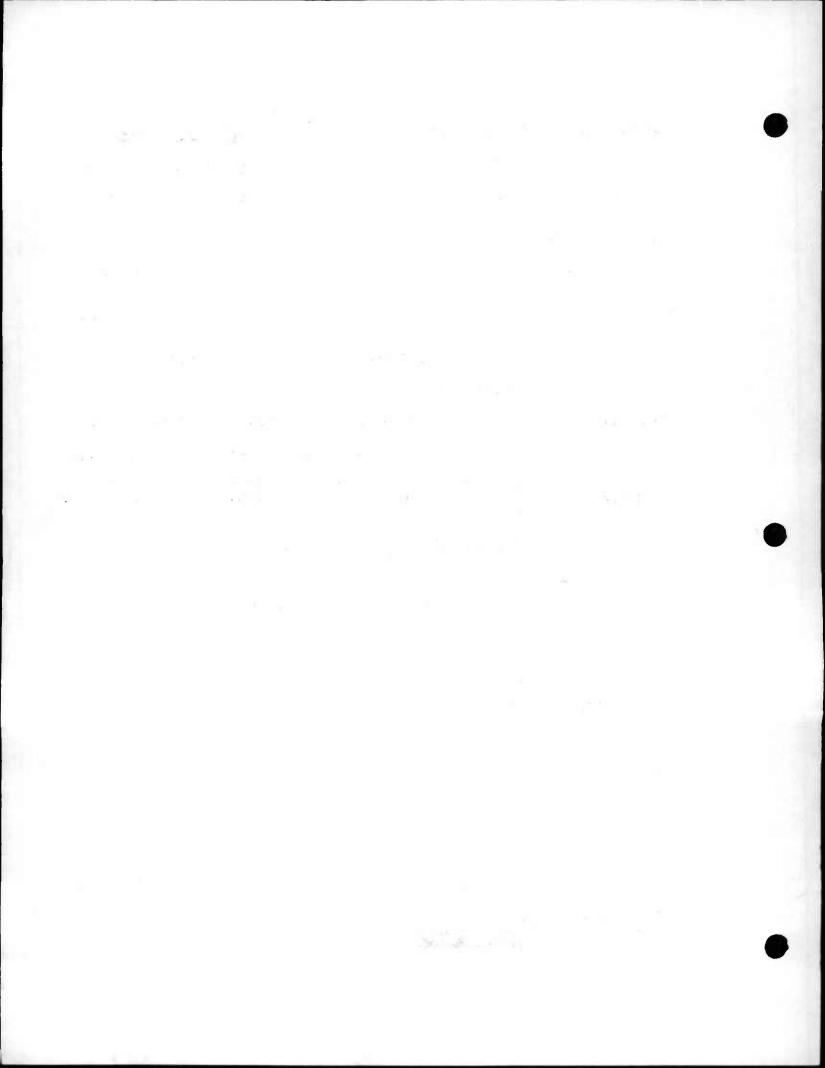


	temfoe, Film699, 5/13/93, lt FOR STATE OF MARYL 1 - STATE Mildred Elizabeth De	1c CERTIFICATE OF DI	EATH	REG. NO.	
	MILDRED E. DE	LCLOS	2. DATE OF MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/3-05-6800 1 M 2 x F 98. FACILITY NAME (If not institution, give street and number)	3 YRS. MONTHS DAYS HO	UNDER 24 HRS. 7. DATE OF (Monty) D	5/09	BIRTHPLACE (State or Foreign Country) BOLTO, Md
CTOR	Stella Maria Nursing	SON	9c. COUNTY	ALT.	
DIRECTOR	Maryland Baltimore	10c. CITY, TOWN OR LOCATION TOWSON			10d. thiside city LIMITS? 1 TYES 2 TO NO
FUNERAL	10e. STREET AND NUMBER Lachlan 7015 F Lachlin Circle	101, ZIP 212	77.7	U.S.	A.
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO II yes, specify	ENT OF HISPANIC ORIGIN? (S Cuban, Mexican, Puarlo Rica NO Specify:	pecify Yes or No — 14 n, etc.)	RACE — American Indien, Black, Whita, atc. Specify: White
ETED.	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.)	working 16b. KII	ID OF BUSINESS/INDUS	
COMPL	10 yrs.	Home Maker		Own Home	
E CC	John Mc Guiness		MOTHER'S NAME (First, Midd		
m	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and No		Geharty City or Town, State, Zip Co	de)
2	Lawrence A. Delclos, Sr.	Same as #10			
	1 LXBuriat 2 □ Cremation 3 □ Removal from State cem	PLACE AND DATE OF DISPOSITION (Name of etery, cremetory or other place)	31112	20c. LOCATION — City	
1	4 Donation 5 Other (Specify)	ulaney Valley Mem.	Gardens 5/6	/93 Timoni	um, Maryland
	. 211/		ODRESS OF FACILITY		1050 York Road
_	23. PART I. Enter the diseases, or complications that caused				Towson, Md.212
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ch lins.			Approximate Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE OF):			
AL	PART II. Other significant conditions contributing to death by	it not resulting in the underlying cau		PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
<u>.</u>					
IAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE	OF DEATH (Check only one)		
SICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND	OTHER:	OF DEATH (Check only one)	ecify)	
	EXAMINER? HOSPITAL:	OTHER:	Rasidenca 8 Other (Sp. AT 28d. DESCRI	ecily) BE HOW INJURY OCCUR	ED
à	EXAMINER? 1 YES 2 ND 1 Inpetient 2 ER/Output 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY (Month, Day, Yeer)	trient 3 DOA 4 Nursing Home 5 28b. TIMU OF WORK? M 1 YES At home, tarm, street, factory, office	Rasidenca 8 Other (Sc AT 28d. DE\$CRII 2 NO 28f. LOCATIO		
à	EXAMINER? 1 YES 2 ND 1 Inpetient 2 ER/Outpet 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY (Month, Day, Yeer) 28. PLACE OF INJURY (Month, Day, Yeer) 28. PLACE OF INJURY (Month, Day, Yeer)	At home, term, street, fectory, office	Rasidenca 8 Other (Sc AT 28d. DESCRII 2 NO 28f. LOCATIO City or To	N (Street and Number or hwn, Stete)	Rural Route Number,
BE COMPLETED BY	EXAMINER? 1 YES 2 ND 1 Inpatient 2 ER/Output 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of my knowledges of the could not be determined.	At homa, tarm, street, factory, office At homa, tarm, street, factory, office	Rasidenca 8 Other (Sc AT 28d. DESCRII 2 NO 28f. LOCATIO City or To	N (Street and Number or It wn, Stete) and manner as stated, pleca, and due to tha ca	Rural Route Number,
TO BE COMPLETED BY PHYSICIAN: MEDIC	EXAMMER? 1 YES 2 ND 1 Inpatient 2 ER/Output 27. MANNER OF DEATH 1 Natural 28a. DATE OF INJURY (Month, Day, Yeer) 28a. DATE OF INJURY (Month, Day, Yeer) 28a. PLACE OF INJURY building, etc. (Special Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	At homa, tarm, street, factory, office and/or investigation, in my opinion, death of the time, data and grand/or investigation, in my opinion, death of the time and grand/or investigation, in my opinion, death of the time and grand/or investigation, in my opinion, death of the time and grand/or investigation, in my opinion, death of the time and grand/or investigation, in my opinion, death of the time and grand/or investigation, in my opinion, death of the time and grand/or investigation, in my opinion, death of the time and grand/or investigation, in my opinion, death of the time and grand/or investigation, in my opinion, death of the time and grand/or investigation.	Rasidenca 8 Other (Scale of Control of Contr	N (Street and Number or It wn, Stete) and manner as stated, pleca, and due to tha ca	Rural Route Number, suse(a) and mannar as stated. GNED (Month, Day, Year)



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		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI	TMENT OF	HEALTH AND F DEATH	MENTAL HYGIE		
		1. DECEDENT'S HAME (First, Middle, Last) ALBERTA DU	workows				2. DATE OF DEATH		3. TIME OF DEATH
plu		220 07 1293	1 - M 2 1 7	yrs. lest birthdey) 8	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05/12/1		BIRTHPLACE (State or Foreign Country) Maryland
i, 2, 3 should	стов	9a. FACILITY NAME (If not institution, give stre Harbor Hospital RESIDENCE OF DECEDENT			Baltin	OR LOCATION OF D	City	9c. COUHTY	OF DEATH
020 physician. burial-transit permit. Pages 1,	DIRE	ridryitand			napolis				10d. IHSIDE CITY LIMITS? 1 X YES 2 NO
n. ansit pern	FUNERAL	208 Sumner Road			1	01. ZIP CODE 21401			S.A.
215-0020 attending physician se as the burial-trar	ВУ	11. MARITAL STATUS 1 Hever Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 XNO	If yes, s		NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	es or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
21 al or for u	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		16a. DECEDENT'S I (Give kind of w life. Do NOT use Housew	ork done during n retired.)	TION nost of working	11. 10.14.0	Maker	
MARYLAND 21 retained by the hospital or 5 should be detached for notified at once.	BE COM	17. FATHER'S HAME (First, Middle, Lest)	rederick Ha	all	11.6	18. MOTHER'S HA	AME (First, Middle, Maide		
_ P as	TO B	190. IHFORMAHT'S HAME (Type/Print) Leo Dworkowski			address (Street Imner Ro		Route Number, City or To napolis,		
ALTIMORE, I teath. Page 6 may be funeral director, page : xaminer must be n		20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	al from State ceme	PLACE AND DATE O tery, cremetory or off LIANEY V	alley C	emetery	4/26 T	ocation — city imonium	or Town, State , Maryland
2 0 = 0		21. SIGNATURE OF FUNERAL SERVICE LICES	1 Brancis	ushi	Georg 4001	Ritchie	nce Funera Hwy. Bal	timore,	Md. 21225
within 24 hours upletely filled in the cremation, or referred.		23. PART f. Enter the diseases, or conshock, or heart feilure. (disease or condition resulting in death)	DUE TO OR AS A	thing.	ot anter tha m	lue	ch as cardiac or rea	piratory arrest	Approximate interval Batween Onset and Death
BOX 68 ficate be execuphysician and ne prior to bur	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	leylu	10 01	sxicety sorder.	je		
Tten at	CERTI	resulting in death) LAST		0					
RECOR requires that en signed by of Health an	MEDICAL	PART II. Other algorificant conditions	n Ag Meseu	uia	the underlying	ng cause given in		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
ITAL F N: The law ficate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	uia	26. F	PLACE OF OEATH (C)	neck only one)		
OF VITAL PHYSICIAN: The law this certificate has with the State Dep	PHYS	27. MAHHER OF DEATH	28a. DATE OF IHJURY (Month, Day, Year)		4 Hursing Ho	me 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW	IHJURY OCCUR	ED
ON After death	B	1	28e. PLACE OF IHJURY - building, etc. (Specifi	At home, ferm, st	M 1 🗆	YES 2 HO	28f. LOCATIOH (Stree City or Town, State	t and Number or I	Rural Route Number,
DIRI DIRI	COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	dge, death occurre	d at the time, dat	a and place, and dua	<u> </u>		
FUNER FUNER	BE CON	one) 2 MEDICAL EXAMINER: 296. SIGNATURE AND TITLE OF CENTIFIER	On the basis of examination	end/or investigation	, in my opinion,	death occured at the			GHED (Month, Day, Year)
D E S S S S S S S S S S S S S S S S S S	10 B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)		1		22,93
	1	31. DATE FILED (Month, Day, Year) MAY 0 6 1993	W. D.	30015	South	HANOVE	rst, Br	7(TO, 1	D 21222 OF
		MAY 0 6 1993 gul	he Deviden Hory	43					



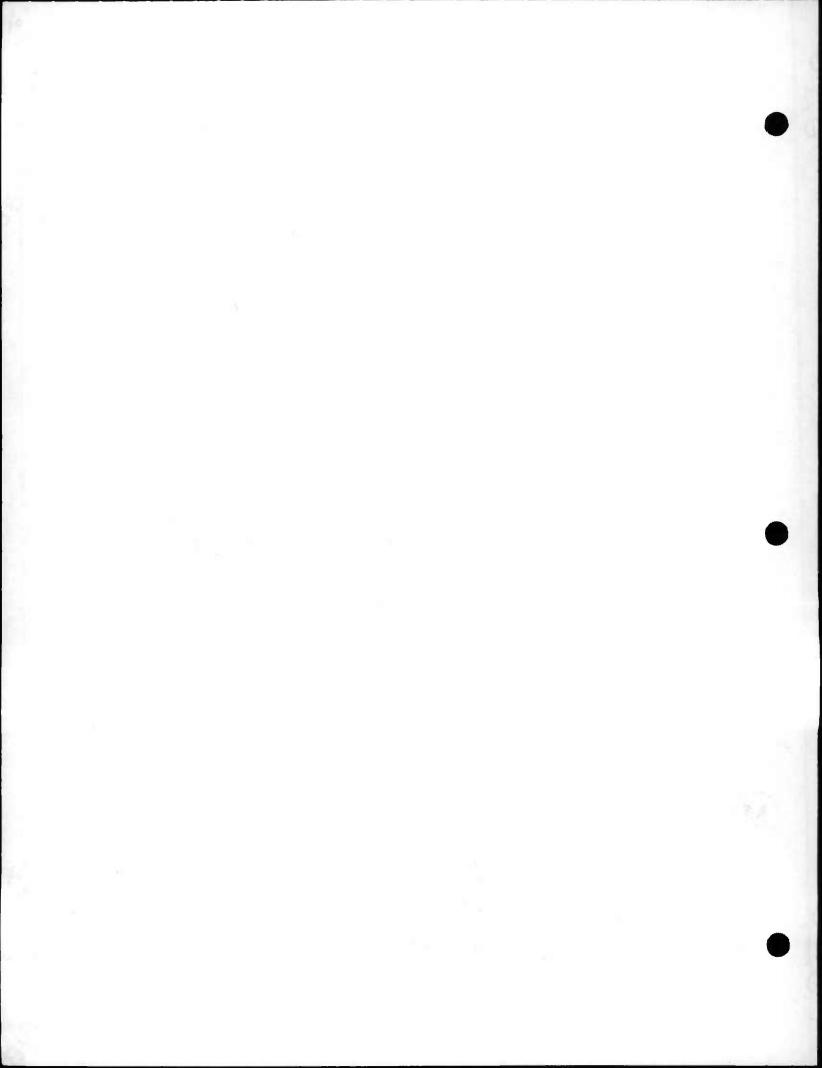
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HIGH CANNOT THE IAW REQUIRES THE IAW REQUIRES THE DESTRUCTION. THE IAW REQUIRES THE DESTRICT OF A THE MOSPITAL OF A THE	I.M.E.M. Committee this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narming pages 1 2 a should	within 72 miles and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMM: If the 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITA	TO THE FLINERA	be filed within 72	IMPORTANT: II

STATE OF	MARYLAND / DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
	CERTIFICATE	OF DEA	ТН	REG. NO.

	1 - FOR STATE REGISTRAR	OF MARYLANI	D / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN	_	3 12957
8	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Philip Thomas	Do	wns			05-05-	93 YEA	. м
	4. SOCIAL SECURITY NUMBER 5. SEX			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign puntry)
	<u>577-16-5061</u> ¹⅓**	1 , 0	YRS.	OWTHS DAYS	HOURS MIN.	04-03-1		aryland
_	9s. FACILITY NAME (If not institution, give street and nur	mber)		b. CITY, TOWN C	R LOCATION OF D	EATH	9c. COUNTY O	F DEATH
DIRECTOR	926 Mastline Drive			Anı	napolis	5	Anne	ARundel
Di li	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
품	MD Anne Aru	ndel		napol				LIMITS?
AL.	10e. STREET AND NUMBER			101.	ZIP COOE		10g. CITIZEN C	F WHAT COUNTRY?
BY FUNERAL	926 Mastline Drive				21401		USA	
5	11. MARITAL STATUS 12. WAS C	ECEDENT EVER IN U.S.	ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian,
<u>≻</u>		ES? 1 TYES 2 G, GIVE WAR OR DATES			cify Cuben, Mexic 2 ☑ NO Speci	en, Puerto Rican, etc.) fy:		pecify: White
				1				, MILL CE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e.	(Give kind of wor	k done during mos	N st of working	16b. KIND OF BUS	SINESS/INOUSTR	Y
岩	Elementary/Secondary (0-12) College (1-4 or 5+)	We. Do NOT use I	,		m 1		
M	17. FATHER'S NAME (First, Middle, Last)		Partn	er		Trash		ny
						AME (First, Middle, Maiden	,	
8	Martin VanBuren Do 190. INFORMANT'S NAME (Type/Print)	wns	105 MAILING AL	DOBECC (Charles		Ellen Wil		
2	Lucille Downs		926 Ma	stline	e Drive	Route Number, City or Town	lis, M	D 21401
	20e. METHOD OF DISPOSITION	20b. PL A	CE AND DATE OF	DISPOSITION /Na	me of	OATE 20c, LO	CATION — City or	Town State
	1 Donation 5 Other (Specify)	cemetery.	crematory or othe	n Cer	netery		entwoo	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		/	22. NAME AN	D ACCRESS OF FA	CILITY		G / 110
İ	> Sobol A	(Iranda)			use.	ineral Ho		
	23. PART I. Enter the diseases, or complication	one that severed the	double Do and			Ave. Ann		
	snock, or neart failure. List only o	one cause on each i	ine.	enter the mod	te of dying, suc	ch se cardiac or reapi	ratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	Warve	Stud	+ 6	MORA	CARRIA		Onset and Death
	resulting in death) a	OUE TO (OR AS A CON	-MIH	9 1)	MACK	HICKIT		meder
- 1		PRICA	5571)	S P	550	PAILUR		12 HES
0	Sequentially list conditions, if any, lesding to immediate	OUE TO (OR AS A CON	SEQUENCE OF):	. /	~ /	N ILON		12100
CAI	cause. Enter UNDERLYING CAUSE (Disease or injury	EMPH.	SA	A				>5 X 5
E	that initisted events	DUE TO (OR AS A CON	SEQUENCE OF):					
CERTIFICATION	resulting in desth) LAST							
	PART II. Other aignificant conditions contribu	ting to death but no	ot resulting in	the underlying	pause alues in	Part i. 24a. WAS AN		
SAL S	PROSTAG	70 0	& SIN		A A	PERFOR		24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	7.0			W 1 1	OV.	1 _ YES 2	NO	OF DEATH?
Σ						-	`	1 - YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	_	· · · · · · · · · · · · · · · · · · ·	26 01	ACE OF OEATH (Ch	mak ank and		
S	EXAMINER? HOSPIT	AL: ent 2 ER/Oulpatient		THER:	V			
Ĭ	27. MANNER OF OEATH 28s. 0	DATE OF INJURY	28b, TIME C	Nursing Home 28c. INJU	/	6 ☐ Other (Specify) 26d. OESCRIBE HOW IN	LIURY OCCUREO	
	1 Pending	Month, Day, Year)	INJUR	Y WOF	ES 2 NO			
) BY	3 Suicide 2 Ca 44 44 26a, F	PLACE OF INJURY — At	home, farm, atre	et, fectory, offica		281. LOCATION (Street a	nd Number or Run	al Route Number,
ΨI	4 Homicide determined	ouliding, atc. (Specify)				City or Town, State)		W 74
71	29e. CERTIFIER (Check only	best of my knowledge	death occurred	at the time date	and place, and dur	to the same (a) and war		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the be							se(e) and menner se stated.
	29b. SIGNATURE AND WILL OF CENTERED			A T	29c. LICENSE NUI			
8	1/10/11/	-	7 lea	/)	1276	50	29d. OATE SION	ED (Mar)
유	30. NAME AND ADDRESS OF BERSON WHO COMPLET	ED CAUSE ON DEATH (TEM 27) (Type, Pri	int)	ALCOI L	11	9/3	(-
	S.D.KRIMINS	· (FM).	900	BESTE	ATE	RI. AL	NAR	H) 240
		EGISTRAR'S SIGNATURI						



page 5 should be detached for use as the burial-transit

funeral director,

n and completely filled in by the to burial, cremation, or removal.

permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	_	- 45
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	x	m 3
) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely if fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic
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	_	-

93 12958 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 5 Mary F. DAY 93 **Eppes** 1030 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 5710701 218 09 8911 91 νta. 1 M 2 XF 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 936 Durham Street DIRECTOR Balto., Md. RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OF LOCATION BALTIMORE 10d. INSIDE CITY 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 936 Durham Street 21205 USA 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.)
 T YES NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 Merri BY 3 ₩idowed 4 Divorced Afro-American COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOT use retired. Elementary/Secondary (0-12) College (1-4 or 5+) Surgical assistanT Federal Govt. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Clem Fitzgerald Frances Jennings BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Ollie 2237 Penrose Avenue Balto., Md. 21223 Rather pe 20a METHOD OF DISPOSITION
1 D Burlal 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Baltimore Cemetery 4 Donstlon 5 Other (Specify) Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Son mes 1701 Laurens St. Balto., Md. 21217 medicai 23. PART I. Final the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ck, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death the disease or condition event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, AS A CONSEQUENCE OF): DUE if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other that initiated events OUE TO (OR AS A CONSEQUENCE OF long resulting in death) LAST in lury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? shows any 1 YES 2 NO OF DEATH? 1 TYES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item EXAMINER? HOSPITAL: OTHER: Inpatient 2 ER/Outpatient 3 DOA ng Home 5 Residence 6 Other (Specify) 5 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building. etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .09 COMPLETED 6 Could not be 4 🗌 Homicide 28 determined Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) = TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
MMPORTANT: II B ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) and manner as stated. 299. SIGNATURE AND YITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 35 5 - a 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHOICE LANE

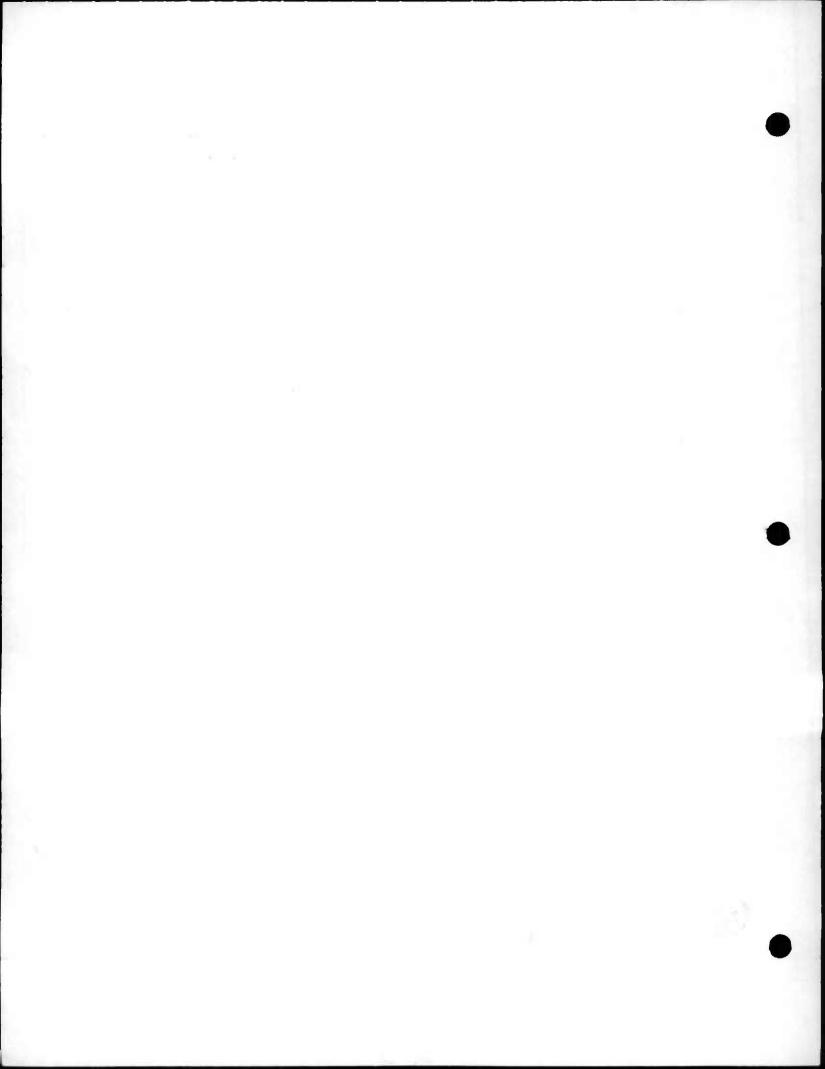
II REGISTRAR'S SIGNATURE

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BALTIMORE

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TO BE COMPLETED BY FUNERAL DIRECTOR

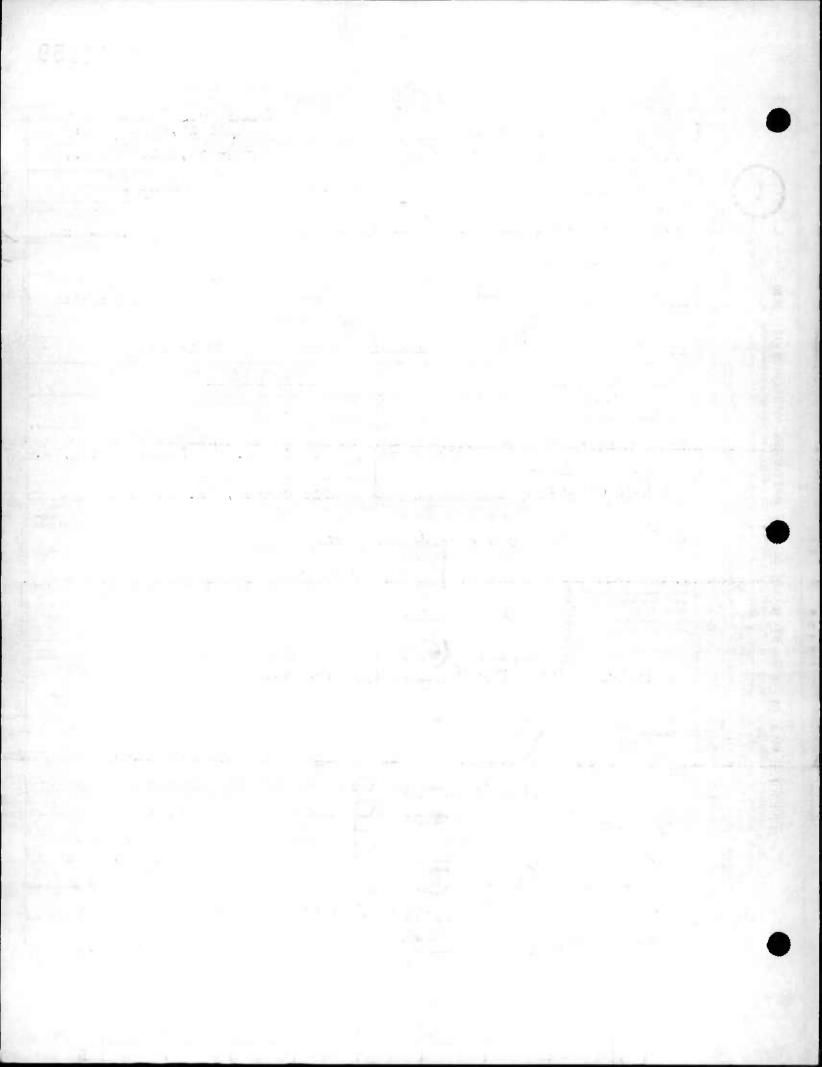
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	F	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DAY	YEAR	3. TIME OF DEATH
Frank	Edlowitz					1 28,1		2:00A
social security number 578 14 3356	5. SEX 1 1 M 2 F		IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	19 0 , 19	8. BIRT	HPLACE (State or Foreign "Wash., DC
n. FACILITY NAME (If not institution, give a Manor Care	street and number)		Whea	r location of de ton	EATH		ntgo	DEATH DMery
esidence of decedent s. state 10b. count Maryland Pri	r nce George		TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
e. STREET AND NUMBER		30		ZIP CODE				1 YES 2 NO
12909 Paca Dr	12. WAS DECEDENT EVER			20705			SA	
Never Married 2 Married Wildowed 4 Divorced	FORCES? • YES			ENDENT OF HISPAI ecity Cuban, Mexica 2 1 NO Specifi	n, Puerto Rica			E — American Indian, ik, White, atc. Mucasi, an
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done durina mo:	N st of working	16b. Kil	ID OF BUSINESS/II	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		sing G	uard	I	G Coun	ty	
FATHER'S NAME (First, Middle, Last) Henry Edlowitz	Z			Annie		le, Maiden Sumame, 3 N		
n. INFORMANT'S NAME (Type/Print) Paula Furman				nd Number or Rurel		City or Town, State, 2	Zip Code)	
a. METHOD OF DISPOSITION Secretary Burlai 2 Cremation 3 Ren	noval from State	0b. PLACE AND DATE	r other place)		DATE	20c. LOCATION -		
□ Donation 5 □ Other (Specify) SIGNATURE OF FUNERAL SERVICE LI		King Dav		orial (Fal	1s (Church, Va
an put	5			-Pearso				5
equantially list conditions, sny, leading to immediate ause. Enter UNDERLYING	a. Severe DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF		1				
AUSE (Disease or injury net initiated events esuiting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)	:					
PART II. Other algorificant condition Diwleter mel	-					a. WAS AN AUTOPS PERFORMED?	Y 24	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (C	heck only one)			
1 TYES 2 NO MANNER OF DEATH M X Natural 5 Pending	1 Inpatient 2 ER/Or 28a. DATE OF INJUR (Month, Day, Year	rtpetient 3 DOA 28b. TIME	OF 28c, INJ	RK?		pec/fy) IBE HOW INJURY (CCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJU building, atc. (S)	RY — At home, farm, st secify)		YES 2 NO	281. LOCATION	ON (Street and Num. lown, State)	ber or Rural	Route Number,
b. SIGNATURE AND TITLE OF CERTIFIE NAME AND ADDRESS OF PERSON W	SICIAN: To the best of my kni ER: On the basis of examinater ER HO COMPLETED CAUSE OF	ion and/or investigation	, in my opinion, c	leath occured at the	e 1lme, data an	d place, and dua to	the cause	
Teter M Schiss	15 MD 75	10 Creene	vere CN	UV. C	reen be	211/40	0	7 70



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

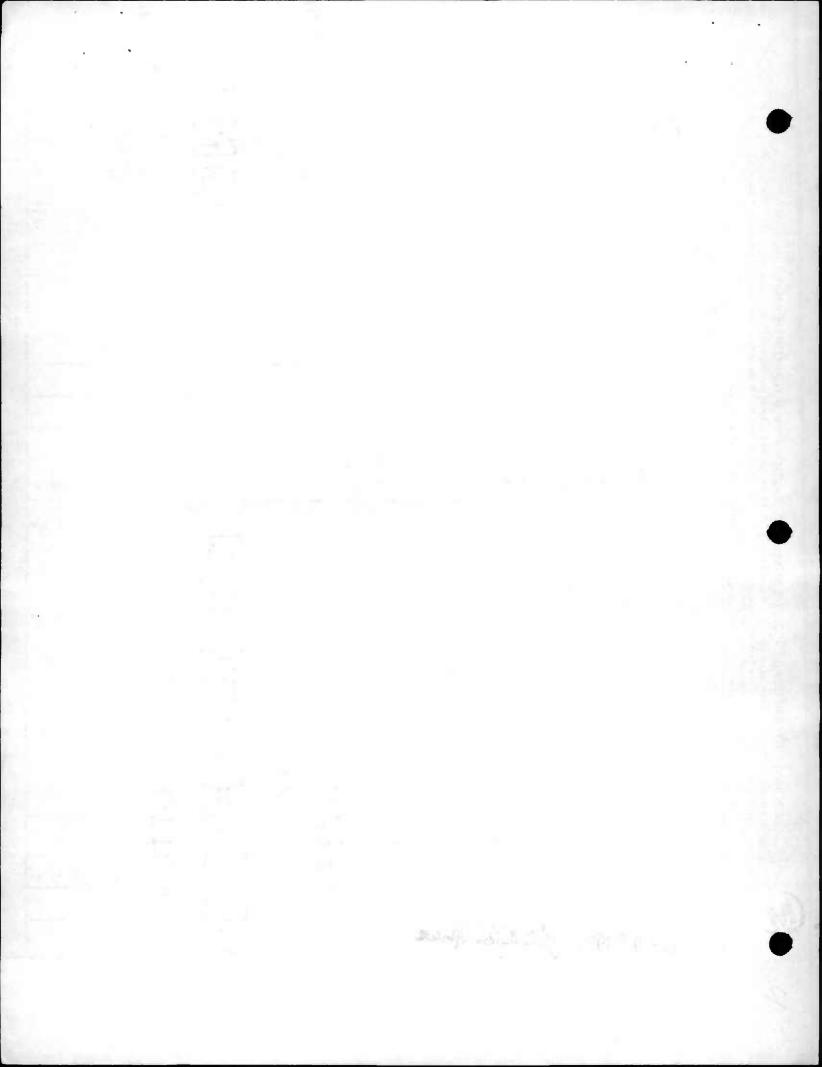


BALTIMORE, MARYLAND 21215-0020

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funeral d	n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mu
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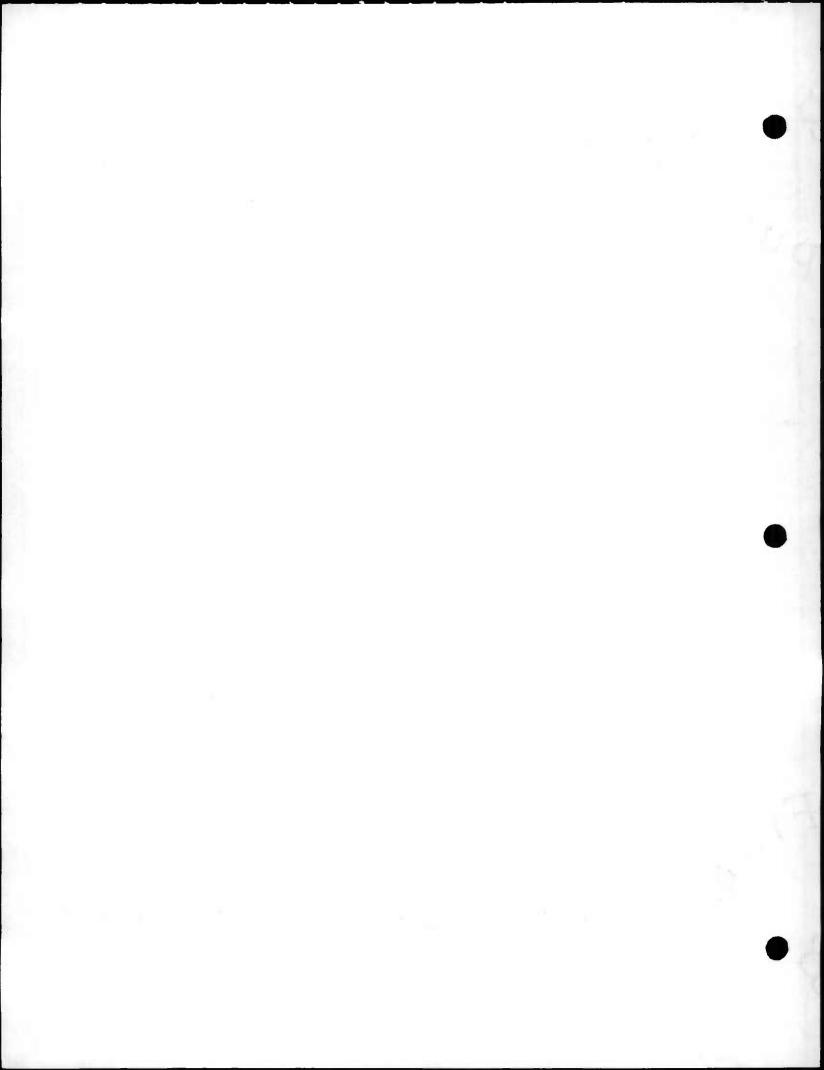
									2. DATE OF DEATH 3. TIME OF DEATH			3. TIME OF DEATH		
- 8	Sister M. Clotilde Frank						MONTH / 3 DAY 23 YEAR 4,25P				4,25P M			
1	4. SOCIAL SECURITY NUME	SECURITY NUMBER 5. SEX 6. AGE (In yrs. I			last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, De			6. BIRTH Countr	IPLACE (State or Foreign
	214-72-5849		1 ☐ M 2 💢 F	87	YRS.	MUNTERS	DAYS	HOURS	MAPA,	Mar. 2		906		y1and
~	90. FACILITY NAME (If not in							OR LOCATI		EATH			NTY OF D	
6	6806 Bellon		nue			Ro	dger	s Fo	rge			Ba1	timo	re
E C	10e. STATE	10b. COUNTY	,		10c. CI	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
DIRECTOR	Maryland	Balt:	imore		R	odge	rs F	orge						LIMITS?
A	10e. STREET AND NUMBER						101	ZIP COD	E	•		10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	6806 Bello	na Ave	nue					212	12				USA	
ا يَ	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN	T EVER IN U.S.	ARMED					NIC ORIGIN? (S		or No-	14. RACE Black	- American Indian, k, White, etc.
7	3 Widowed 4 Divo		IF YES, GIVE V	MAR OR DATES				2 📉 NO					Speci	White
	15. DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL O	CCUPATION	ON		16b, KI	NO OF BU	SINESS/IN	DUSTRY	MILLE
COMPLETED	(Specify online Elementary/Secondary (C	y highest grade	completed) College (1-4 or 5		(Give kind of life. Do NOT u	work done ise retired.)	during mo	st of world	ng					
립		,	00.000 (1.4.01.0		eligi	ous	Nun			F	Relig	ious	Ord	er
Š	17. FATHER'S NAME (First, M	liddie, Last)		•				18. MOT	HER'S NA	ME (First, Midd	tle, Maiden	Surneme)		
BE	Joseph H.	Frank	, Sr.					Ma	ry A	gnes A	thma	ın		
10	19a. INFORMANT'S NAME (Route Number,				
-	Mission Help			Heart	1001	W. J	oppa	Roa	d, T	owson,	v			
	20a, METHOD OF DISPOSIT	TON on 3 □ Rem	oval from State		ce and oat and cremator Cathe					OATE		CATION -		
	4 Donation 5 Other 21. SIGNATURE OF FUNERA	_	e de ce	New	Cathe			eter		5/5	Bal	timo	re,	Maryland
	Meitz	20	Gum											
	Martin	D. Lav	vson			1	ĭmö'n	ium,	Mar	Road,	2109	13		
CATION	shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):													
CERTIFICATION	CAUSE (Disease or injury that inhitated events resulting in death) LAST d.													
N: MEDICAL	PART II. Other significant conditions contributing to deeth but not requiting in the underlying cause given in Part i. Spastic paraplegia 1 yes 2 No 246. WAS AN AUTOPSY PERFORMED? 1 yes 2 No									AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
N S	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			T		LACE OF	DEATH (Ch	neck only one)				
PHYSICIAN:	1 TYES 2 NO		1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	4 Nu		ne 5 7 R	leeldence	6 🗆 Other (S	ipecify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28e. DATE Of (Month, I	F INJURY Day, Year)	28b. TI	ME OF JURY M	W	JURY AT ORK? YES 2 [□ NO	28d. DEŞCR	IBE HOW	INJURY O	CURED	
	3 Sulcide 6 4 Homicide	Could not be determined	26e. PLACE (building	OF INJURY — AI I, atc. (Specify)	home, farm,	street, fac	tory, offic	00		281, LOCATI City or	ON (Street Town, State	end Numbe	er or Rural	Route Number,
COMPLETED	contact only	100000000000000000000000000000000000000	CIAN: To the best o											a) end manner as stated.
BE	PSD. SIGNATURE AND TITLE		Kone	mo)				ENSE NU		IJ.	29d. DA	TE SIGNEE	(Manth, Day, Year)
2	30. NAME AND ADDRESS O									7.7	3	-		
	Marcia Ka	ne, M.	D. M	ercy Ho	spita	11, S	t. P	aul	Stre	et, Ba	altin	nore,	Mar	yland
	31. DATE FILED (Month, Day,	Year)	2	AND STATION	1									
	31. DATE FILED Month, Day, Volar) MAY 0 6 1993 Suria Davidson-Romball													



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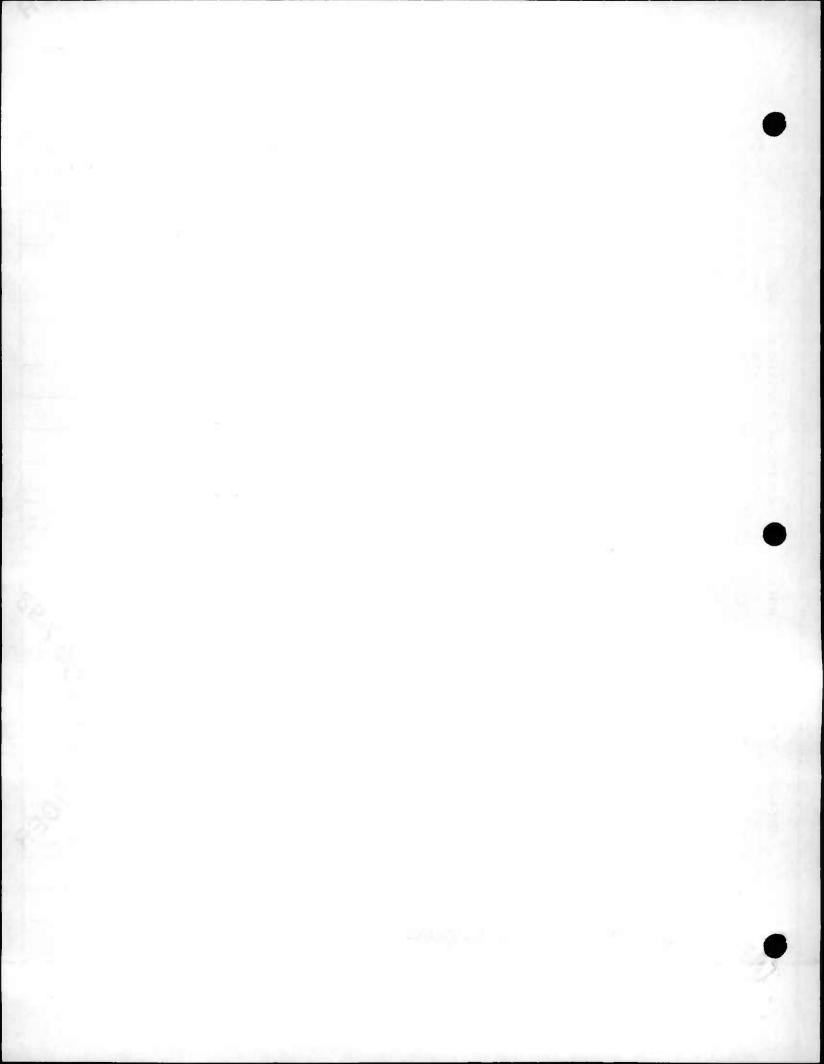
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND M	ENTAL HYGIEN		A THE SAME
	1. DECEDENT'S NAME (First, Middle, Last FRANCES A. FO					2. DATE OF DEATH	AY 9 2 YI	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-74-5402	5. SEX 6. AGE (1)	In yrs. lesi birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-22-1	la.	BIRTHPLACE (State or Foreign Country) Taryland
TOR	9a. FACILITY NAME (If not institution, give CHURCH HOSPIT				ORE, MD		9c. COUNTY	OF DEATH
DIRECTOR	100. STATE 10b. COUN Maryland	TY		timore	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
VERAL	1238 Bonaparte A	ive.			21218		U.S.	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 (X) Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yea, spe	ENOENT OF HISPANIC ecity Cuban, Mexican, 2 X NO Specify:	ORIGIN? (Specify Ye Puarto Rican, etc.)	n or No — 14.	RACE — American Indian, Black, Whita, etc.
COMPLETED	15. DECEOENT'S EO (Specify only highest grad Elementary/Secondary (0-12) 5 YYS.	College (1-4 or 5+)	18a. OECEDENT'S (Give kind of w life. Do NOT us Homemak	USUAL OCCUPATION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PO	ON st of working	16b. KIND OF BU	SINESS/INOUS	TRY
اسا	17. FATHER'S NAME (First, Middle, Last) Anthony Fort	е			Sadie F	(First, Middle, Maiden erraro	Surname)	
2	Michael Forte		196. MAILING 2805	AOORESS (Street & Page Dr	nd Number or Aurel Acc ., Baltimo	ore, Md.	n, State, Zip Coo 21222	ole)
	20e, METHOO OF DISPOSITION 1 (X) Burial 2 Cremation 3 Rar 4 Donation 5 Other (Specify)	noval from Stata Cem	PLACE AND DATE OF	of oisposition (Na her place) Cemetery	me of / 5-7-9		to., Md.	
	21. SIGNATURE OF FUNERAL SERVICE L Roy H. Ca	Rov H. Cat	her		J. Ruck, Inc		ford Rd.	,Balto.,Md.21214
	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	RESPE	ich Ilna.	ot antar tha mod	da of dyling, such a	as cardiac or resp	ratory arrest	Approximata Interval Between Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C	CONSEQUENCE OF					
1 111 11	resulting in death) LAST	d,						
MEDICAL CE	PART II. Other algorificant condition	na contributing to death bu	RENTA	the underlying	cause given in Pa	24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Check	only one)		
≥	1 YES 2 NO 27. MANNER OF DEATH	1 Deinpatient 2 ER/Outpe			S G Rasidenca 8 (Other (Specily)	N KIRV OCCUR	FD.
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	JRY WOI	RK? ES 2 NO			
ETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Special	fy)	treet, factory, offica	2	Bf. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,
POMPLE		ER: On the beat of my knowle						ruse(a) and manner as stated.
()	296. SIGNATURE AND TITLE OF CERTIFIE	Pazemi	~	To a	DITIONSE NUMBE	22	29d. DATE SIG	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WITH ATAOLLAH F. NA				AY ST. B	ALTIMOR	E. MD	. 021231



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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF H		MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) CLARENCE	Terrandor		DEATH	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH A		
	4. SOCIAL SECURITY NUMBER 5. 238 – 24 – 5457	SEX 6. AGE (In yrs. Ia	yrs. IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		S. C.		
TOR	9a. FACILITY NAME (If not institution, give street Francis Scott Ko RESIDENCE OF DECEDENT			i more	ATH	9c. COUNTY	OF DEATH		
DIRECTOR	10e. STATE 10b. COUNTY		Baltimor				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	2428 E. Jeffers			21205		10g. CITIZEN	OF WNAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	NQ If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	200	RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) ((ECEDENT'S USUAL OCCUPATION of work done during mo a. Do NOT use retired.)		16b. KIND OF BUS				
COM	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden	Sumame)			
BE	Feas Feaster 19a. INFORMANT'S NAME (Type/Print)	19	Pb. MAILING ADDRESS (Street a	Bessie		State Zin Cod			
2	M.C. Feaster						re, MD 2120		
מ מ	20a. METHOD OF DISPOSITION 1)(3)(Surial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)		AND DATE OF DISPOSITION (Na			CATION — City			
TO BE COM	Signature 2 Cremetton 3 Removed from State Commetter, or other place) A Donation 5 Other (Specify) King Memorial Park Randallstown, MD								
AL CERTIFICATION	IMMEDIATE CALISE (Final	DUE TO JOR AS A CONSE DUE TO JOR AS A CONSE DUE TO JOR AS A CONSE	Monary a GUENCE OF): TWWE GUENCE OF): Dement	rrest	Test Caldret Of Test	atory errest,	Approximate Interval Between Onset and Death Mutte Weeks		
MEDIC	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Nematura with probable Gentlownary malignanly 1 yes 2 No 1 yes 2 No								
PHYSICIAN		OSPITAL:	QTHER:	ACE OF DEATH (Che					
D BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	Inpatient 2 ER/Outpatient : 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ	URY AT HK?	8 U Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURE	ED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, street, lactory, office		281. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,		
D BE COMPLET		N: To the best of my knowledge, do on the bests of examination and/or					use(a) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER SHULL WAS ALL OF CE	erson MD	Md License	29c. LICENSE NUM	BER	29d. DATE SIG	3/93		
		SON MD	Beacham ('enter	FSKMC				
	мдү 0 6 1993	32. REGISTRAR'S SIGNATURE	R.						



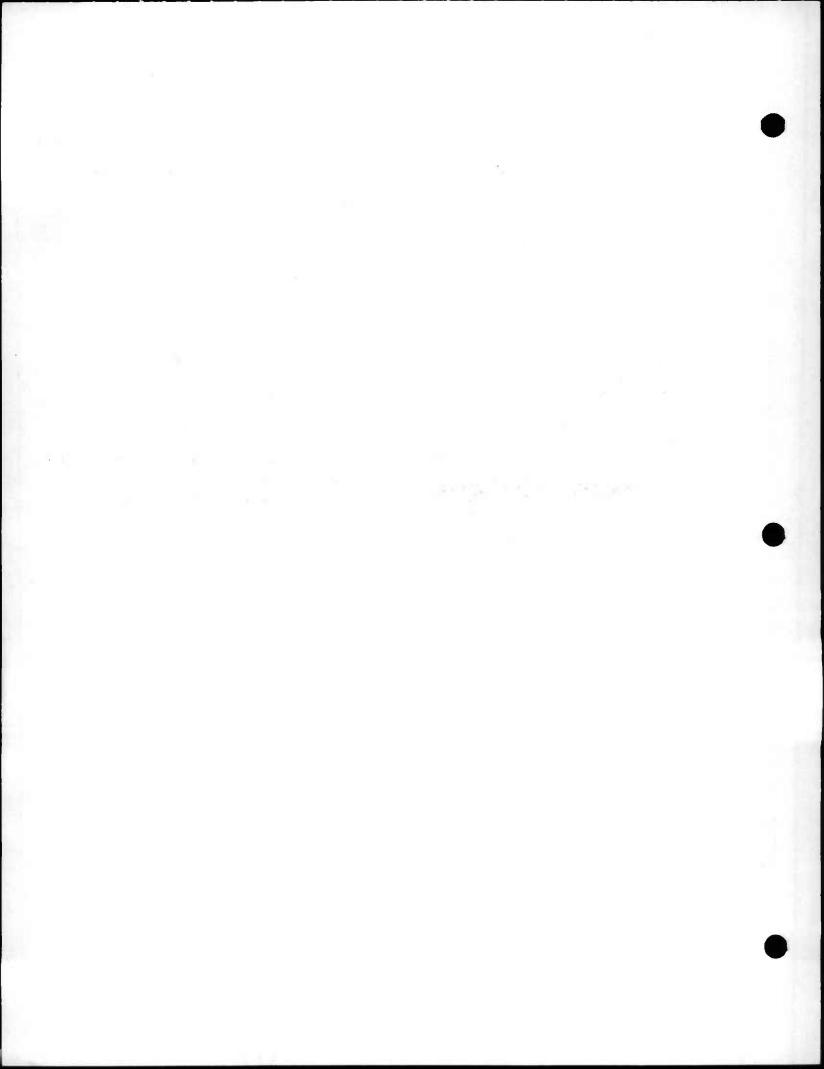


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TO THE MORE THE ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death of the stending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriathansh permit. Pages 1, 2, 3 should	he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. or item 23 shows any Injury, or other traumatic event, the medical e
TO THE MOSECOLD ON ATTEN	filed within 72 hours after
TO THE PLINERAL DIRECTOR	PORTANT: If Item 28 I

93 | 2963 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

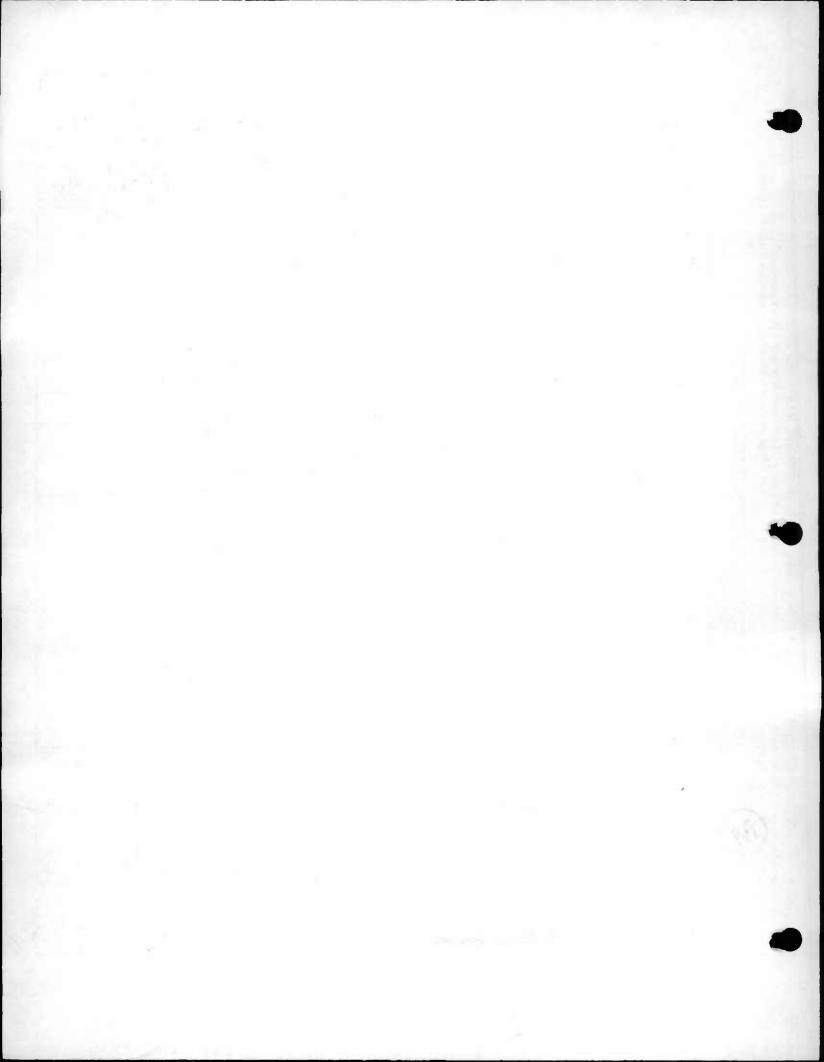
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND M	ENTAL HYGIEN REG. NO		1200
	1. DECEDENT'S NAME (First, Middle, La.	st)				2. DATE OF DEATN		3. TIME OF DEATN
	ELSIE EMMALINE	LINE ERKSELL FLOYD				05 04	1993	" 2:20A"
	4. SOCIAL SECURITY NUMBER		-	F UNDER 1 YEAR		7. DATE OF BIRTN (Month, Day, Year)	8. E	HRTHPLACE (State or Foreign country)
	441-24-8567	1 M 2 XF 66	YRS.	ONTHS DAYS	HOURS MIN.	05 14 19		KLAHOMA
~	9a. FACILITY NAME (If not institution, given	e street and number)	9	b. CITY, TOWN O	R LOCATION OF DEAT	TN	9c. COUNTY	
6	HARBOR HOSPITA			BALTIMO	DRE		N/A	A
EG EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10c, CITY.	TOWN OR LOCATI	ON			10d, INSIDE CITY
DIRECTOR	MD AN	NE ARUNDEL	CLEN	N BURNIE				LIMITS?
A.	10a. STREET AND NUMBER	NE ARONDEL	GLE		ZIP CODE		10g, CITIZEN	1 YES 2 NO OF WHAT COUNTRY?
BY FUNERAL	920 LANGLEY RO	AD		2	21060		U.S.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECE	NDENT OF HISPANIC	ORIGIN? (Specify Yes	or No- 14,	RACE — American Indian.
<u>></u>	1 Never Merried 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 YES	TES X NO		cify Cuban, Mexican, 2 X NO Specify:	Puarto Rican, etc.)		Black, White, etc. Specify:
								WHITE
2	15. DECEDENT'S E (Specify only highest gro	ade completed)	(Give kind of wor life. Do NOT use if	k done during moe	N t of working	16b. KIND OF BUS	SINESS/INDUST	RY
2	Elementary/Secondary (0-12)	College (1-4 or 5+)					0.0310.03	na
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	NONE	CHAUFE	EK	16 MOTHER'S NAME	E (First, Middle, Maiden	SCHOOL	ROS
O II	ALOIS KOPF				NINA I		Surrainey	
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street an		ute Number, City or Tow	n. State. Zio Codi	n)
٩	WILLIAM C. FLO	YD		LANGLEY		LEN BURNI		21060
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Pe		PLACE AND DATE OF	DISPOSITION (Nan			CATION — City	or Town, State
	4 Donation 5 Other (Specify)	GL	tery, crematory or other LEN HAVEN	MEMORIA	AL PARK	5-7 GLE	N BURN	IE, MD 21060
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ADDRESS OF FACIL	JTY		
	- CHEV	Minesto.	2		TON FUNE		DIIDNITI	E, MD 21061
	23. PART i. Enter the diseases, p	or complications that caused	the death. Do not	enter the mod	a Df dving, such	as cardiac or read	retory arrest	Approximate
	ahock, or heart failur iMMEDIATE CAUSE (Final	e. List only one cause on each	ch line.		,			interval Batween Onset and Death
	disease or condition resulting in death)	. SURDSE	PSIS					one week
	readiting in death)	DUE TO (OR AS A	CONSEQUENCE OF):					O'N WELL
Z	Sequantially list conditions,	- SARCOM	A DF	OTE	RUS			ONE MONTH
Ĕ	if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
걸	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	CONSEQUENCE OF:					
Ē	that initiated events resulting in death) LAST	DOE TO (OH AS A (CONSEQUENCE OF):					
CERTIFICATION		d						
	PART il. Other significant conditi	ons contributing to death bu	t not resulting in	tha underlying	cause given in Pa	art i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS
2	INTES	TINAL O	BSTR	0011	NC _	1 _ YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
W.								1 YES 2 NO
ä								
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CE OF DEATN (Check	conly one)		
YSI	1 ☐ YES 2 € NO	1 Ninpatient 2 ER/Outpar		THER: Nursing Home	5 🗆 Rasidence 6	Other (Specify)		
H	27. MANNER OF DEATH 1 (2) Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME C	Y WOR	K?	6d. DEŞCRIBE HOW II	NJURY OCCURE	0
₽	2 Accident Investigation			M 1 71				
	3 Suicide 8 Could not b	26e. PLACE OF INJURY - building, atc. (Specif	At home, term, stre γ)	et, tectory, office	2	 LOCATION (Street a City or Town, State) 	and Number or Ru	iral Route Number,
	29e. CERTIFIER							
靊	(Check only 1 CERTIFYING PN	YSICIAN: To the best of my knowle						
COMPLETED		NER: On the basis of examination	and/or investigation,	in my opinion, de	eth occured at the tin	ne, dete and place, an	d due to the cau	se(a) and manner as stated.
H	SIGNATURE AND TITLE OF CERTIF	I DOON H	no C	to AL	29c. LICENSE NUMBI	ER	29d. DATE SIG	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON Y	WHO COMPLETED CAUSE OF STA	TH OTEN OT C	1000	47294	1614-25	- 2	4143
	AEDOZE M	MEED 1	A D D	00	HACO	TAI	CE	NTRE
	31. DATE FILED (Month, Day, 1997)	A2 HEGISTHAR'S SIGNA	TURE O AGO	UIL	HUSP	1117	6	VINCE.
	MAY 0 6 1993	A2 REGISTRATS SIGNA	freeze e					
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	In the Figure 10 and 170R: After this certificate has been signed by the attending physician and completely med	E	IMPORTURY TEM 28 is marked, or item 23 shows any injury, or other traumatic event, the r
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1 - STATE REGISTRAR	STATE OF MARY		CATE C	OF DEATH		REG. NO.	_	3			
1. DECEDENT'S NAME (First, Middle, I	,				2. D/	ATE OF OEATH	YEA	3. T	IME OF DEATH		
WILLIAM JOSE 4. SOCIAL SECURITY NUMBER	PH FALTER, SR.		TE OF BIRTH	. 9e	3	E (State or Forman					
- C.O.C.	104005		MONTHS DA	AR IF UNDER 24 HRS.	(M	lonth, Day, Year)	C	ountry)			
213-26-4928 9a. FACILITY NAME (If not institution,	Ι Δ	63	9b. CITY, TO	WN OR LOCATION OF		MAY 25,1929 MARYLAND DEATH 9c. SOUNTY OF DEATH					
4316 ALAN DRIVE	1		BAL	TIMORE	BAL	BALTEMORE					
	RESIDENCE OF DECEDENT							1404	INSIDE CITY		
MARYLAND	BALTIMORE	loc. City	10c. CITY, TOWN OR LOCATION BALTIMORE								
	DIELLIONE			101. ZIP CODE			10g. CITIZEN	1 ☐ YES 2 ¥ NO OF WHAT COUNTRY?			
4400 ALAN DRIVE	, APT. A		- 77	212	29			U.	S.A.		
10e. STREET AND NUMBER 4400 ALAN DRIVE 11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			OECENDENT OF HISF			or No- 14. I	14. RACE — American Indian, Black, White, atc.			
3 Widowed 4 Divorced	IF YES, GIVE WAR OR			s, specify Cuban, Max YES 2 X NO Spe		rio Rican, etc.)		Specify: WHITE			
15. OECEDENT'S (Specify only highest Elemantary/Secondary (0-12) 12TH GRADE 17. FATHER'S NAME (First, Middle, Las	EDUCATION grade completed)	16a. DECEDENT'S		PATION og most of working	П	16b. KIND OF BUSI	NESS/INDUSTI	RY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT us	e retired.)	g most or worning							
12TH GRADE		SALESI	MAN	to the state of the state of		GOOD 1					
17. FATHER'S NAME (First, Middle, Last PAUL STAFFORD F	,					St, Middle, Maiden S					
19a. INFORMANT'S NAME (Type/Print)		19h MAII ING	ADDRESS (St	reet and Number or Rur		RICIA F		la)			
MRS. MARY P. FA		1000		DRIVE -				*			
20a. METHOD OF DISPOSITION	2	10b. PLACE OF OISPOS					ATION — City		Blata		
1 Buriel 2 Xremation 3 4 Donation 5 Other (Specify)		other place) METRO CREI	MATORY				BALTIMO	ORE			
	E LICENSEE / /	1		ME AND ADDRESS OF			2				
21. SIGNATURE OF FUNERAL SERVICE	11/11/1		HUBBARD FUNERAL HOME INC.								
23. PART I. Enter the diseasea	a. GVNSh	of W	410 not enter the	7 WILKENS	AVI	ENUE-BAL'	TIMORE		Approximate Interval Between Onset and Deeth		
23. PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. GVN Sh. DUE TO (OR AS	each line.	410 not enter the	7 WILKENS mode of dying, s	AVI	ENUE-BAL'	TIMORE		Approximate interval Between		
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FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	EDITAL DR ATTENDING DAYSICIAN. The law requires that the death certificate he executed within 24 bound
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7. DATE OF BIRTH (Month, Day, Year) 08/13/19 1 M 2 X F DAYS 219 16 6602 77 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR 784 W. Hamburg Street **Baltimore** City RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland _____ **Baltimore** 10e. STREET AND NUMBER 10t. ZIP CODE use as the burial-transit 784 W. Hamburg Street 21230 after death, Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year 1 Never Married 2 Merried It yes, specify Cuban, Mexicon, Puerto Rican, atc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES В 3 🔀 Widowed 4 🗋 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUS (Give kind of work done life. Do NOT use retired.) detached for Elementary/Secondary (0-12) College (1-4 or 5+) 6th Grade Cashier Traily 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden : Charles Garrison filled in by the funeral director, page 5 should be on removal, Ħ Emma BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town 2 Lola Galloway 3631 Hineline Road Baltimore å 20e. METHOD OF DISPOSITION

1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Glen Haven Memorial Park □ Donatton 5 □ Other (Specify) 5/7 G1e 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ecome 4001 Ritchie Hwy. medical 23. PART I. Enter the diseases, or simplications that caused the death. Do not enter the mode of dying, such as cardiac or respirations, or heart failure. List only one cause on each line. 6 **IMMEDIATE CAUSE (Final** npletely fille cremation, the disease or condition event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF 000 burial, traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediata cause. Enter UNDERLYING physician prior CAUSE (Disease or Injury or other (the attending physical difference of DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, PART II. Other significant conditions contributing to death but not (asulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN A PERFORM shows any signed Health a 1 TYES 2 peen has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TES 2 NO of the e 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW IN Natural 5 Pending Investigation BY 1 YES 2 NO After death 2 Accident 28s. PLACE OF INJURY — building, etc. (Specify) 28 is 3 Sulcide At home, farm, atreet, factory, office 28t. LOCATION (Street and City of Town, State) DIRECTOR: A 8 Could not be COMPLETED 4 Homicide TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: It item 28 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as attend. 29b. SIGNATURE AND BE 0 30. NAME AND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Helen Marie Goetz

6. AGE (In yrs. last birthday,

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

REG. NO.

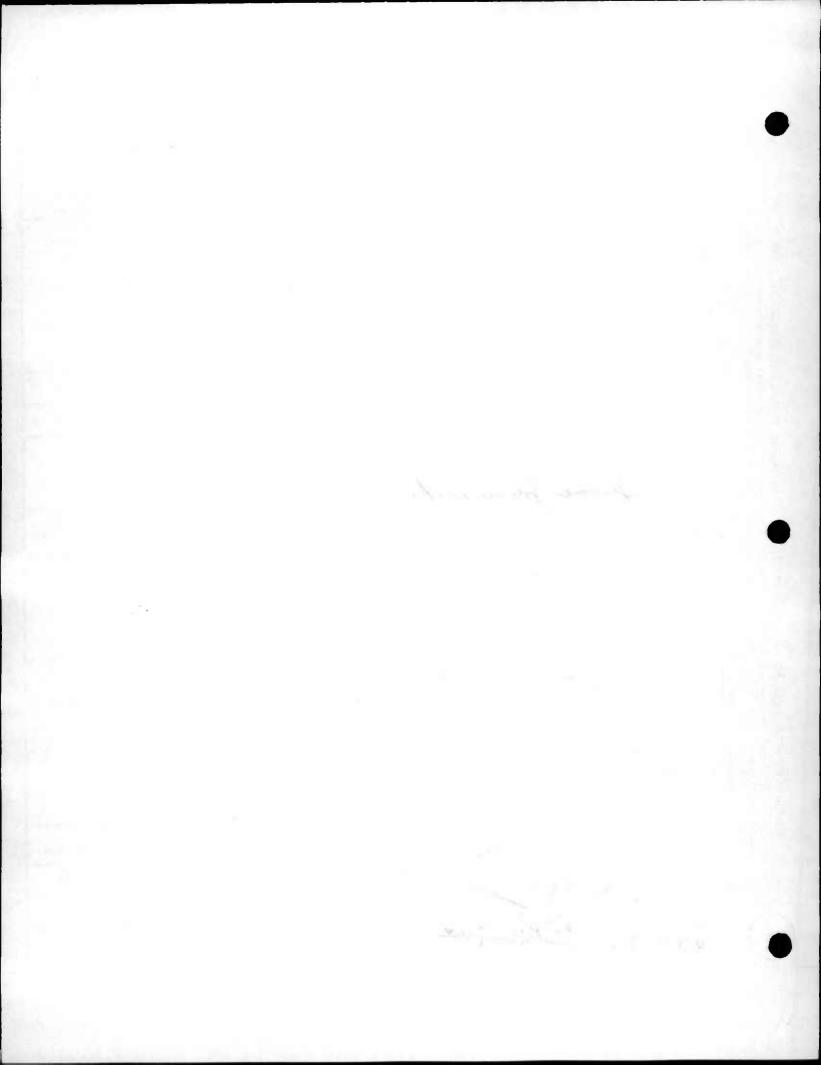
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2. DATE OF DEATH

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š 199	3	TIME OF DEATH
1.5	Mary.	
9c. COUNTY		H
		I. INSIDE CITY LIMITS? YES 2 NO
	S.A.	
or No 14.	RACE — Black, WI Specify:	American Indian, hita, atc. White
INESS/INDUS		-
ays Surname)		
	land	21229
ation – chy en Bur		Maryland
Home imore,		21225
atory arrest		Approximata interval Between Onset and Death
UTOPSY IED?	COM OF C	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 MO
JURY OCCUR	ED	
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29d. DATE SIGNED (Month, Day,



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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Frank J. Giza 93 DAY 3 FRANK aizai 10120 P M 5 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 X M 2 - F Maryland funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bolto 10a. STATE 10c. CITY, TOWN OR LOCATION INSIDE CITY Maryland ====== Baltimore 1 TYPES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 18g. CITIZEN OF WHAT COUNTRY? 1007 Church Street U.S.A. 21225 Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES FORCES? 2 NO 1 Never Married 2 Married BY 1 YES 2 X NO Specify: Specify. 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) None 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) at Peter Giza Julia Czaja BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Anna Fico 1007 Church Street Baltimore, Maryland 21225 pe 20a, METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must cometery, cremetory or other place)
Holy Cross Cemetery 4 Donation 5 Other (Specify) 5/7 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERI 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 24 hours after death. 4001 Ritchie Hwy. n by the fremoval. Baltimore, Md. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdiec or respiratory errest, filled in by Approximate ahock, or heert fellure. List only one cause on each line. interval Between 0 IMMEDIATE CAUSE (Final **Onset and Death** the cremation, Stroke disease or condition completely event, 1 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): attending physician and con mal Hygiene prior to burial, Hy pertensian traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 8 ANICY & SI SPEL

DUE TO (OR AS A CONSEQUENCE OF): (Ankylosing Spondylitis) CAUSE (Disease or Injury other that initiated events resulting in death) LAST 0 has been signed by the atter Dept. of Health and Mental Injury, PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL any eyuna COMPLETION OF CAUSE 1 - YES 2 NO shows 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 28. PLACE OF DEATH (Check only one) certificate h HOSPITAL: OTHER: 1 - YES 2 NO ng Home 5 Residence 8 Other (Specify) the 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with this 1 Natural 1 YES 2 NO After the BY 2 Accident ATTENDING 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 3 Suicide 8 Could not be COMPLETED DIRECTOR: hours after 28 4 Homicide Hem 8 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. FUNERAL I HOSPITAL = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 73
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 出 par 9 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. chaper Herbar Hospil

32 REGISTRAR'S SIGNATURE

n 6 1003



2967 9 3

	1 - STATE REGISTRAR	CERTIF	ICATE OF	DEATH		REG. NO)		
	1. DECEDENT'S NAME (First, Middle, Livit)		100			ATE OF DEATH	MV	3. TIME OF DEATH	
	John R. Haynie	* .4.	. 1		6	24 2	79	3 1021 P "	
	13. SOCIAL SECURITY NUMBER S. SEX 6. A	GE (in yrs. last birthday) 78 YRS.	MONTHS DAYS	HOURS MI	RS. 7. D/	TE OF BIRTH forth, Day, Year) b. 5, 1		B. BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (if not institution, give street and humber)	10 THS.					915	Maryland	
œ	Sinai Hospital		Baltimo	OR LOCATION O	9c. COUN	TY OF DEATH			
5	RESIDENCE OF DECEDENT		/	V - 1	,	,			
E	106. STATE 106. COUNTY		ry, town or Local ltimore	TION		,		10d. INSIDE CITY	
0	10e. STREET AND NUMBER	Des					1 X YES 2 NO		
RA	1317 W. Pratt Street		10	H. ZIP CODE 2122) 2		10g. CITIZ	EN OF WHAT COUNTRY?	
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVI	FR IN U.S. ARMED				IOINZ /Paralle, Va		14. RACE — American Indian,	
	1 Never Married 2 Merried FORCES? 1 Y	ES 2 NO	If yes, s	pecify Cuben, Me	exican, Pue	rto Rican, atc.)	- 04 A0 -	Black, Whits, etc.	
Э ВУ	3 Widowed 4 Divorced			SELTHO S	poury.			Specify: white	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	S USUAL OCCUPAT work done during m			16b. KIND OF BL	ISINESS/INDU	STRY	
Z	Elementary/Secondary (0-12) College (1-4 or 5+)	Watch	,						
N	17. FATHER'S NAME (First, Middle, Last)	Watci	IIIISTI	40 MOTUEDIO		st, Middle, Malder			
	Raymond Haynie				try A		Sumame)		
BE (19s. INFORMANT'S NAME (Type/Print)	19b. MAILING	G ADDRESS (Street				vn. State. Zip (Code)	
2	Ruth & Billy Bailey		Carroll				21230		
	20s. METHOD OF DISPOSITION 1 Burist 2 Cremetion 3 Removal from State	20b. PLACE AND DATE cemetery, cremetory or o		ame of	-5	ATE 20c. LC	OCATION — C	ity or Town, State	
	4 □ Donation 5 □ Other (Specify)	The Green	n Mount			05 Ba	ltimo	re, Md.	
	21. SIGNATURE OF EINERAL SERVICE LICENSEE	Λ		NO ADDRESS OF		Fineral	Homes		
	Lary d. Lary	mens	5695	Main St	E	lkridge	. Md.	21227	
	23. PART I. Entar the diseases, or complications that caushock, or heart trillure. List only one cause of IMMEDIATE CAUSE (Fine) disease or condition	n each line.		ode of dying,	such as o	ardiac or reap	iratory arre	9t, Approximete Interval Between Onset and Death	
ERTIFICATION	III requiting in death)	TIME	2000 0100	- 377- ·	t: N			0-0	
CERTIFICATION	Sequentielly list conditions, if amy, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE O	PF):	nôni	tis			bears.	
IN: MEDICAL CERTIFICATION	Sequentielly list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to deet	AS A CONSEQUENCE O	F):			24a. WAS AI PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CRUSE OF DEATH? 1 YES 2 NO	
	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deet	AS A CONSEQUENCE O	in the underlyin		n in Part i	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CRUSE OF DEATH?	
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deet d. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	AS A CONSEQUENCE O	in the underlying the underlying 28. P	g couse given	(Check only	PERFO 1 YES:	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF ORNSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deet	AS A CONSEQUENCE O	in the underlyin 28. P OTHER: 4 □ Nursing Hor IE OF 28c. IN. WW	g couse given LACE OF DEATH 5 Residen	(Check only)	PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF ORNSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to deet d 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEWTH 1 Natural 5 Pending Investigation 28. PLACE OF INJURATE OF INJU	AS A CONSEQUENCE O	In the underlying the	G Couse given LACE OF DEATH 10 5 Resider JURY AT JURY AT YES 2 NO	(Check only nice s O 28d. i	PERFO 1 YES: / one) ther (Specify) DESCRIBE HOW	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF GRUSE OF DEATH? 1 YES 2 NQ	
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if arry, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deet 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 70 27. MANNER OF DEWTH 1 Natural 5 Pending Investigation	AS A CONSEQUENCE OF The but not resulting Dutpetient 3 DOA RY 28b. TIM URY — At home, ferm,	In the underlying the	G Couse given LACE OF DEATH 10 5 Resider JURY AT JURY AT YES 2 NO	I (Check only	PERFO 1 YES: / one) ther (Specify) DESCRIBE HOW	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF ORNSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deeth 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 Plo 27. MANNER OF DEWTH 1 Natural 5 Pending Investigation 2 Accident Suicide Revents Pending Investigation Pe	Duripatient 3 DOA RY 28b, TIM BY At home, ferm, Specify)	28. P OTHER: 4 Nursing Hor EOF 28c. IN JURY M 1 street, factory, office	g ceuse given LACE OF DEATH ne 5 Realden JURY AT JURY AT JURY 2 NO	I (Check only)	PERFO 1 YES: ther (Specify) DESCRIBE HOW OCATION (Street	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF GRUSE OF DEATH? 1 YES 2 No	
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deeth 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	Durtpetient 3 DOA RY 28b. TIM Bry At home, ferm, Specify)	28. P OTHER: 4 Nursing Hor BE OF 28c. IN, JURY M 1 street, factory, office	g ceuse given LACE OF DEATH ne 5 Realder JURY AT PKS 2 NO	Check only 28d. I	PERFO 1 YES: ther (Specify) DESCRIBE HOW OCATION (Street Play or Town, State	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF GRUSE OF DEATH? 1 YES 2 No	
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deet d. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 1 Inpution 2 ERV 27. MANNER OF DEWTH 1 Natural 5 Pending Investigation 28e. PLACE OF INJURY (Month, Day, Venderland) 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my king the cause of the c	Durtpetient 3 DOA RY 28b. TIM Bry At home, ferm, Specify)	28. P OTHER: 4 Nursing Hor BE OF 28c. IN, JURY M 1 street, factory, office	g ceuse given LACE OF DEATH ne 5 Realder JURY AT PKS 2 NO	Check only 28d. I 28f. L due to the time, d	PERFO 1 YES: ther (Specify) DESCRIBE HOW OCATION (Street Play or Town, State	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deet d. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	Durtpetient 3 DOA RY 28b. TIM Bry At home, ferm, Specify)	28. P OTHER: 4 Nursing Hor BE OF 28c. IN, JURY M 1 street, factory, office	g Ceuse given LACE OF DEATH 10 S Residen JURY AT JURY AT YES 2 NO 10 se 1 and place, end death occured at	Check only 28d. I 28f. L due to the time, d	PERFO 1 YES: ther (Specify) DESCRIBE HOW OCATION (Street Play or Town, State	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF GRUSE OF DEATH? 1 YES 2 No	
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deet d. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	AS A CONSEQUENCE OF AS A C	In the Undariyin 28. P OTHER: 4 Nursing Hor IE OF 28c. IN WM 1 street, factory, offlic red at the time, date on, in my opinion, of	g Ceuse given LACE OF DEATH 10 S Residen JURY AT JURY AT YES 2 NO 10 se 1 and place, end death occured at	Check only 28d. I 28f. L due to the time, d	PERFO 1 YES: ther (Specify) DESCRIBE HOW OCATION (Street Play or Town, State	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No	

SZ REGISTATA S SIGNATURA PONDA ME

1993

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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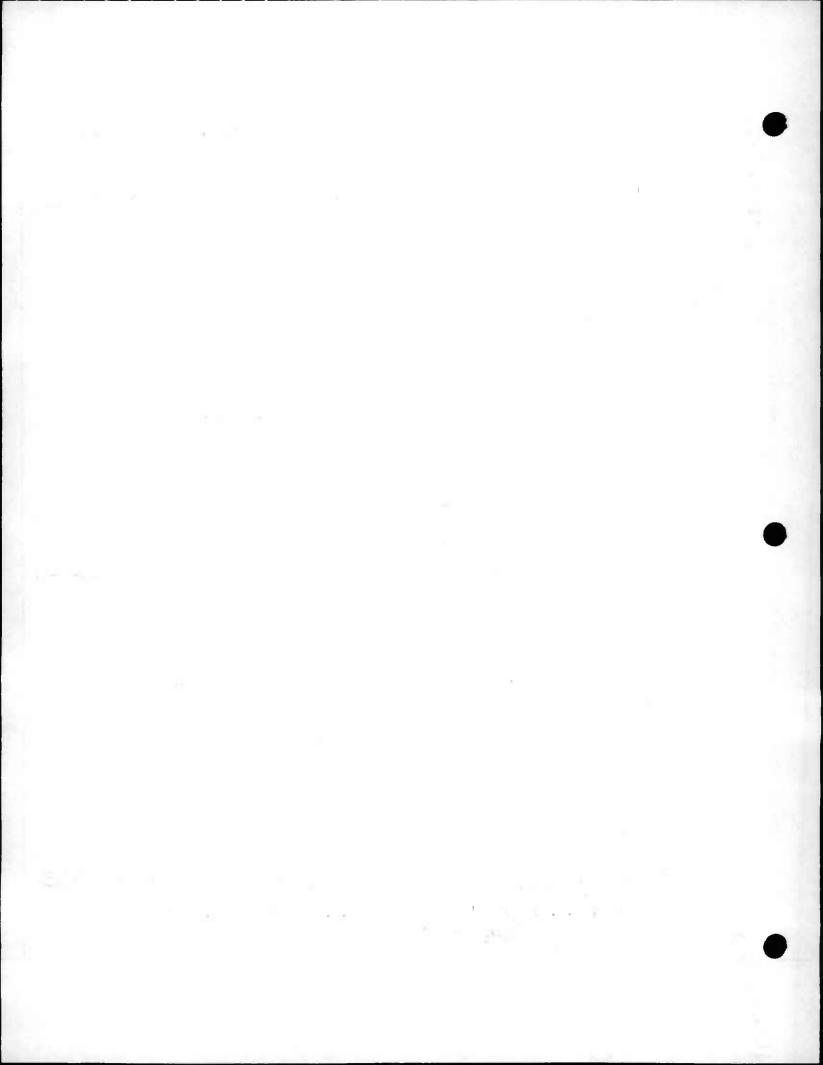
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	1 - STATE REGISTRAR	STATE OF I	MARYL	AND /	DEPAR	TMEN	OF H	IEALTH DEA	AND I	MENTA				,	12300
	1. DECEDENT'S NAME (First, Middle, Last)		_			IOAII	_ 01	DLA		0.017	E OF DE	3. NO.			
1	Jack Herrmann									you Ma	TH I	ATH DA	10	993	3. TIME OF DEATH 11:45 a.
	4. SOCIAL SECURITY HUMBER	5. SEX	6. AGE	(In yrs. last birthday)		IF UNDER 1 YEAR IF UNDER 24		R 24 HRS.		OF BIR	TH	i		PLACE (State or Foreign	
	216-40-0745	1 🛛 M 2 🗆 F	49 YRS.		MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Y	fear)	044	Country)	
	9a. FACILITY HAME (If not institution, give	street and number)			-	Oh CITY	TOWAL C	OR LOCAT	ION OF DE						yland
Œ	Deer's Head Cen									MIN				HTY OF DI	
6	RESIDENCE OF DECEDENT					'	Dart	sbur	У				V	Vicor	1100
DIRECTOR	10a. STATE 10b. COUNT	γ	10c					TION							10d. INSIDE CITY
片	Delaware				Mil	Millsboro								- 1	LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER					101. ZIP CODE					10g. CITIZEH OF WI				
FUNERAL	41 Devon Drive							1996	6				-		
١×	11. MARITAL STATUS	12. WAS DECEDED	IT EVED II	N II S ADI	MED	112			OF HISPAN	10 ODIO					tates
	1 Never Married 2 Married	FORCES?	YES	2 V N	0		If yes, sp	ecify Cubi	an, Mexica	n, Puerto	Rican, e	tc.)	or No-	14. RACE Black	— American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR D	ATES			1 🗌 YES	2 X NO	Specify	c				Specif	White
COMPLETED	15, DECEDENT'S EDI	CATION		16a. DEC	CEDENT'S	USUAL O	CCUPATIO	ON		16	b. KIND (OF BUS	INESS/IND	USTRY	WITTEE
	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5	.)	(Gh	ve kind of v Do NOT us	vork done e retired.)	during mo	st of worki	ing	- 1 "					
4	9	Compage (1-4 of 3	*,	Dis	pato	her					Truc	·kir	na		
	17. FATHER'S NAME (First, Middle, Last)				7 0 0 0			10 MOT	HER'S NA						
	Walter L. Herrman	nn							lliar						
BE BE	19a. INFORMANT'S NAME (Type/Print)		_	101	MARING	400000	2 (00						n, State, Zip		
TO BE CON	Carolyn DuVal														
2		-							ige (Burni		
5	20s. METHOD OF DISPOSITION 20b. PLACE AHD DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State														
	1 \(\text{\text{Burial 2}} \) Cremation 3 \(\text{\text{Removal from State}} \) 4 \(\text{Donation 5} \) Other (Specify) \(\text{MeadOWridge Mem. Pk. 5-7-93} \) Elkridge, Maryland														
examiner must be	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kirkley-Ruddick Funeral Home														
	421 Crain Hwy., S.E. Glen Burnie, MD 21061														
medica	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate														
	shock, or heart failure.	ach line.				,			0.00	Т	atory arr	uot,	Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	Pneumonia													Onset and Death
rvent, the	resulting in death)														
~ I				ive		,									22 00 55
CERTIFICATION	Sequentially list conditions,	0.		CONSEQ			re no) COL	ua.						11-28-77
A	If any, leading to immediate cause. Enter UNDERLYING	DUE 10	(UH AS A	CONSEG	UENCE OF	•):									
	CAUSE (Disease or Injury	C	OD AC A	CONSEC	UENCE OF										
	that initiated events resulting in death) LAST	002 10	א פא מטן	CONSEC	UENCE U	·J.									
		d													
AL C	PART II. Other aignificant condition	ns contributing to	death b	ut not re	sulting	n the ur	derlying	cause	given in	Part I.	24n, W	AS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
	Diabetes Mell:	itus . St	en e	1. 40	ouhi	tine	117.04	0.200			P	ERFOR	MED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC	Urinary tract	infectio	משט	20117	mant	VULD	arce	210		_	ים י	ES 2	NO I		OF DEATH?
2	History of dr	10 aprice	44- 4	.ecui	Tent	,			_						1 TES 2 NO
3 X		76 acres													
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				OTHE		ACE OF D	EATH (Che	ock only o	ne)				
X	1 TES 2 NO	1 X Inpatient 2		patient 3	□ DOA			e 5 □ Re	esidence	6 🗆 Oth	er (Specif	ly)			
	27. MANNER OF DEATH	(Month, Day, Year) INJURY WORK?							28d. DE	\$CRIBE	HOW IN	HURY OCC	CURED		
B B	2 Accident Investigation		M 1 ☐ YES 2 ☐ NO												
	3 Suicide 6 Could not be	26a. PLACE C building,	etc. (Spec	— At hon	ne, farm, s	treet, fact	ory, office	•		28f. LOC	or Town,	Street a	nd Number	or Rural Ro	oute Number,
	4 Homicide determined									,		2.310)			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my know	ledge, dea	th occum	d at the t	lme, date	end place	, and due	to the ce	use(s) ar	nd man	Der as stel	ed.	
N N	one) 2 MEDICAL EXAMIN														end manner se stated.
_	29b. SIGNATURE AND TITLE OF CERTIFIE														
	80,000	^	1	1	>			ZWC. LICI	ENSE NUM	BER C	7		29d, DATI	E SIGNED	Month, Day, Year)
E 0	30. NAME AND ADDRESS OF PERSON WI	eggle	_	1-1	. 1			V.	150	7	>		- 5	1-4	-1770

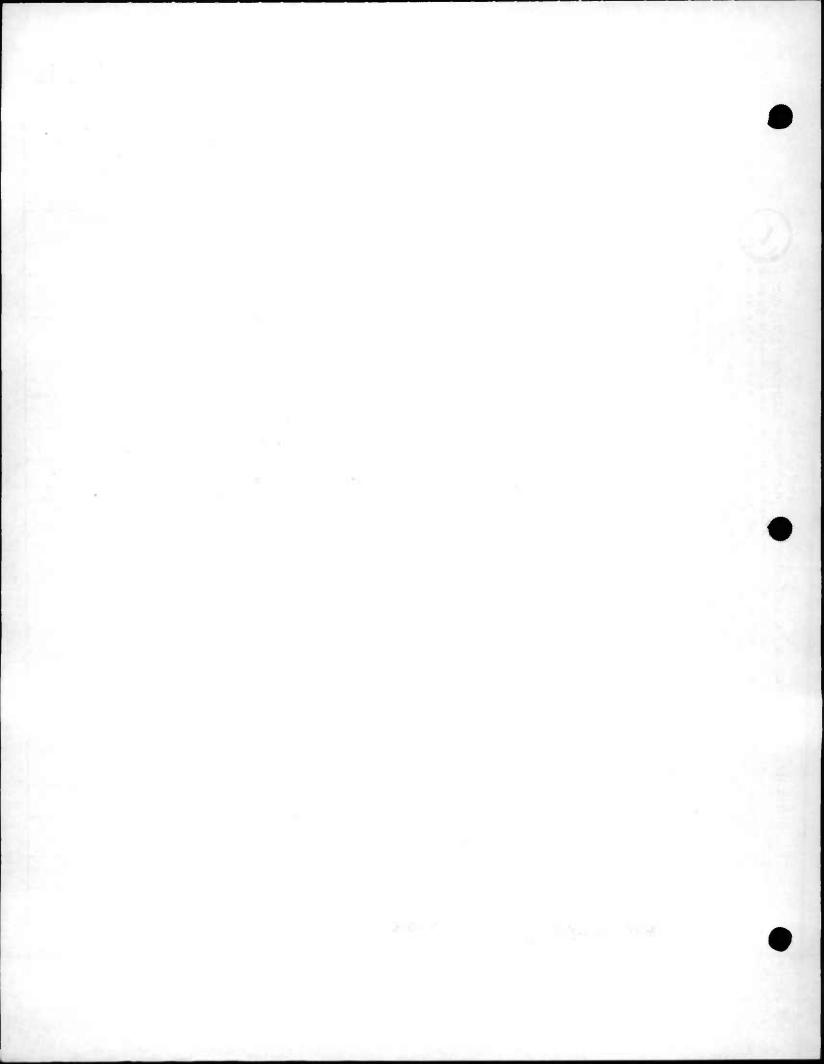
·Ceoque

c/o Deer's Head Center P.O.Box 2018 Salis. Md 21801 Elsa Goris, M.D.

31. DATE FILED (Mogth, Day, Year)
MAY 0 6 1993



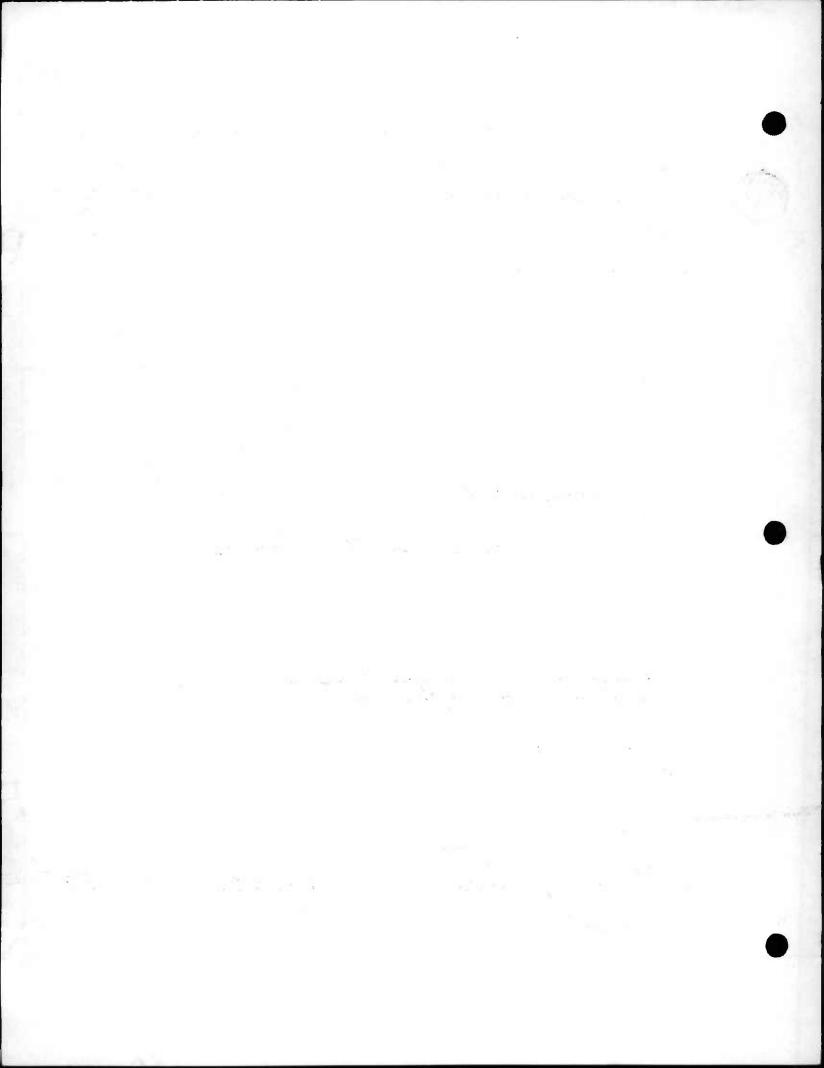
	REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO).		
	1. DECEOENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH		3	. TIME OF OEATH
	Musetta M	ary Holtm	an				0.5		93	YEAR	11:00 A.
	4. SOCIAL SECURITY NUMBER 214-20-3248	5. SEX 1 M 2 X F	6. AGE (In yrs. last :	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH		S. BIRTHPL	ACE (State or Foreign RYLAND
POR	9e. FACILITY NAME (If not institution, give RIDGEWAY MANOR		HOME		Call Salar	OR LOCATION OF	DEATH		200	LTIMO	тн
띮	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		100 CIT	Y, TOWN OR LOC	TION					
DIRECTOR	MARYLAND	BALTIMO	RE	10c. CI1	CATONS	17.6					Od. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 5743 EDMOND	SON AVENU	E		1	or. ZIP CODE 21228	3		10g. CITIZ	USA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 NO		If yes, s	CENDENT OF HISP pecify Cuban, Maxie S 2 NO Spec	en, Puerto	IN? (Specify Ye Rican, etc.)	e or No—	14. RACE — Black, W Specify:	American Indian, Vhila, stc.
	15. DECEDENT'S EDU (Specify only highest gradi	JCATION completed)	18a. DECI	EDENT'S	USUAL OCCUPAT	TION	.10	Sb. KIND OF BU	SINESS/INDU	STRY	WHITE
COMPLETED	Elementary/Secondary (0-12) 12TH	College (1-4 or 5+)			vork done during in se retired.)	iosi or worning					
BE CO	17. FATHER'S NAME (First, Middle, Last) THOMAS	KING				18. MOTHER'S N		Middle, Maiden			
10 B	19a. INFORMANT'S NAME (Type/Print) DONNA HOLTMAN		19b. 1	MAILING 001	AODRESS (Street UNION A	and Number or Rura VENUE, I	ADUR NUI	mber, City or Tov	m, State, Zip C	AND 2	1211
	20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State	20b. PLACE AN	D DATE (of disposition (#	lame of	_	TE 20c. LC	CATION — C	ity or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /	1 /h	KLDG	22. NAME /	LAN SEIT	ACILITY	R. FUN	ERAL I	HOME	
	23. PART I. Enter the diseases, or	complications that	callead the deal	th Do n	3818	ROLAND	AVEN	UE, BA	LTIMO	RE, M	D. 21211
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	e on eech line.			CARCIN			eretory arres	K,	Approximate Interval Between Onset and Death
N	Sequentially list conditions.	· CAR	CIN O-M	A.	LUNG						24/3
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	G	DR AS A CONSEQU								
CERTIFICATION	that initiated events resulting in desth) LAST	DUE TO (0	OR AS A CONSEQU	ENCE OF	ŋ:						
	PART II. Other significant condition	ns contributing to d	leath but not res	sulting i	n tha underlylr	ng cause given is	Part I.	24s. WAS AN			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDICAL								1 - YES		CO OF	MPLETION OF CAUSE DEATH?
Z										1 "	
ĕ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. F	LACE OF DEATH (C	heck only o	nne)		1	
Sic	1 TYES 2 NO	HOSPITAL:	ER/Outpetient 3	DOA	OTHER:	ne 5 🗆 Raaldence	8 🗆 Oth	er (Specify)			
Y PHYSICIAN: M	27. MANNER OF DEATH Netural 5 Pending Investigation	28a. DATE OF IN (Month, Day,		28b. TIMI INJI	E OF 28c. IN	JURY AT ORK? YES 2 NO	_	SCRIBE HOW I	NJURY OCCU	REO	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, at	INJURY — At home c. (Specify)	e, 1erm, a				CATION (Street or Town, State)		Rural Route	e Number,
COMPLET		ICIAN: To the best of m									
8	2 MEDICAL EXAMINE	ER: On the beals of axa	mination and/or inv	restigation	n, in my opinion,	death occured at th	e sime, dat	a and place, ar	d dua to the	ceuse(a) an	id manner as steled.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE Morrian A Kla	unan 1	mo			MD T	MBER	19	29d. DATE :	SIGNED (MO	onth, Day, Year)
٥	NO RMD N R.	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print) -380	29c. LICENSE NU MD D 3 EDM	OND.	son A	VE -	2/2	-29
	31. DATE FILED (MONTH, Day, Year)	32 REGISTRAT	S SIGNATURED	dese	1						



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	The	ate h	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	tem
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	1 - STATE REGISTRAR	STATE OF N	/ARYLAND CE		ICATE				MENTAL	HYGIEN REG. NO			
8	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH		T	3. TIME OF DEATH
17	WILLIAM	HAWKINS							04	30	AY	93	7:40PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE O	FBIRTH		8, BIRTHP	LACE (State or Foreign
72	213-24-1858	1 🖄 M 2 🗆 F	60	YRS.	MONTHS	DAY8	HOURS	MIN.	08	02	32	Harv	ard, NC
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	TOWN C	PR LOCATION	ON OF DE		02		INTY OF DE	
S	PRINCE GEORGE	S HOSPITA	AL CENTER	3		CH	EVER	LY			1		GEORGES
5	RESIDENCE OF DECEDENT										1		
DIRECTOR	100. STATE 100. COUNT	PG		Ca	r, rown c ipita	1 He	ight	s					IOd. INSIDE CITY LIMITS? I TYES 2 NO
AL	10e, STREET AND NUMBER				**	101	. ZIP CODI	E			10g. CIT		IAT COUNTRY?
ER	110 East Mill Av	renue					207	43				USA	
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	ED	13.	WAS DEC	ENDENT O	F HISPAN	NC ORIGIN?	(Specify Yea	or No-	14. RACE -	- American Indian, White, atc.
BY FUNERAL	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W	XYES 2 NO	0	1 1	f yes, sp	2 A NO	n, Mexica	n, Puarto Ric	ean, etc.)			white, etc. ack
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade				USUAL O				16b. F	IND OF BU	SINESS/INI	DUSTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	litto	o kina or Do NOT u	work done (se retired.)	during mo	st of workin	g					
4	12 Yrs	None	Cons	truc	tion	W	lorke	r					
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Mic	ddle, Maiden	Sumame)		
BE (George Bull	Lock							na Bro				
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Number	City or Tow	n, State, Zip	Code)	
5	Marie Hawkins								d,&f				
	20a. METHOD OF DISPOSITION 1 □XBuriel 2 □ Cremation 3 □ Rem		20b. PLACE A	NDDATE	OF DISPOS	ITION/Na	me of		DATE	20c. LO	CATION	City or Tow	n, Stata
	4 Donation 5 Other (Specify)	TOM State	Harmo	ny M	ther place) lemor	ial	Park	5/4	/93	Land	lover	. Md.	
5	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	3/		7		ID ADDRES	_	CILITY	Inha '	r DL-		o., Inc.
6	> Juan	Smils						30					20017
	23. PART L Enter the disesses, or	complications the	csused the dea	th. Do r	not enter	the mo-	de of dyl	ng, suci	h es cardie	c or respi	ratory an	reet,	Approximate
ug.	shock, or heart fallure. IMMEDIATE CAUSE (Final	Liet only one cau	se on aach lina.			0		1					Interval Batween Onset and Desth
	disesse or condition resulting in death)	· Can	1500	-1	t	he		lu	me	7			
	resulting in death)	DUE TO	OR AS A CONSECU				/		0	-			
z		b.							~				
E	Sequentially list conditions, if any, lesding to immediate	DUE TO	(OR AS A CONSEOU	JENCE O	F):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or Injury	c											
E	that initiated events	DUE TO	(OR AS A CONSEOU	JENCE O	F):								
H	Touching in death) CAST	d											
	PART II. Other eignificant condition	ns contributing to	deeth but fot re	sulting	in the un	derlying	cause o	iven in	Part I. 2	4a. WAS AN	AUTOPSY	24h W	/ERE AUTOPSY FINDINGS
MEDICAL	anemia				te					PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
	Cardiac	4	1	-	-		1			YES 2	NO		F DEATH?
	ararar	w	Lyca	m	ro	_	_		_			1 1	☐ YE\$ 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1											
2	EXAMINER?	HOSPITAL:	N .		OTHER	t:			eck only one)				
₹	27. MANNER OF DEATH	28e, DATE OF	ER/Outpatient 3 (- V			sidenca	8 Other (
	1 Natural 5 Pending	(Month, D		28b. TIM INJ	URY	28c. INJI WO	RK?	,	28d. DEŞC	RIBE HOW I	NJURY OC	CURED	
BY	2 Accident Investigation	200 BLACE O	F IN HIPM AL IV-				ES 2 [NO					
COMPLETED	3 Suicide 8 Could not be datermined	building,	F INJURY — AI hom atc. (Specify)	ie, rerm, :	street, facto	ory, office	•		281. LOCAT	ION (Street a Town, State)	Ind Number	or Runti Ros	ite Number,
4	29a. CERTIFIER												
N N	One) . 2 MEDICAL EVAMINE	ICIAN: To the best of											and menner as stated.
8		_	any included in	vvatigatit	AL, III MY O	pinion, u	Parti occur	ed at the	time, data ai	nd placa, an	d due 10 th	ne ceuse(s)	end menner as stated.
B	260. SIGNATURE AND TITLE OF CERTIFIED	7	0				29c. LICE	NSE NUM	BER	,			fonth, Day, Year)
6	- Jones	1 in	de				D	13	23.		> 3	2	フノ
	THOMAS P		9470 ANN			מאר	T. A NI	ндм	MD	20706			
	THOMAS P	a.			10 1/1	,	חעוו	mui,	, ,	20700			
1	an Altara and ofera	7 THE REGISTRE	residiffundada		1							-	



be detached for use as the burial-transit permit. Pages 1, 2, 3

page 5 should

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filled in by the f tion, or removal. medical

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other

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31. OATE FILED (Month, Day.

0 6 1993

30, MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ms

32. REGISTRAR'S SIGNATURE

and completely fille burial, cremation,

the attending physician a Mental Hygiene prior to

has been signed by t Dept. of Health and

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After 13 death v

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BOX 6	эже
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OR	that
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ^{MY}1993 MILDRED M. IMHOFF YEAR 1 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH 8. BIRTHPLACE (State or Foreign 213 05 8974 (Month, Day, Year) 10 09 1909 1 M 2 F 83 DAYS HOURS YRS. Maryland 9e. FACILITY NAME (If not institution, give street end number) 9h. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1001 Belvedere Place Orchard Beach Anne Arundel RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Anne Arundel Orchard Beach 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1001 Belvedere Place 21226 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexicen, Puerto Rid 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. OECEOENT'S EDUCATION 18e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed) 16b. KINO OF BUSINESS/INQUISTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at Dixon Clara BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Marvin Imhoff 333 Queen Anne Rd. (son) Pasadena, MD. 20a. METHOD OF DISPOSITION

1. Burlel 2 Cremetion 3 Ram

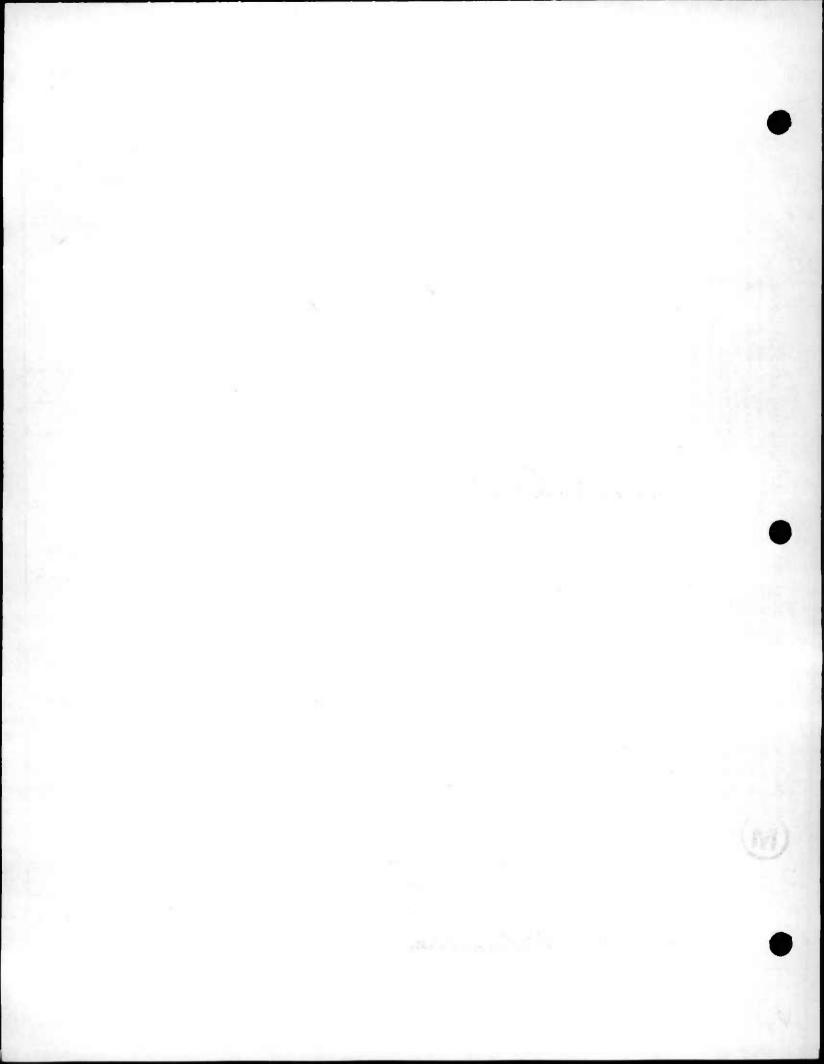
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Glen Haven Memorial Pk. 5/5/93 Glen Burnie, MD. 21. SIGNATURE OF FUNERAL-SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Gance FH 4001 Ritchie Hwy Balto Md 21225 uka 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onaet and Death disease or condition ander 10 reaulting in death) DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSCOUENCE OF) CERTIFICATION Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 100 DE DEATH? 1 TYES 2 FRING PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 TEN 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Mealdence 8 Other (Specify) 27. MANNER OF CEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, atreet, factory, office building, etc. (Specify) 3 Suicide 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end manner es stated. 2 MEDICAL EXAMINER: On the basis of examination and/or trivestigation, to my opinion, death cured at the time, date end piece, end due to the cause(e) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE

29c. LICENSE NUMBER

707 E. FORT

3055

MPORTANT 포 223



DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 24

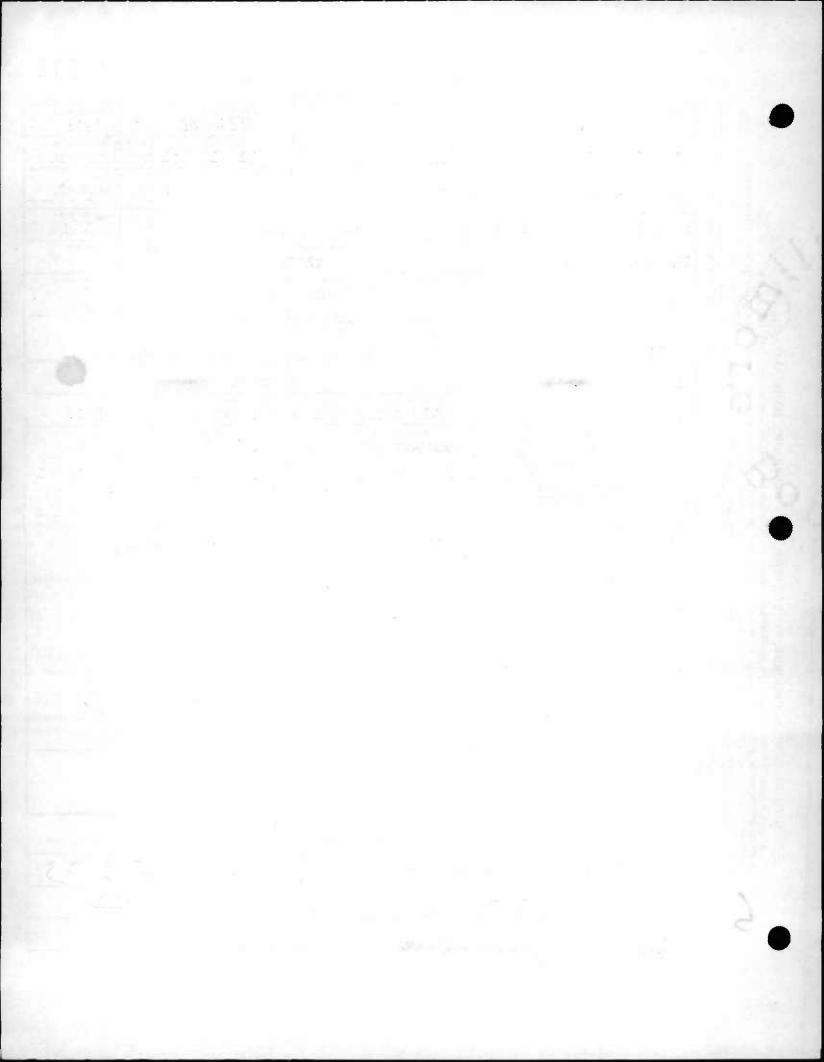
at permit. Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / D CEI	RTIF	ICATI	OF	DEAT	AND N	MENTAL	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Las	it)								OF DEATH			3. TIME OF DEATH
- 3	GRACE S. JO	HNSTON							MONTH 05	o.	5	93	7:15 a
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b		IF UNDER	t YEAR	IF UNDER	24 HRS.	7. DATE (Dev. Year)		Count	IPLACE (State or Foreign
	296-18-9939	1 🗆 M 2 💢	71	YRS.						14"	21	PEN.	NSYLVANIA
œ	9a. FACILITY NAME (If not institution, giv				9b. CITY		R LOCATIO		HTA			YTY OF E	
DIRECTOR	CROFTON CONV	ALESCENT	CENTER			CRO	FTO	N			AN	NE .	ARUNDEL
EC	10+. STATE 10b. COU	VTY		10c. CIT	Y, TOWN (OR LOCAT	ION						10d, INSIDE CITY
5	MARYLAND A	NNE ARUN	DEL		D	AVII	SON	VIL	LE				LIMITS?
AL	10e. STREET AND NUMBER					101	ZIP CODE				10g. CITI	ZEN OF Y	WHAT COUNTRY?
<u> </u>	714 AVILA DRIV	/E					210	35			U	.S.	Α.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARME YES 2 NO MAR OR DATES	ED		If yes, sp	ENDENT O	n, Mexican	, Puerto R	(Specify Yee Ican, etc.)	or No—	Spec	E — Americen Indian, k, White, atc.
E	15. DECEDENT'S El (Specify only highest gra		16a. DECE	DENT'S	USUAL O	CCUPATIO	N al ad was alde		16b.	KIND OF BUS	INESS/INC		
	Elementary/Secondary (0-12)	College (1-4 or 5	ille. Do	o NOT u	work done se retired.)	uunng mo	st or worken	g					
COMPL	12	00	BOO	KK	EEPI	ER				CONS	TRU	CTIC	ON
႘	17. FATHER'S NAME (First, Middle, Last)						200			iddle, Meiden			
B	ANTHONY SCA								ARET	2002	ALI.		
2	JOHN NESPECA									or, City or Town			21035
	20g METHOD OF DISPOSITION 1	moval from State	20b. PLACE AND CALVA						5/8		CATION -		wn, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	CALIVA	INE			D ADDRES	S OF FAC	1-,-	1100	MGD.	LOMI	1,01110
	· Dan	+ J. K	sufme	m	R	YMC	ND	C, E	TINK	FUNE.W.GI	ERAL LEN	HO! BUR!	ME 21061 NIE, MD.
CERTIFICATION	23. PART I. Enter the disesses, or abook, or heart fellul iMMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infitieted events resulting in death) LAST	a	OR AS A CONSEQUE	O S ENCE O	() ((() () () () () () () ()							(ur	Approximate Interval Between Onset and Death
MEDICAL	PART II. Other algnificant conditi	ons contributing to	death but not res	uiting	in the un	derlying	ceuse g	lven in f	Part I.	24e. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					84 5	ACE OF F	CATLA COL	ck only one	1			N/A
2	EXAMINER? 1 YES 2 XNO	HOSPITAL:	ER/Outpatient 3	201	OTHER	R:							
	27. MANNER OF DEATH	28e. DATE OF	INJURY 2	8b. TIM	E OF	28c. INJ	JRY AT	sidence (28d, DES	(Specify)	JURY OCC	URED	
	1 Netural 5 Pending	(Month, D	ny, Year)	INJ	IURY M	WO!	RK? ES 2	NO					
COMPLETED BY	2 Accident investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE O	F INJURY — At home etc. (Specify)	, farm, s	street, fact	ory, office			281. LOCA City o	TION (Street e. r Town, State)	nd Number	or Rural F	loute Number,
4	290. CERTIFIER (Check only	SICIAN: To the best of	my knowledge death		ad at the U	444-	and alone						
Ž) end manner as steted.
	29b. SIGNATURE AND TITLE OF CERTIF									, , , , , , , , , , , , , , , , , , ,			
8		MUS	10	_	-		A 7	NSE NUM	2 C		29d. DATE	SMENED	(Month, Day, Year) ->
2	30. NAME AND AODRESS OF PERSON V	VHO COMPLETED CAUS	E OF DEATH (ITEM 2	7) (Tvo=	. Print)		112	20	-0		-)	3.
	PAUL RHODES M					ER-S	UIT	E #]	L, CR	OFTON	, MD	. 2:	1114
	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE										

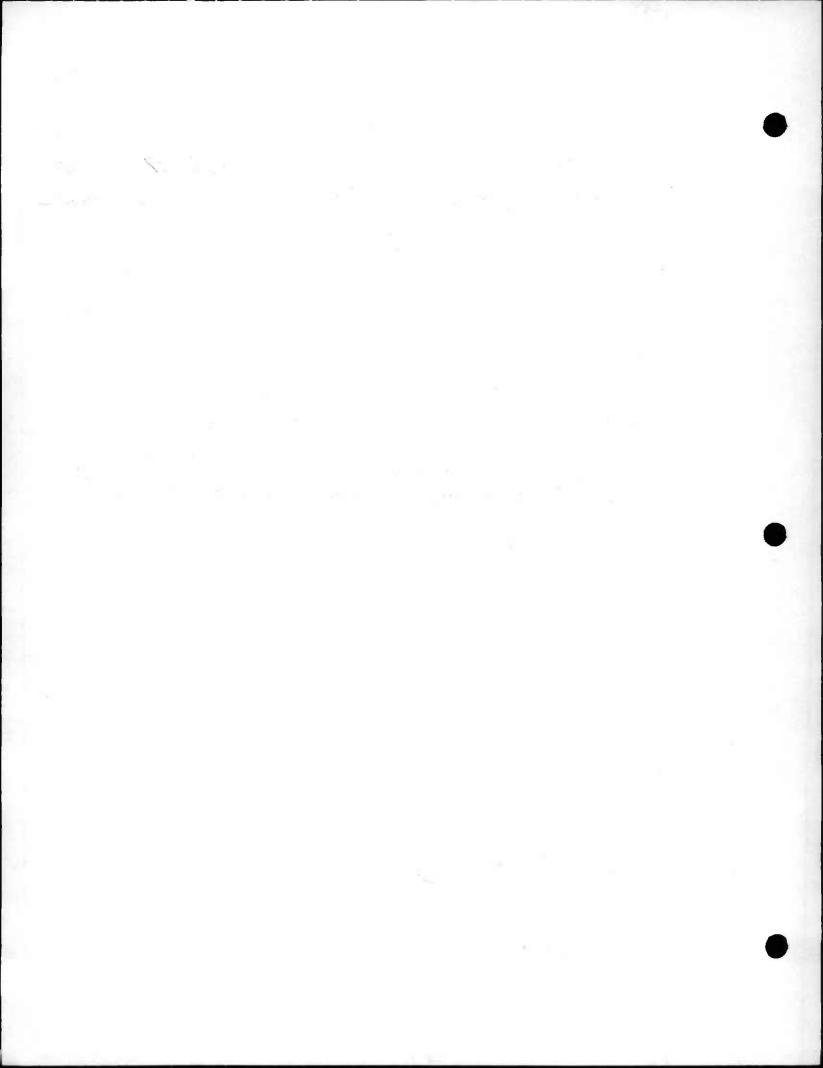


BALTIM E, MARYLAND 21215-0020	If The are required in death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
OF VITAL REC DS, P.O. BOX 68	e executable units	this certificate has been signed by the attending physician and completely filled in by the
). BO	rtificate b	g physici
3, P.C	death on	attendin
ö	all the	d by the
REG	Saringa	autis uae
TAL	The life	de has b
F VI	SICIAN	certifica
ONO	ING PHY	After this
SI	ATTEND	ECTOR /
Đ/	THE OR	WERAL DIRECTOR
	# HOSP	THE FUNE
	10	0

- 3	REGISTRAR	Dambaca		CATE OF		REG. NO		
- 6	1. DECEDENT'S NAME (First, Middle, Lest) PATRICK	PATRICK W	ILLIAM JU Judo	IDD	1	-	AY 454	3. TIME OF DEATH
			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	. DATE OF BIRTH	2 17	HPLACE (State or Foreign
	017-18-5587	1 M 2 D F 76		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 3-17-17	Coun	sachusetts
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN	OR LOCATION OF DEAT		9c. COUNTY OF	
DIRECTOR	MULLINGTY RESIDENCE OF DECEDENT	HOSPITAL		BALT	MORE	CITY		
H	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Maryland Balt:	imore	I	uthervi	lle			1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER				f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
W	205 Conamara Ct.				21093		U.S.A.	
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	CENDENT OF HISPANIC lecify Cuban, Maxican,		or No- 14. RAC Blac	E — American Indian, ck, Whita, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify:		Spec	
요	15. DECEDENT'S EDUCA (Specify only highest grade of	TION	16a. DECEDENT'S	USUAL OCCUPATION	ON	18b. KIND OF BU	SINESS/INDUSTRY	hite
Щ	Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	ost of working			
COMPLET	12 yrs		Manag	er		Purc	hasing	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Meiden	Surname)	
BE	Mamertas	Jut	kus		Julia	:	Balukoni	S
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural Rou			
	Constance Judd		205	Conamar	a Ct. Luth	nerville,	Md. 2109	93
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ramov	at from State Ceg	PLACEAND DATE O	FDISPOSITION (Na ner place)	ame of		CATION — City or T	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN		ulaney V	- 10			onium, Mo	d
	21. STORTED OF TOTAL SERVED CALL	//	_		nd address of facil Towson Fur		. Tn.	
	16-6	Luci		1050 3	York Rd 7	Outcon M.	3 27204	
	23. PART i. Entar the diseesea, or collected ehock, or haert failure. Li	mpilcationa thet ceuse	d the death. Do no	ot enter the mo	de of dying, such a	a cardiec or reap	iratory arrest,	Approximate
	IMMEDIATE CAUSE (Final							intervei Betwee
	disease or condition resulting in death)	Cardi	0-146	nona	ny fail	une		ļ
	17 TWO 20	OUE TO (OR AS A	CONSEQUENCE OF):	ry Fail			
8	Sequentielly list conditions, b.	546	CONSEQUENCE OF	old H	conorr	noge		
RTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING		lura l	Hemat	DIMA	MAICHIGA HAND	entcAL	EXAMINA
윤	CAUSE (Disease or injury that initiated events		CONSEQUENCE OF		011100	WINDSHOP APPROX	STO ON	
E	resulting in death) LAST				58	N.	X	No
8	DART II OIL					- IX	Y	1
₹	PART II. Other significant conditions	contributing to death b	ut not resulting in	the underlying	g cause given in Pa	rt I. PBRFOR	AUTOPSY 248	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	=======================================					- North	NO I	OF DEATHT
						- ['		1 🗌 YES 2 🗎 HO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL							
<u></u>		HOMPITAL:		OTHER:	ACE OF DEATH (Check	Learning Company of the		
PHX	27. MANNER OF DEATH	Inpetient 2 DEN/Outp	28b. TIME		e 5 Residence 6	Other (Specify) Id. DESCRIBE HOW I	N HITTO CARRESTON	
	1 Netural 5 🗍 Pending	(Month, Del Hear)	2		BK7		rom La	dier
è	2 Accident Investigation 3 Suicide # 1 Could and by	284. PLACE OF INJURY	— At home, farm, st			H. LOCATION (Street		
	4 Homicide # Could not be	building, etc. (Spec	NAC CARL	ME		City or Town State)		C 1
<u>"</u>	29a. CERTIFIER CERTIFYING PHYSICI	AN: To the heat of my know				200	na ma	e Car
ξ	29a. CERTIFIER CCHOCK ONLY 2 MEDICAL EXAMINER:							a) and manner as stated.
SII	296. HIGHATUHI AND TITLE OF CERTEIN	la mo)		29c. LICENSE NUMBE	RO		(Month, Day, Year)
BE COMPL	114	The second secon	/		D4337	-1	D 05-	03-93
H	Mytor	7						
ш	30. NAME AND ADDRESS OF PERSON WHO	Succe 1	Trauma	-	ene st.	Bout		70
H			Trauma	-		Beiti		

to a second of the second of t

	33	1. DECEDENT'S NAME (First, Middle, Last) EMMA	- I II I/ \ / \/	NNA C	JARRELS			2. DATE OF DEA	DAY	YEAR 92	TIME OF DEATH
-		4. SOCIAL SECURITY NUMBER 220-03-2043	5. SEX 6. AGE	96	YRS. IF U	MOER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, W		8. BIRTHPL Country)	ACE (State or Foreign Jersey
1, 2, 3 should	тон	S4. FACILITY NAME (If not institution, give	street and humber)	1	9b.	-	OR LOCATION OF DE		9c. COM	TY OF DEA	
physician. burial-transit permit, Pages 1,	DIRECTOR	10e. STATE 10b. COUN	timore Count	.v	10c. CITY, TO	MN OR LOCA	TION	<u> </u>		100	Od. INSIDE CITY LIMITS? YES 2 X NO
t permi	3AL	10e. STREET AND NUMBER			010.		1. ZIP CODE			ZEN OF WH	AT COUNTRY?
cian. Ftransif	FUNERAL	1308 Heather Hi	12. WAS DECEDENT EVER	IN II S AD	MED.	12 MMC 05/	21239 CENDENT OF HISPAN	10 0010H4 70		J.S.A.	
attending physician.	BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES	2 X N	10	If yes, sp	secify Cuban, Maxica 3 2 NO Specify	n, Puerto Rican, el	c.)	Black, V Specify:	- American Indian, White, atc. White
al or atter	ETEC	15. DECEDENT'S ED (Specify only highest grad	e completed)	(G	CEDENT'S USUA ive kind of work d Do NOT use retir	one durina me	ON ost of working	16b. KIND C	F BUSINESS/IND	USTRY	
e si c	COMPLETED	Elementary/Secondary (0-12) 8 VY S	College (1-4 or 5+)		Manager			Apa	artments	3	
3 6 5 E	1	17. FATHER'S NAME (First, Middle, Last) Robert	Kreysi					ME (First, Middle, M	faiden Sumame)	Но	omdel
s retained to 5 should notified	10	19a. INFORMANT'S NAME (Type/Print) Mr. William Jame:	•	190			Ave.	Noute Number, City of Baltimon		Code) 21234	
E Sage L	}	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ref	20	b.PLACE	MODATEGERIS	DOCITION (N	ama af	2475 00	e, MD 2		, State
Page 6 ma Il director, p		4 Donation 5 Other (Specify)		metery, cre	matory or other pl	orela:	nd Mem. 5	7/93	Baltim		
death. Pag tuneral di l. examiner		21. SIGNAL OFFICE POWERAL SERVICE L	Paul L. H	artso	ck,Jr.	22. NAME A	NO ADDRESS OF FAC	Ba	ltimore		
C n a		23. PART I. Enter the diseases, or	complications that exist	d the de	eth. Do not er		ard J. Ru				
ted within 24 hours after completely filled in by th ial, cremation, or remove event, the medical		shock, or heart failure iMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. DUE TO (OR AS	each Ilna	•		and or dying, each	T dis Calculac Of	respiratory arri	151,	Approximate Interval Between Onset and Death
be execucian and for to bun	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. CHF. DUE TO (OR AS								
e Hy	CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	CDUE TO (OR AS	A CONSEC	DUENCE OF):						
uires that the death signed by the atte Health and Mental ws any injury, o	DICAL	PART II. Other significant condition	ns contributing to death	but not n	eaulting in the	underlyin	g cause given in	PE	AS AN AUTOPSY ERFORMED? ES 2 1 NO	AM CC	ERE AUTOPSY FINDINGS AULABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
- o - o	: ME						<u> </u>	_		1	□ YES 2. HO
See as	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OT	28. PI	LACE OF DEATH (Che	ck only one)			
certification the St.	PHYS	1 YES 2 NO 27. MANNER QS-DEATH	1 Impatient 2 ER/Out	patient 3		Nursing Horr	ie 5 🗆 Rasidence				
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate hours after death with the State Elem 28 is marked, or item	BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY	1 1 1	YES 2 NO	28d. DESCRIBE I			
OR ATTEND DIRECTOR: A hours after d	ETED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, atc. (Spe	Y — At hou ecify)	me, farm, street,	factory, offic		2af. LOCATION (S City or Town,	Street and Number (State)	or Rurel Rout	te Number,
A A L	COMPLE		SICIAN: To the best of my know ER: On the basis of exemination								nd manner as stated.
THE FUNER	BE C	296. SIGNATURE AND TITLE OF CERTIFIE		. 4	1		29c. LICENSE NUM		29d. DATE	SIGNEO (M	onth, Day, Year)
(M)	유	30. HAME AND ADDRESS OF PERSON WI			1 27) (Type, Print)		D392	9-7		5/4/	93
		AL DATE EN ED AL.	/				- 27				
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

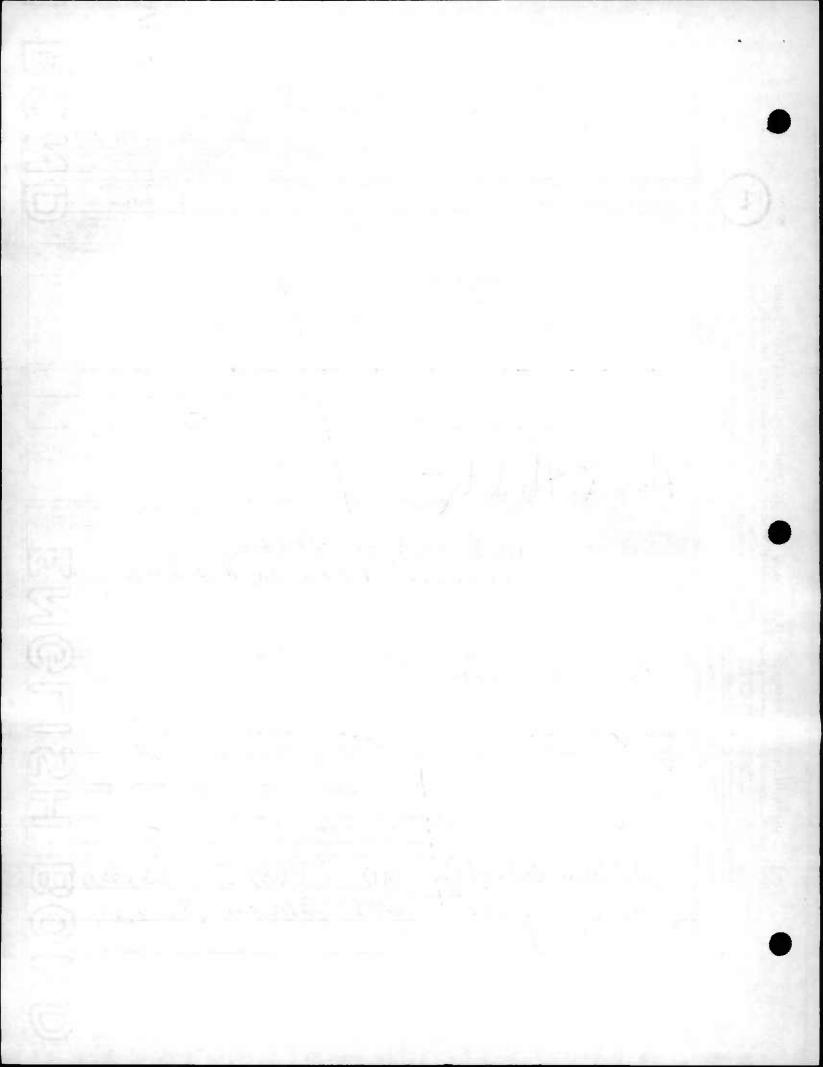
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. B

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)		CER	TIFICATE (OF DEALH	R	EG. NO.		
					2. DATE OF I	DEATH DAY	YEAR 3	. TIME OF DEATH
Gladys Jenkins					04	29	159.3	3:00 P M
4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last birti			7. DATE OF E	SIRTH W. March	8. BIRTHPL	ACE (State or Foreign
221-03-2028	1 M 2 X F	83 v	res. Months D	DAYS HOURS MIN.	0470	3/T910	Oak (Frove, Dela
9a. FACILITY NAME (If not institution, give s	street and number)		€ы. СІТҮ, ТС	OWN OR LOCATION OF D	EATH	9c. COL	INTY OF DEA	тн
William Hill Ma	nor	-	East	on, MD			Talbo	t
10a. STATE 10b. COUNT		10	e. CITY, TOWN OR L				1	Dd. INSIDE CITY
Maryland Tall	oot		Easto	n			1	YES 2 NO
Dutchman Road				101. ZIP CODE 21601			S.A.	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If yo	S DECENDENT OF HISPA es, specify Cuban, Maxio YES 2 NO Speci	an, Puarlo Ricar		14. RACE — Black, 1 Specify:	- American Indian, Whita, atc. White
15. DECEDENT'S EDU	CATION	16a, DECED	ENT'S USUAL OCCU	UPATION	16b. KIN	ID OF BUSINESS/IN	DUSTRY	V.III.CC
(Specify only highest grade	e completed)	(Give ki	ind of work done duri NOT use retired.)	ing most of working		olesale/		
Elementary/Secondary (0-12)	College (1-4 or 5+)		cretary				ic cull	- 1999
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N		npany		
Luther A. O'Bie	er				Steven			
19a. INFORMANT'S NAME (Type/Print)		105 44	AILING ADODESS A	Street and Number or Rura			in Code1	
Alma O. Ruf				ox 449-Gree			639	
209. METHOD OF DISPOSITION		7	D DATE OF DISPOSI		DATE	20c. LOCATION -		State
1 Burlet 2 Cremetion 3 Rem 4 Donation 5 Other Communication	1		Cemetery	ce)	5/1			Maryland
21. SIGNATURE OF FUNERAL BUSINES	Harli	f-	Ha	me and address of F irdesty Fun idgeville,	eral Ho		Laws S	St.
23. PART I. Enter the diseases, or	complications that co	sused the death					root	Approximate
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO KOF	R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER	our ar	Selvacesto	hi he	A desi	ence	. [P
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d							
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	dns contributing to de	ath but not reeu	iting in the unde	orlying cause given in	n Part i. 24	s. WAS AN AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
CAUSE (Disease or injury that initiated events	dne contributing to de	ath but not reeu	iting in the unde	orlying cause given in		PERFORMED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d.	eth but not reeu	iting in the unde	erlying cause given in			6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d. ne contributing to de	eth but not reeu	ilting in the unde	erlying cause given in		PERFORMED?	6	MAILABLE PRIOR TO COMPLETION OF CAUSE
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should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE CO
i examiner must be notified at once.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IMPORTANT
the funeral director, page 5 should be detache wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	TO THE FUNER be filed within
ter death. Page 6 may be retained by the hosp	The HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	HOSPI HOSPI
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	VI

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	JWR											3	1	2976
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	RTMEN	T OF H	EALTH	AND I	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)						DLA		2 DATE	OF DEATH			2.7	IME OF DEATH
	MARGARET	G.	K	EYS					5		AY 1	993		1:19 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	ast birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HBS	<u> </u>	OF BIRTH			_	E (State or Foreign
	577-60-1697	1 □ M 2 🖔 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)	010	Count	try)	
	9e. FACILITY NAME (If not institution, give st	treet and number)			9h CIT	/ TOWN C	PR LOCATI	ON OF DE		H 6,19				ORK
Œ	UNION MEMOR		דתידם		1						9c. COUNTY OF DEATH			
읝	RESIDENCE OF DECEDENT	TAL HOS	LIIAL		1	DALL	. IMO	RE (CITY					
DIRECTOR	10a. STATE 10b. COUNTY	i a		10c. CIT	Y, TOWN	, TOWN OR LOCATION						10d	. INSIDE CITY	
ä	MARYLAND			BALTIMORE								1 K	LIMITS?	
A	10e. STREET AND NUMBER			101. ZIP CODE							10g. CIT	IZEN OF V		COUNTRY?
8	4229 SHAMROCK AVE	NUE		21206								U.S	. A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	ARMED 13 WAS DECEMBENT OF HISPANIC ORIGINS (S.						17 (Specify Yes	n or No —			merican Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)								Black Speci	k, Wh	Ita, atc.
BY	3 X Widowed 4 Divorced			1 ☐ YES 2 🔀 NO Specify:								Speci	", W	HITE
邑	15. DECEDENT'S EDUC (Specify only highest grade	16a. D	ECEDENT'S	USUAL O	CCUPATIO	N st of working	207	16b	KIND OF BU	SINESS/INC	DUSTRY			
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MP	2	2 YRS LOAN ADMINISTRATOR FEDERAL HOUSI									SING	F		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) JOSEPH A. GROSSON 18. MOTHER'S NAME (First, Middle, Melden Sumarne) ROSE THERESA VARULA													
H	JOSEPH A. GROSSON	l					RC	SE 1	CHERI	ESA VA	RULA			
2	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow				
- 1	LUCY JENKINS 4229 SHAMROCK AVENUE - BALTIMORE, MD								1D. 2	212	.06			
	20s. METHOD OF DISPOSITION 1 \(\Delta \) Burial 2 \(\Circ \) Cremetion 3 \(\Delta \) Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetopy or other place)							DAT	E 20c. LO	CATION —	City or To	wn, S	iteta	
	4 Donation 5 Other (Specify) FT. LINCOLN CEMETERY 05/06 HYATTSVILI								ĿΕ					
- 1	21. SIGNATURE OF SUMEBAL SERVICE LIC	ENSEE	. /				D ADDRE			ME TI	NT.C			
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	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate													
	anock, or heert tellure. List only one €a⊌se on eech line.													
	IMMEDIATE CAUSE (Final disease or condition	1 PTO	10015	PASIC	10	1.4.10	ATECA	COH	110	Dio	100	-		Onset end Death
- 1	resulting in death)	I. AT GE	JOSC LE	A L	2 9	RIV	LOVA	SU.	MA	1/1/5	CASE	<u> </u>	-	
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ERTIFICATION	Sequentielly list conditions,	DUE TO	(OR AS A CONSE	OUENCE O	n:								-	
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토	resulting in death) LAST	1												
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¥	PART ii. Other eignificent condition	e contributing to	death but not	reculting	in the ur	nderlying	cause g	given in i	Pert i.	24a. WAS AN PERFOR		24b.		E AUTOPSY FINDINGS LABLE PRIOR TO
8 1									_	YES 2	NO		COM	PLETION OF CAUSE EATH?
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PHYSICIAN: MEDICAL										INDIT	21101	N		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: .					ACE OF D	EATH (Che	eck only on	0)				
Š	1. YES 2 NO	1 Inpetient 2	ER/Outpatient	3 🗆 DOA	OTHER 4 Num		5 🗆 Re	eldenca	8 🗆 Other	(Specify)				
H	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM	-	28c, INJU	JRY AT			CRIBE HOW I	NJURY OC	CURED		
B B	1 Netural 5 Pending Investigation				M		ES 2	NO						
	3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At h	oma, farm,	street, fact	ory, office			281. LOC	ATION (Street &	and Number	or Rural F	loute i	Number,
3 Suicide 8 Could not be determined 4 Homicide														

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) OCME 5 5 1993 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARIO T. GOLLE J. M. 111 Penn

31. DATE FILED (Morrin, Day, Year)

MAY 0 6 1993 MAY 0 6 1993 Penn Street, Baltimore, Maryland 21201

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner ee stated.

29a. CERTIFIER (Check only one)

nination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated.

made 1

is aw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit		
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CERTIFICATION

PHYSICIAN: MEDICAL

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FUNERAL within 72 I IMPORTANT: If

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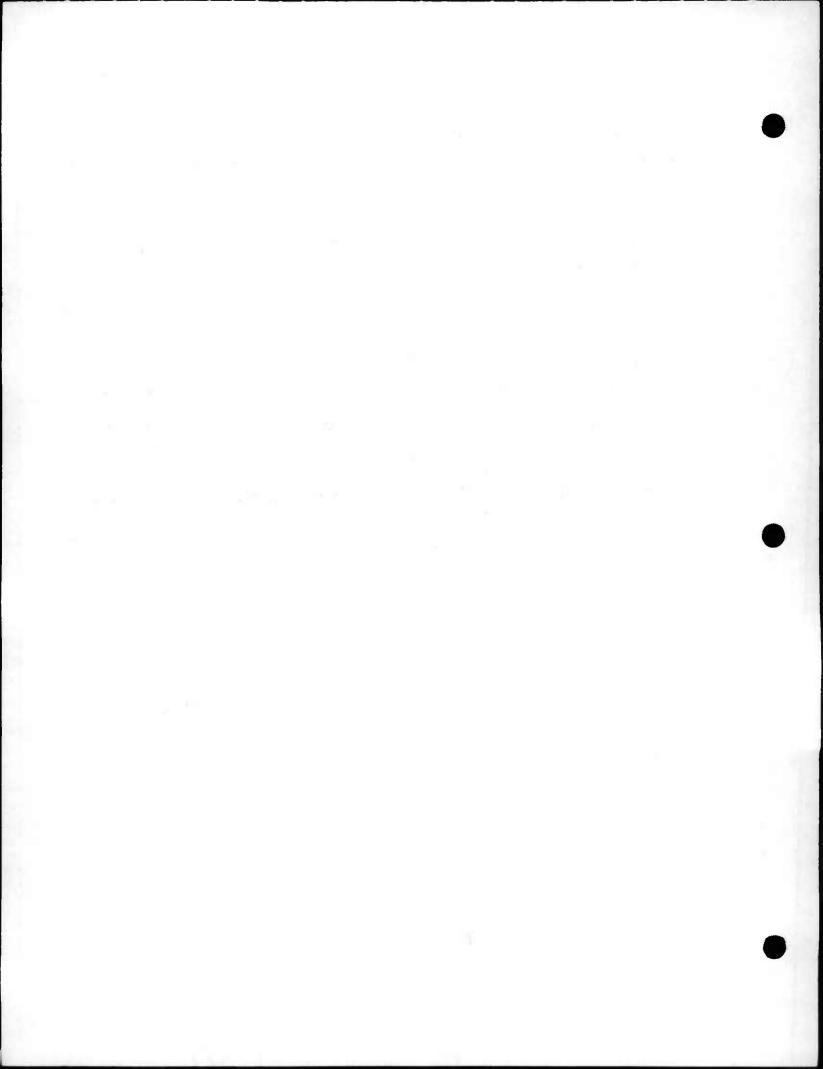
223

93 12977 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH KIMBALL YEAR MARY Hilda 1993 5 8:55A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign July 8, 1907 217-09-4525 1 🗌 M 2 🗓 F Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE CITY 3602 HARFORD ROAD RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 X YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 3602 Harford Rd. 21218 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Ricar, etc.) 14. RACE — American Indian, Black, White, etc. 2 X NO 1 Never Married 2 Married FORCES? 1 | YES 2
IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify. 3 🕅 Widowed 4 🗌 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 6 yr's Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Howard Bull Anna Mulligan 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rose M. Papa. Esa. 3510 Green Mount Ave. Baltimore, MD 21218 20a. METHOD OF DISPOSITION
1 IX Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE etery, crematory or other pla Woodlawn 4 Donation 5 Other (Specify) 5/8/93 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, MD 21214 Leonard J. Ruck, Inc. 5305 Harford Rd. 23. PART i. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one case on each line. Approximata Interval Bety IMMEDIATE CAUSE (Fine) Onset and Death disease or condition Hypertensive Arteriosclerotic Cardiovascular Disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 TYES 2 NO OF OEATH? 1 | YES 2 | NO NQUIR 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 XYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 N Rasidenca 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending 1 YES 2 NO Investigation 28e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 294. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 199 OCME ▶5

JKM0111 Penn Street, Baltimore, Maryland

PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

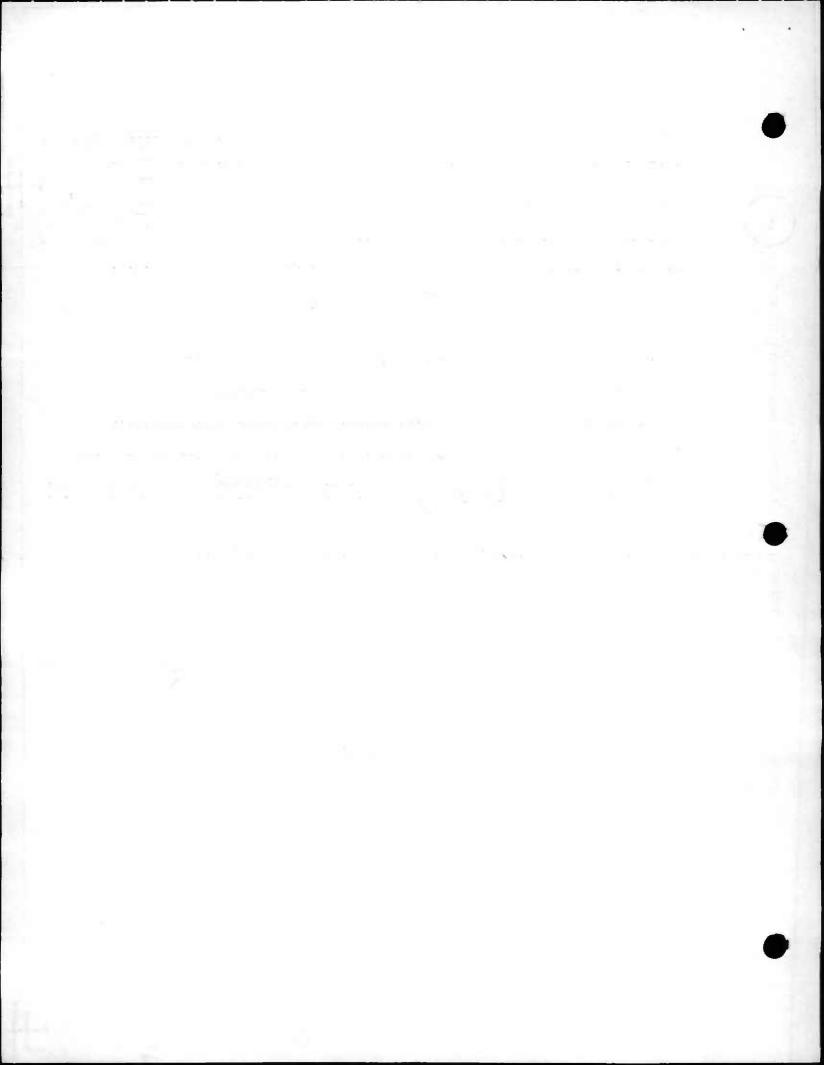
	REGISTRAR		CERTIF	ICATE C	F DEATH		REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3.	TIME OF DEA	ATH
	Rose	KRIEGE	ER			May	2	19	93	6:30	A .
	100 01 0051	6. SEX 6. AGE	(In yrs. lest birthday) 7 YRS.	IF UNDER 1 YE		7. DATE C	OF BIRTH			ACE (State or I	Foreign
5	9a. FACILITY NAME (If not institution, give street Doctors Community RESIDENCE OF DECEDENT			96. CITY, TOY	N OR LOCATION OF D	EATH		9c. COUNT		orge's	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LO				III		d. INSIDE CIT	
AL D	Maryland Prince 100. STREET AND NUMBER	George's	1 150	owie	10f. ZIP CODE			10g. CITIZE	N OF WHA	YES 2 T	
ONE	3518 Moylan Drive 11. MARITAL STATUS 1	2. WAS DECEDENT EVER I	IN U.S. ARMED	13, WAS	20715 DECENDENT OF HISPA	NIC ORIGIN	? (Specify Yes		S.A.	American Ind	llen
5	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES		If yes	an, Puerto R				white	,	
	15. DECEDENT'S EDUCAT (Specify only highest grade co.	FION mpleted)	16a. DECEDENT'S (Give kind of	USUAL OCCUP	16b. KIND OF BUSINESS/INDUSTRY						
COMPLEIED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) Legal Secretary Law										
3	17. FATHER'S NAME (First, Middle, Lest) Samuel Gordon			18. MOTHER'S NAME (First, Middle, Maiden Surname) Lena Wendro行行							
2	19a. INFORMANT'S NAME (Type/Print) Arlene Minott		19b. MAILING 3518	ADDRESS (Str.	Drive, Bo	Houte Numb	er, City or Tow Maryl	n, State, Zip C Land 2	0715		
!	20e. METHOD OF DISPOSITION 1	ol from State 201								state Iork	
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22 NAM	e and address of Fa in Hebrew Carroll S	CHITY					c.
	23. PART I. Enter the diseeses, pr cor	- cour	ovriege z	252	Carrock S	ree	L, NW,	wasn	ingic	Approxin	
	iMMEDIATE CAUSE (Fine) disease or condition resulting In death) a. ARD 10 - PULMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF):									Interval I Onset an	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): FRACTURE FEMUR.										
TOIGH OF	PART II. Other aignificant conditions					Part I.	24a. WAS AN PERFOR		AN	ERE AUTOPSY I	R TO
		1				1 TYES 2	XXQ.	Of	OMPLETION OF DEATH?		
THE STORY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	eck only one	9)				
5		OSPITAL:	patient 3 DOA	OTHER:	fome 5 - Residence	8 🗆 Other	(Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	INJURY AT WORK? YES 2 ND	28d. DE\$6	CRIBE HOW II	NJURY OCCU	RED		
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURN building, etc. (Spe	Y — At home, ferm, scify)	street, factory, o	office	281. LOCA City o	TION (Street a or Town, State)	and Number of	Rural Roul	e Number,	
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:	IN: To the best of my know On the basic of examination								nd manner as	stated.
1	296. SIGNATURE AND TITLE OF CERTIFIER	Q			29c. LICENSE NU					onth. Day, Year	
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	Print)		71		,	0 *	7	
	31. DAT A A Month, 20. 4993	12 FEGISTEAN LEIGH	NATURAL DE								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

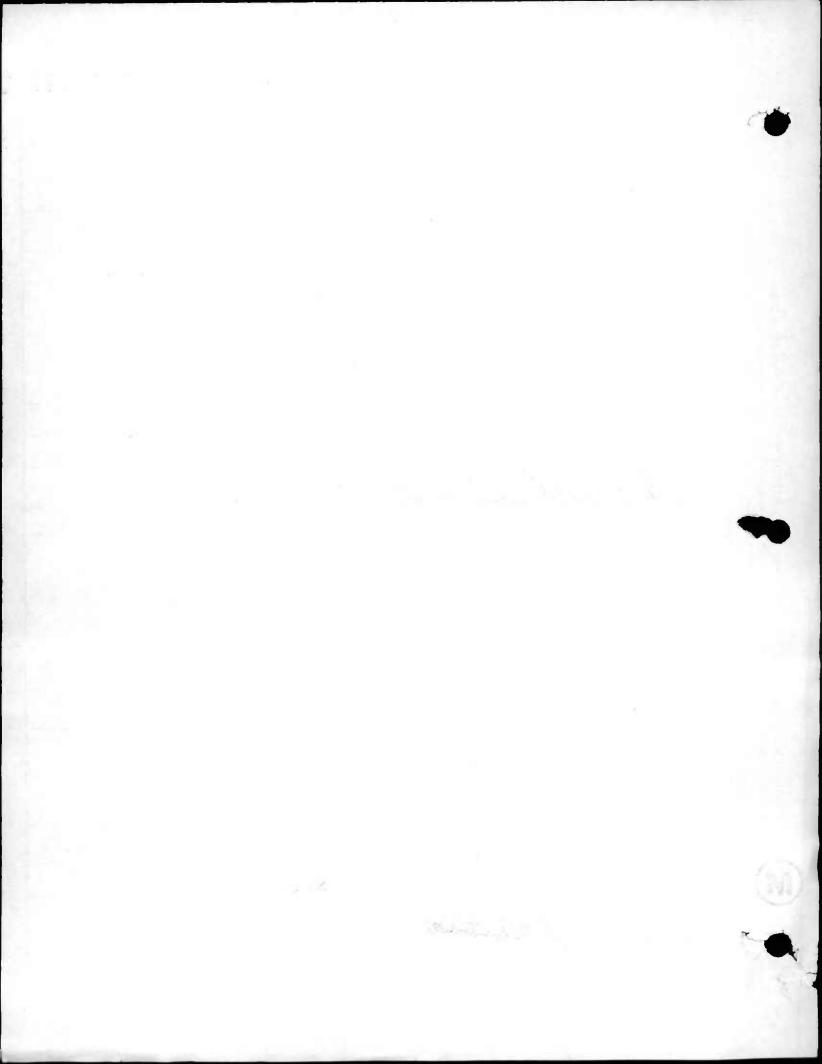


DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

M	里里	四年日
	SPITAL	NERAL
DIVISION OF VITAL RE	HOSPITAL DR ATTENDING PHYSICIAN: The law req	UNERAL DIRECTOR: After this certificate has been
NOI	NDING	R: After
P	PHYSIC	this cer
VIT	IAN: T	tificate
AL	He law	has b
2	req	een

	REGISTRAR		CERTIF	ICATE O	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) HENRY	Т.		WANDOWS		2. DATE OF MONTH 05			YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215 03 0649 1 ☑ M 2]F 7	(In yrs. last birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF I (Month, Da 4/27	BIRTH ny, Year)	T	8. BIRTHPE Country)	ACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give street and numb 8418 Smallwood Cour			Pasade	or location of de			9c. COUN	TY OF DEA	
DIRECTOR	Maryland Anne Aru	ndel		y, town on Locasadena	ATION					Od. INSIDE CITY LIMITS? VES 2 X NO
FUNERAL	8418 Smallwood Court				or. ZIP CODE 21122			10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
ВУ	1 Never Merried 2 X Merried FORCES	CEDENT EVER IF ? 1 TYES BIVE WAR OR DA	2 XNO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexice S 2 X NO Specify	n, Puerlo Ricar	pecify Yee 1, atc.)	14. RACE — American is Black, White, etc.) Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6th Grade	or 5+)	(Give kind of a	NT'S USUAL OCCUPATION of of work done during most of working Of use retired.) Pman Maritime					ISTRY	VIII 0C
N N	12. FATHER'S NAME (First, Middle, Last)		Forema	an						
H	19e. INFORMANT'S NAME (Type/Print)	J.ew	andowski			ementi	ne			
2	Margaret Lewandowski				and Number or Rural F					
	20e. METHOD OF DISPOSITION	20b	PLACE AND DATE			Ра		na, M		and 21122
	1 ☐ Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify)	· C	etery crematory or c edar Hil	I Cemet	ery	5/6	Bal	timo	re, M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		en le	Georg	one ADDRESS OF FAC Je J. Gond Ritchie I	ce Fun	eral	Home	P.A.	21 225
	23. PART I. Enter the diseases, or purpolication	a that caused	the death. Do r	not anter the m	Dde of dving, auch	aa cardiac	or resola	THOTE	, Ma	Approximata
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Revulti Curum with the Methodium Syam Syam Samuel Syam Syam Samuel Syam Syam Syam Syam Syam Syam Syam Syam									
Z	DUE TO (OH AS A CONSEQUENCE OF):									1) year
CATIO	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
CERTIFICATION	that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant conditions contribution	g to death be	ut not resulting i	n the underlyir	g cause given in F	Part I. 24e.	. WAS AN A	UTOPSY	24b. WI	ERE AUTOPSY FINDINGS
MEDICAL	- hypertinen						PERFORM		AV CC OF	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL									
Sici	EXAMINER? HOSPITA	L:	atlent 3 DOA	OTHER:	LACE OF DEATH (Chec					
Y PHYSICIAN:	27. MANNER OF DEATH 28e. DA' (Mo	E OF INJURY nth, Day, Year)	28b. TiMi	E OF 28c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIB		JURY OCCU	RED	
TED BY	3 Suicide & Could not be 28e. PL	CE OF INJURY ding, atc. (Speci	— At home, ferm, s			281. LOCATION City or Tox	N (Street an vn, State)	d Number of	Rural Rout	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the b 2 MEDICAL EXAMINER: On the beet	at of my knowle	edge, death occurre	d at the time, date	end place, and due t	o the ceuse(a)	and mann	er ee stated	l. cause(s) ar	nd menner se stated.
띪	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMI					opth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	- 01 (1				1	1
	MAY 0 1993 gille Day	AND A PORT								



LEUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

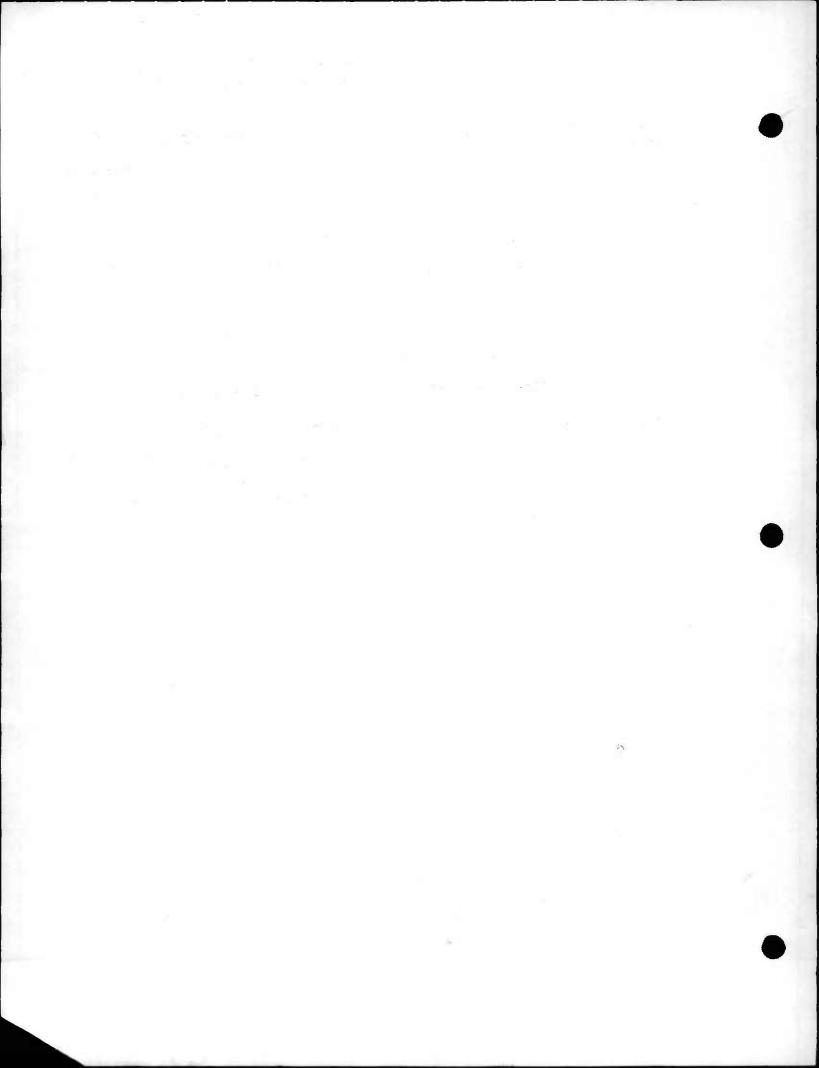
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (MONIN, Day, MAY 0 6 1993

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1 - STATE REGISTRAR		STATE OF M					EALTH AND DEATH	MEN	TAL H	YGIENI EG. NO.	e C	93	1298
1. DECEDENT'S NAME (First,	Middle, Lest)	LANI	<u>r</u>				6		ATE OF E		Y 6	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. In	ast birthday)		ER 1 YEAR	IF UNDER 24 HRS.		ATE OF E			6. BIRTHP	LACE (State or Foreign
214-46-64		1 🗆 M 2 😿 F	92	YRS.	MONTHS	DAYS	HOURS MIN.		7-1	7 - 0	0	Mar.	vland
9a. FACILITY NAME (If not in	stitution, give s	treet and number)	1.		ľ		R LOCATION OF O	EATH	, ,		9c. COU	NTY OF DE	
RESIDENCE OF DEC	1105	PITAL	CENI	ER.	Ba	ltimo	ore C	ity	7		===	====	==
10e. STATE	10b. COUNT	Y		· 10c. CIT	Y, TOWN	OR LOCATI	ON						10d. INSIDE CITY
Maryland	Anı	ne Arunde	1	Ba	alti	more							LIMITS?
10e. STREET AND NUMBER	-					10f.	ZIP CODE				10g. CIT	ZEN OF WI	IAT COUNTRY?
Hammonds	Lane 8						21225					J.S.A	•
1 Never Married 2	Married		YES 2 X	RMEO NO	13	If yes, spe	NDENT OF HISPA cify Cuban, Maxic	an, Pue	HGIN? (Sp erto Rican	ecify Yes , etc.)	or No	14. RACE Black,	- American Indian, White, etc.
3 X Widowed 4 Divo	reed	IF YES, GIVE W	AR OR DATES			1 TYES	2 X NO Speci	fy:				Specify	White
15. DECI (Specify only	EDENT'S EDU	CATION completed)	16e, D	ECEDENT'S	USUAL (OCCUPATIO	N t of working	Т	16b. KIN	D OF BUS	INESS/INC	USTRY	WIII CC
Elementary/Secondary (0		College (1-4 or 5+) ///	e. Do NOT us	se retired.)	t or norming						
17. FATHER'S NAME (First, Mi	della I ant)		H	lousew	ire					ome M			
TATTIES O NAME (1 1/3), MI	oune, Last)	Joseph W	ilkerso	n		1	COY			And		n	
19a. INFORMANT'S NAME (7)	rpe/Print)		/ 19	9b. 1-1	1616	Shir	wreck R					y, M	D. 21842
Nancy Vail	e Alla	an	1	206 ₽	evoi	n Cou	rt bi	nth	ieum	17 Ma	rvla	nd-21	
20a. METHOD OF DISPOSITI 1X Burial 2 ☐ Crematio	ON n 3 □ Rem	oval from State	20b. PLACE	ANDDATEC	OF DISPO	SITION (Nar	ne of		DATE			City or Tow	
4 Donation 5 Other	(Specify)		Ceda	r Hil					/4	Ba1	timo	re, l	Maryland
22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.													
Gann	0/1	Snam	irou	2/Ci	4	4001	Ritchie	Hw	у.	Ba1t	imor	e, Mo	1. 21225
23. PART i. Enter the di shock, or he	seasea, or t	one ications that	caused tha di	eath. Do n	ot ante	er tha mod	la of dying, suc	h as d	cardiac	or reapir	atory are	eat,	Approximate interval Batween
IMMEDIATE CAUSE (Fin		2420											Onset and Daat
resulting in death)	→	· CAR	DID PU	rno	とり	1724	17191E	SI					
	_		EOSI S	_	-):								
Sequantially list condition	one	b	-, -,_										!
III if any, laading to immed		DUE TO (OR AS A CONSE	OUENCE OF	7:								
If any, laading to immed cause, Entar UNDERLY!! CAUSE (Disease or inju-	lista NG	_				ns.	1STEN	~	0	55	ASZ		
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cause. Entar UNDERLY!! CAUSE (Disease or injusting that initiated events	NG NG	DUE TO	OR AS A CONSE	OUENCE OF	NUC 7:		15TEN			WAS AN A	WTOPSY	24b. V	FERE AUTOPSY FINDINGS
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cause. Entar UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LAST	NG NG	DUE TO	OR AS A CONSE	OUENCE OF	NUC 7:				. 24a.	WAS AN A	NUTOPSY MED?	24b. V	WAILABLE PRIDR TO
cause. Enter UNDERLYII CAUSE (Disease or injui that initiated events resulting in death) LAST PART II. Other significan	liete NG ny r nt condition	DUE TO	OR AS A CONSE	OUENCE OF	NUC 7:	inderlying	cause given in	Part i	1 _	WAS AN A	NUTOPSY MED?	24b. V	MAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH?
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cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERREO TO	liete NG ny r nt condition	DUE TO (d. s contributing to d	CRPUE OR AS A CONSE death but not ER/Outpatient :	rasulting i	OTHE 4 Nu	26. PLJ	Cause given in	Part i	1 24a.	WAS AN A PERFORM	NUTOPSY MED? (NO	24b. V	MAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH?
cause. Entar UNDERLYII CAUSE (Disease or Injuithat initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1	Itela NG Pry Transition of the Condition	DUE TO (CRPUE OR AS A CONSE death but not ER/Outpatient :	rasulting i	OTHE 4 Nu	26. PLJ :R: ursing Home 28c. INJU	Cause given in	Part i	1 24a.	WAS AN A PERFORM	NUTOPSY MED? (NO	24b. V	MAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH?
cause. Enter UNDERLYII CAUSE (Disease or injuit that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 F Accident II 3 Suicide 6 G	MEOICAL Pending needi	DUE TO (d. S contributing to (B Contributing to (CONTRIBUTION CONT	CRPUE OR AS A CONSE death but not ER/Outpatient :	OUENCE OF	OTHE 4 DIFF	26. PLJ RE: Pasing Home 28c. NAJU WOO 1	Cause given in	Part i	y one) Other (Special Description of the Control o	WAS AN A PERFORM PERFORM PERFORM YES 2 Octiv) E HOW IN	JURY OCC	24b. V	MAILABLE PRIOR TO OMPLETION DF CAUSE OF DEATH? YES 2 NO
cause. Enter UNDERLYII CAUSE (Disease or Injui that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 F 2 Accident II 3 Suicide 6 G 4 Homicide	MEOICAL Pending	DUE TO (d. S contributing to (B Contributing to (CONTRIBUTION CONT	death but not ER/Outpatient : NJURY (x, 16er)	OUENCE OF	OTHE 4 DIFF	26. PLJ RE: Pasing Home 28c. NAJU WOO 1	Cause given in	Part i	y one) Other (Spe	WAS AN A PERFORM PERFORM PERFORM VES 2 OCITY) E HOW IN	JURY OCC	24b. V	MAILABLE PRIOR TO OMPLETION DF CAUSE OF DEATH? YES 2 NO
cause. Entar UNDERLYII CAUSE (Disease or Injurithet initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1	MEOICAL Pending nestigation Could not be setermined	DUE TO (d	death but not ER/Outpatient : NJURY / Year) INJURY — At hote. (Specify)	rasulting i	OTHE 4 Nu BOOK MARKET OF URY M	26. PLJ ER: raing Home 28c. RNJU WOR 1 Yl totory, office	Cause given in CCE OF DEATH (C/ 5	Part (y one) Other (Spot OCATION OT Town Cause(s)	WAS AN A PERFORM PERFORM YES 2 DOCITY) HE HOW IN IN (Street are year) A (Street are year) A (Street are year) A (Street are year) A (Street are year)	JURY OCC	24b. V	MAILABLE PRIOR TO OMPLETION DF CAUSE IF DEATH? YES 2 NO
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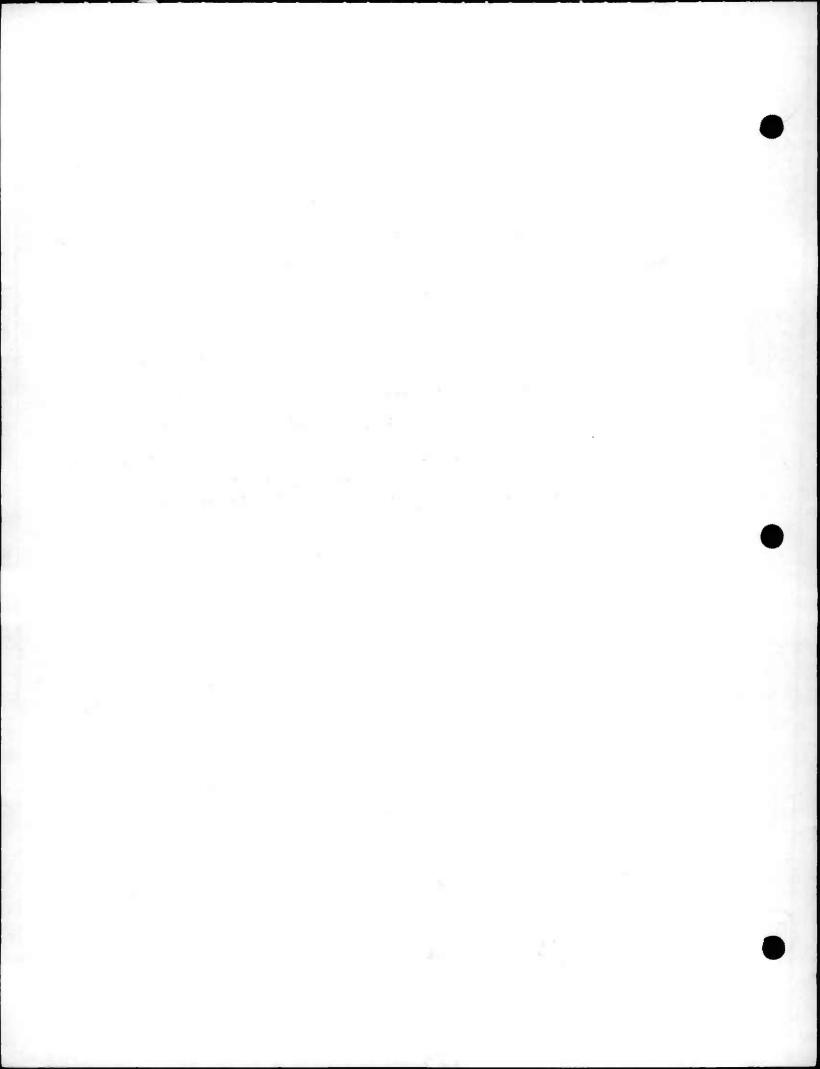


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TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	
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1 - FOR STATE REGISTRAR 93 12981 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Richard Douglas Laughery 0.5 993 1541 Tr 0.1 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 215 78 5073 1 M 2 - F 31 YRS. 11/23/1961 Maryland detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4321 College Avenue Ellicott City Howard RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Baltimore 1 YES 2X NO FUNERAL 10a STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 251 W. Meadow Road 21225 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yee, specify Cuben, Mexicen, Puerto Ricen, atc.) 14. RACE — American Indien, Black, While, etc. FORCES? 1 YES 2"
IF YES, GIVE WAR OR DATES 2 NO 1 Never Merried 2 X Merried В 1 TES 2 NO Specify. Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) 10th Grade Mechanic Body & Fender 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Richard D.Laughery Gloria J. Callis BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James Callis 652 Douglas Street Baltimore, Maryland 21225 ê 20e. METHOD OF DISPOSITION

[X] Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must cemetery, cremetory of other place) Cedar Hill Cemetery 4 Donation 5 Other (Specify) 5/5 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 0 21225 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Batween **IMMEDIATE CAUSE (Final Onaet and Death** the disease or condition OUE TO (OR & A CONS Impurye5 resulting in death) or other traumatic event, A CONSEQUENCE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events QUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST TO THE HOSPITAL OR ALLENDING ALLENDING STREET HAS been signed by the attentor TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attentor filed within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, ITEM 28 is marked, or Item 20 shows any injury, ITEM 20 shows any PART II. Other aigniticent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO OF DEATH? YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence (X) Other (Specify) At scene 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident
3 Suicide 5 Pending investigation 1526 M 1 TES 2 NO ВУ 05 01 1993 <u>Passenger in auto accident</u> 28s. PLACE OF INJURY — At home, farm, atreet, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 8 Could not be 4 Homicide on street 4321 College Avenue 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) end menner ee stated. 2 🔀 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yeer) butome 2 O.C.M.E 0.5 02 1993 30. NAME AND ADDRESS OF PERSON WHO DON PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILEO (Month, Dily, Year) 32. REGISTRAR'S SIGNATURE 6 1993

DHMH-16 Rev 1/89



	FOR 1 - STATE REGISTRAR	STATE OF N	ARYLAND /	DEPAR	RTMENT	OF H	EALTH	AND	MENT		E		12982
	1. DECEDENT'S NAME (First, Middle, Last)		C	BRITE	ICATE	UF	DEA	Н	1	REG. NO			
	*	_							MON			YEAR	3. TIME OF DEATH
	WILLIAM	P.			LAN				0	5 04	199	93	10:30 Am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	birthday)	IF UNDER		IF UNDER		7. DAT	E OF BIRTH		8. BIRTHP	LACE (State or Foreign
1	213-34-0581	1 💢 M 2 🗆 F	56	YRS.	WONTHS	DAYS	HOURS	Min.	03	18/37	ľ		yland
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN C	R LOCATION	ON OF D			9c. COU	ITY OF DE	
<u>۳</u>	1111 SARGEANT	CUDEEN			D 7	TOT	. MOD						
DIRECTOR	1111 SARGEANT	SIKEEL			BA	4 L.T. 1	MOR	E					
Ĭ	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION						10d, INSIDE CITY
1 5	Md.			Ra	ltime	ore							LIMITS?
1	10e. STREET AND NUMBER						ZIP CODI				10- 0171		IAT COUNTRY?
2	1111 Sargeant St	tract				101.					iog. Citi.		
FUNERAL	11. MARITAL STATUS				_			223				US	A
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Æ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	The same of the sa							Specify		
		Viet											white
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	Work done	CCUPATIO	N st of workin	ıa	16	b. KIND OF BU	SINESS/IND	USTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)					•					
1 2				Case	Work	cer			5	ocial	Secur	city	Administra.
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOTH	ER'S NA		Middle, Maiden			
	Vernon Lantz							rgar					
BE	19a. INFORMANT'S NAME (Type/Print)		198	MAILING	ADDRESS	(Street e		_		nber, City or Tow	- Cana 7/-	0-4-1	
2	Danny A. Schoent	ands.											
	20a METHOD OF DISPOSITION	DACK						ςτ.,	-	to., M			
	1 & Burial 2 Cremation 3 Ramo	oval Irom State	20b. PLACE A cemetery, crei	matory or o	of DISPOS ther plece)	ITION (Na	me of		5%		CATION —	City or Tow	n, State
	4 Donation 5 Other (Specify)		cemetery, crea	nsvi.	lle T	Tete:	rans	Cem	1. 7/0	Cro	wnsvi	lle,	Maryland
	21. SIGNATURE OF PLINERAL SERVICE LICE	INSUN 1			22.	NAME AN	DADDRES	S OF FA	CILITY	•	7	100	
1 1	Gary L. Kaufman Funeral Homes												
\vdash	23 PART L Enter the discount or compilications that couldn't be death Do one order the product of the discount												
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A	if any, leading to immediate cause. Entar UNDERLYING	303-7-11			. ,.								i 1
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	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	EATH (Ch	eck only o	ne)			
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BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 27. MEDICAL EXAMINER	28a. DATE OF (Month), Da 0 5 / 0 4 28e. PLACE OF building, of the best of at 12 COMPLETED CLUS	injury y, vear) L / 1993 I NJURY — At hor ste. (Specify) Try knowledge, deal	28b. TIMI INJ The, larm, a AT atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent atth occurrent attention a	4 Num E OF URY M street, facto HOMF and at the ti n, in my of	t: sing Home 28c. INJL WOF 1 Y Pory, office	PRY AT NES 2X. and place, with occurrence Co. (end dua	s Oth 28d. DE SUI 28f. Loo I 5/6 BA to the cs ilme, dat MBER	er (Specify) SCRIBE HOW II B J E C T ATION (Specif at 10 TOWN START) L T I M O I use(s) end man a and place, and	FOUL OF Number of CEAL RE, 1 There as state of due to the 29d. DATE O t	ND H OFFICE STATES AARY IN COURSE (8) (8) (8) (8) (8) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	TREET LAND 21230 and manner as stated. fonth, Day, Year) / 1993

AL DELLES OF THE PARTY OF THE P and and a select of a

3. TIME OF DEATH

DHMH-18 Rev 1/89

8:20

2. DATE OF DEATH MAY 4, 1993

B.

LITCHFIELD

1	•	ag Or
BALTIMORE, MARYLAND 21215-0020	hin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	tely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pration or removal
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Programmed with the State Dear of Health and Mental Hydinge prior to huntal community or removal

		4. SOCIAL SECURITY NUMBER 224-18-9031	5. SEX 1)() M 2 F	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 06/20/20	,	8. BIRTHPLACE (State or Foreign Country) Virginia	
3 audi	E C	9a. FACILITY NAME (If not institution, give st. THE JOHNS HOPKINS					N OR LOCATION OF D		9c. COU	INTY OF DEATH TIMORE CITY	
.)	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							1		
		Virginia				ginia	Beach			10d. INSIDE CITY LIMITS? 1 See 2 No	
ansit per	VERAL	2105 W. Kendall	Circle				23451		10g. CITIZEN OF WHAT COUNTRY?		
as the burial-transit permit.	BY FUN	11. MARITAL STATUS 1 Never Married 2 M Merried 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2	RMED NO	it yes,		NIC ORIGIN? (Specify) an, Puerte Rican, etc.) lily:	es or No-	14. RACE — American Indian, Black, White, stc. Specify: White	
ed for use	PLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +		Give kind of vite. Do NOT us	USUAL OCCUP. From done during Fretired.)	ATION most of working	16b, KIND OF B		ephone of Va.	
id be detach d at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) William A. Litch:	field				18. MOTHER'S N.	AME (First, Middle, Maide		2 101	
5 should notified	P	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ruth Litchfield 2105 W. Kendall Circle, Virginia Beach, Towns									
		20a, METHOD OF DISPOSITION	50 July 570	206. PLACE	ANDDATE	F DISPOSITION	(Neme of	OATE 20c. I	OCATION -	City or Town, State	
director, page er must be	1	cametery, crematory or other place) Princess Ann Memorial Park 5/08 Virginia Beau									
uneral		· Dary	L. Ko	ufm	en	5695	Main St.	an Funeral , Elkridge	, Md.	21227	
attending physician and completely filled in by the ital Hygiene prior to burial, cremation, or removal. I, or other traumatic event, the medical expression.	CERTIFICATION	23. PART I. Enter the diseases or cashock, or heart failure. If immediate cause production resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DUE TO	se on each iir	EQUENCE OF	loger in fic		evken	(Approximate interval Between Onset and Death 2 week 2 mô	
been signed by the atte r. of Health and Mental shows any injury,	: MEDICAL	PART II. Other significant conditions Carcleac 9 Renal 7 cut	rrythic		resulting I	n the underly	ying cause given in		N AUTOPSY DRMEO? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ficate has be State Dept.	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (C	heck only one)			
the the	PHYSI	1 TYES 2 NO 27, MANNER OF DEATH	1 Inputient 2 I		3 DOA		iome 5 - Residence	7	This warms and	0.1050	
his with	>	1 Natural 5 Pending	(Month, De	y, Year)	INJ	URY	WORK?	28d, DEŞCRIBE HOV	INJURY OC	COMED	
after d	TED B	2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE Of building,	FINJURY — At Potc. (Specify)	nome, farm, s	street, factory, o	ffice	281. LOCATION (Street City or Town, Sta	t and Numbe	r or Rural Route Number,	
₹ 2 = 1	COMPLE	29a. CERTIFIER 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE								nted.	
TO THE FUNER be filed within IMPORTANT:	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	A22 4	TH			29c. LICENSE NU	IMBER 869	29d, DAT	TE SIGNED (Month, Day, Year)	
2	-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LEV bert I LRW IZ MD Marcles & Centry Tokus Hephyns .									
		31. DATE FILE A With, Day, Hear 1993	32. REGISTRIA	R'S SIGNATURE	Indell	AND THE	1970	B	alt	inice his	

water, contract and the second of the second .

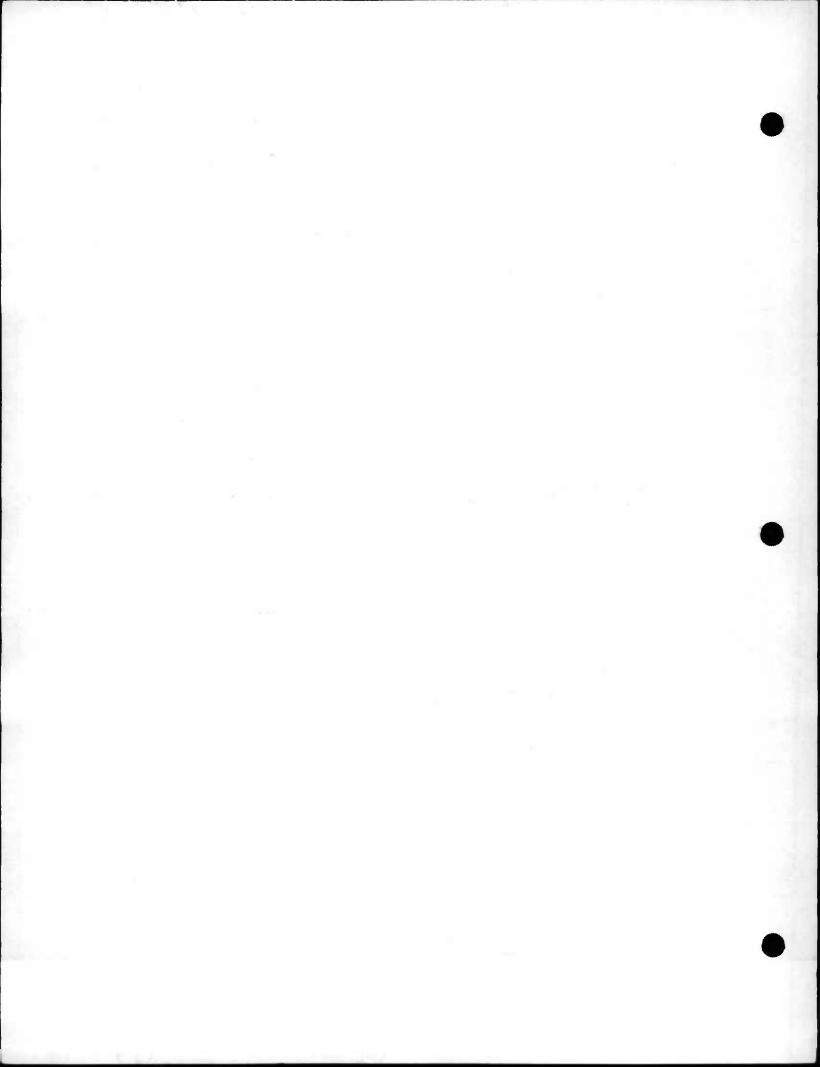
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BOX 6	
P.O. B(
RECORDS, I	
OF VITAL	
DIVISION	

WPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mental Hypiene prior to burial cremation or removal	THE HIGPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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1 4/23/95

93 12984

	1 - STATE STATE REGISTRAR	OF MARYLAN	D / DEPAR	ITMENT OF	HEALTH AND	MENTAL HYGIEN		3 12984	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH 3. TIME OF DEATH				
	ROOSEVELT	MANLEY JR				04 / 30/	1993 YE	8:55 PM	
	4. SOCIAL SECURITY NUMBER 5. SEX		rs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	6. B	IRTHPLACE (State or Foreign ountry)	
	219-40-5157 1XXM 2 [YRS.	MONTHS DAYS	HOURS MIN.	5-4-40	`	N.C.	
~	9s. FACILITY NAME (If not institution, give street and number	er)		9b. CITY, TOWN	OR LOCATION OF I	DEATH	9c. COUNTY	OF DEATH	
5	THE JOHNS HOPKINS HOS	PITAL		BALTIN	ORE CITY		BALTI	MORE	
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION		T-1794)	10d, INSIDE CITY	
DIRECTOR	MD		В	altimo	re			LIMITS?	
	10e. STREET AND NUMBER			f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	713 Bartlett Ave. 21:				1218		USA	1	
5	11. MARITAL STATUS 12. WAS DEC	EDENT EVER IN U.	EVED IN II S ADMED 12 MAG DECEMBENT OF MICHAEL			ANIC ORIGIN? (Specify Yes	RACE — American Indien, Black, White, atc.		
ВУ	1 Never Married 2 Married FORCES' 3 Widowed 4 Divorced	IVE WAR OR DATE	S VIAINO		B 2 NO Spec	an, Puarto Rican, stc.) Hy:		Specify: Black	
	15. DECEDENT'S EDUCATION	1 10	- DECEDENTIO	USUAL OCCUPAT		I so was a		Black	
	(Specify only highest grade completed)		(Give kind of a	work done during m	ost of working	16b. KIND OF BU	SINESS/INDUSTR	ry .	
PL	Elementary/Secondary (0-12) College (1-4	or 5 +)	Disab	led					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		- 10 00		16. MOTHER'S N	AME (First, Middle, Maiden	Surname)		
BEC	Roosevelt Manley SR					a Lynch			
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow	n, State, Zip Code)		
F	Rosa Manley		713	Bartle	tt Ave.	/Baltimo	re, MD	21218	
	20a METHOD OF DISPOSITION 1√□ Burlat 2 □ Cremation 3 □ Ramoval from Sta	20b. PL.	ACE AND DATE	OF DISPOSITION (A	ame of	DATE 20c.10	CATION — City o		
	4 Donation 5 Other (Specify)	yo s	shell		al Gard		ndalk,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-//		22. NAME A	ND ADDRESS OF F	ACILITY			
	- UMMANY (110		WM C	. MARCH	F.H./11	01 E.	NORTH AVE.	
	23. PART I. Enter the diseases, or complication	that caused th	a death. Do r	ot antar tha m	oda of dying, su	ch aa cardiac or respi	ratory arrest,	Approximata	
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death								
	disease or condition resulting in death)	disease or condition \(\begin{align*} & \psi & \							
8	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
ATI	If any, leading to immediate cause. Enter UNDERLYING	E TO (OR AS A CO	A-	F):	0				
임	CAUSE (Disease or injury that initiated events	E TO (OR AS A CO	NSEQUENCE OF	11/en	yet			week	
CERTIFICATION	resulting in death) LAST			,	V			i	
	DART II OIL III III								
¥	PART II. Other significant conditions contributing				g cause given in		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
ă	Stall enalge	ne ,	to pa	cer	trus	YES 2	□ NO	COMPLETION DF CAUSE OF DEATH?	
Σ	There to 11	Mich	oned	pre		_		1 TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL								
泛	EXAMINER? HOSPITA			OTHER:	LACE OF DEATH (C				
PHYSICIAN: MEDIC		2 ER/Outpatle	28b. TIM		IURY AT	6 Other (Specify) 28d. DESCRIBE HOW II	N III IBY OCCUPE		
	1 Natural 5 Pending	nth, Day, Year)			PRK?	255. DEGOTIOE HOW I	NOON! OCCORE		
BÝ	3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, oHice				281. LOCATION (Street and Number or Rural Route Number,				
E	4 Homicide detarmined building, atc. (Specify) City or Town, State)								
3 Suices 6 Could not be detarmined building, atc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at that time, data and place, and due to the cause(s) and manner as stated.							hotels as send		
one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the								se(a) and manner as stated.	
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			NED (Month, Day, Year)	
8	Phillip D Denin	, M.D.	19.0	,	2468		D U/3	8/4>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								-//3	
	Tower 110, Jt	4							
Ì	31. DATE FILED (Month, Day, Year) AND TOTAL TOTAL STREET	STRAR'S SIGNATU	RE			· · · · · ·			
- 4	INTERNATIONAL TRANSPORT OF THE PROPERTY OF THE	March Land	30 -						



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REC	1. The law requires that the death certificate he executed within
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TA	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ICIAR
/ISION	ATTENDING PHY
	OD ATTE

Jose M.

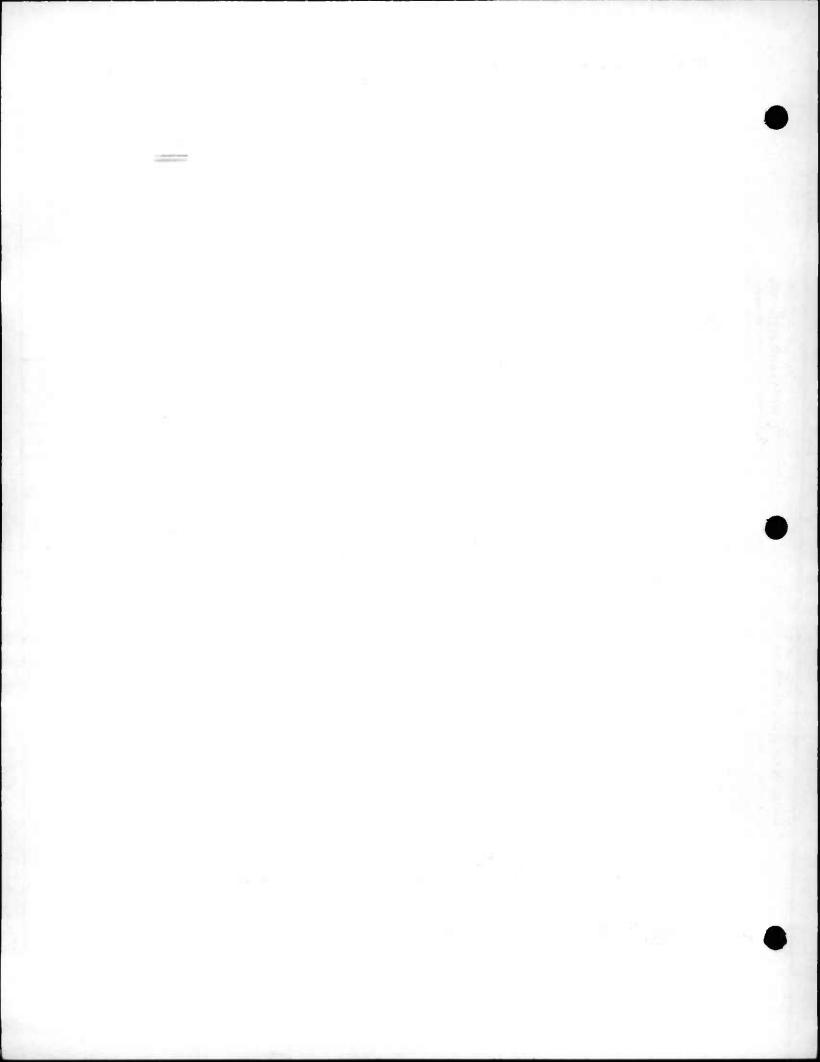
31. DATE FILED (Month, Day, Year)

Presbitero, M.D.,

32 REGISTRAR'S SIGNATURE

ITI	EM: 7. PER F.H. G-699 5/19/93 t.t						
	1 - STATE OF MARYLA	ND / DEPAR	TMENT OF HEALTH AND		2	12985	
	1. DECEDENT'S NAME (First, Middle, Last)	CENTIF	CATE OF DEATH	REG. NO		3. TIME OF DEATH	
	Homer John McCormick			MONTH D	93	11:30 P. M	
		yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.			BIRTHPLACE (State or Foreign Country)	
	211-12-7528 1 1 M 2 F	68 YRS.	MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DI	Jan. 12,	915	Pennsylvania	
TOR.	546 Munroe Circle		Glen Burnie	Anne Arundel			
DIRECTOR	Maryland Anne Arundel		town or Location Burnie			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	10a. STREET AND NUMBER 546 Munroe Circle		101. ZIP CODE 21061		13337	n of what country? d States	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen 3 Widowed 4 Divorced IF YES, GIVE WAR OR OATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen I YES, GIVE WAR OR OATES			IIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, White, etc. Specify:			
	WW 2			White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			Maryland Shipbuilding and Dry Dock			
N N	12 17. FATHER'S NAME (First, Middle, Last)	Supervis	sor of Security	ME (First, Middle, Meiden			
BE CO	John A. McCormick			ne Gidding			
2	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural				
	Ida Mae McCormick		inroe Circle, Gl				
	1 Buriel 2 Cremation 3 Removal from State come	tery, cremetory or of	F DISPOSITION (Name of	DATE 20c. LO			
9 O	24. BIGHATURE OF PUNERAL SERVICE LICENSEE	<u>leadowr10</u>	ge Mem. Pk. 5-	-8-93 Elk	ridge.	Maryland	
	1 Stake Vell		Kirkley-Ruddi	ck Funeral			
	23. PART I. Enter the diseases, or complications that caused	tha daath. Do n	ot enter the mode of dying, suc	h as cardiac or resp	ratory arres	rnie MD 21061	
	shock, or heart failura. List only one cause on as IMMEDIATE CAUSE (Final disease or condition	ch lina.	a bile de	nt 10 10	Th	Interval Batween Onset and Death	
	Approximate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):						
z	Sequentially list conditions. b. metastasia						
티	if any, leading to immediate	CONSEQUENCE OF):				
걸	cause. Enter UNDERLYING CAUSE (Disease or injury						
CERTIFICATION	that initiated events OUE TO (OR AS A resulting in death) LAST	CONSEQUENCE OF);				
8	d						
MEDICAL	PART II. Other significant conditions contributing to death but	t not resulting in	the underlying cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE	
				1 YES 2	□ NO	OF DEATH?	
						1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpet						
된	27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year)	28b, TIME	4 Nursing Home 5 X Residence OF 28c. INJURY AT WORK?	28d. OEŞCRIBE HOW I	NJURY OCCUP	NED	
1 M Netural 5 Pending (Month, Dey, Year) INJURY WORK? 1 YES 2 NO NO NO NO NO NO NO							
8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY - building, atc. (Specif	— At home, term, at	reet, factory, office	281. LOCATION (Street in City or Town, Stete)	and Number or	Rural Route Number,	
29s. CERTIFIER (Check only 1 K CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated.							
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowle		ause(e) end menner ee stated.				
296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 296.							
00	On Histilian	nus	D 11	208		5, 1993	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)			,	

7845 Oakwood Rd., Suite 100, Glen Burnie, MD 21061



DF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR MENDING PRESIDAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL UNECTION After this purificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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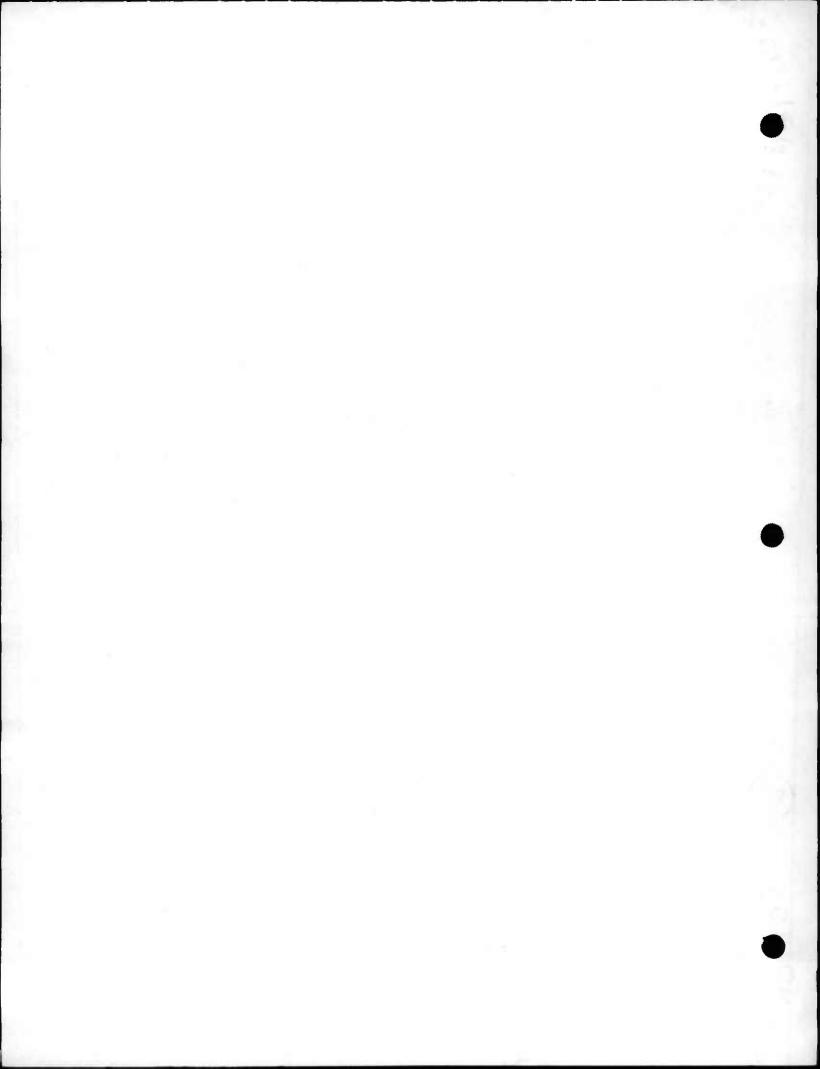
	DWI									
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT	T OF I	HEALTH AND	MENTA	L HYGIEN	-	13 129	86
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATI	OF DEATH		3. TIME OF DE	ATH
	JAMES N	MICHAEL	NORRIS	,Sr	,	5	1	" 199	3 12:30	AM
	4. SOCIAL SECURITY NUMBER 214-72-0961	5. SEX 6. AGE (In yrs. last 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	63	of BIRTH	8 1	BIRTHPLACE (Stete or Country)	Foreign
TOR	99. FACILITY NAME (If not institution, give str ANNE ARUNDEL (RESIDENCE OF DECEDENT				NAPOLIS				Y OF OEATH IE ARUNDE	EL
DIRECTOR	MD 10b. COUNTY 10c. CITY, TOWN OR LOCATION Chester								10d. INSIDE CI LIMITS? 1 \sum YE\$ 2 (
FUNERAL	204 Dominion La				1619				N OF WHAT COUNTRY	?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 ☑N IF YES, GIVE WAR OR DATES		il yes, sp	DENDENT OF HISPA Decity Cuban, Maxic S 2 NO Spec	an, Puarto	N? (Specify Yes Rican, aic.)	or No- 1	I. RACE — American In Black, White, atc. Specify: Whit	,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +) (Girle.	CEDENT'S USUAL (ive kind of work done Do NOT use retired.)	during m	ost of working		b. KIND OF BUS		STRY	
Σ	17. FATHER'S NAME (First, Middle, Last)	2 Spa	ce Alte	erat		_		tagor	1	
BE	James Norris					othy	Aude			
٩	Kiva Norris		204 Don	nini	on Lane	Poute Num	ber, City or Tow heste	n, State, Zip C Y, MI	21619	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remove	rval from State cametery, crer	ND DATE OF OISPO)		DAT	E 20c. LO	CATION — CI	y or Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	Wood	field (eme			Ga	lesvi	lle, MD	
	Datack	I arel	/ E	lard	nd addréss of F esty Fi idgely	uner			A. s, MD 2	1401
	23. PART I. Enter the diseases, or co	omplications that caused the dec	ath. Do not anta	r tha mo	oda of dying, au	ch as car	diac or reapi	ratory arres	t, Approxi	
	ahock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)									
z	DUE TO (OR AS A CONSEQUENCE OF)									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQ	HENCE OF:							
- 1	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL							24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?	OT R
I: ME	1 💢 YES 2								NO .	
M	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
Sic		HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	DOA 4 N	R:						
F	27. MANNER OF OEATH	Inpetient 2K2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8					26d. DEŞCRIBE HOW INJURY OCCURED			
B	2 Accident Pending Investigation	Natural 5 Pending					MOTORCYCLIST/AUTO IMPAC			1PACT
	3 Suicide 6 Could not be determined determined 28s. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
PUBLIC HIGHWAY ANNE ARUNDEL							EL			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.									
BE C	29b. SIGNATURE NO TITLE OF CERTIFIER	0 CO.A.			29c. LICENSE NU	MBER			IGNED (Month, Day, Year	r)
2	Manus J Charle to OCME ▶5 2 1993									

Baltimore, Maryland

111

Penn Street,

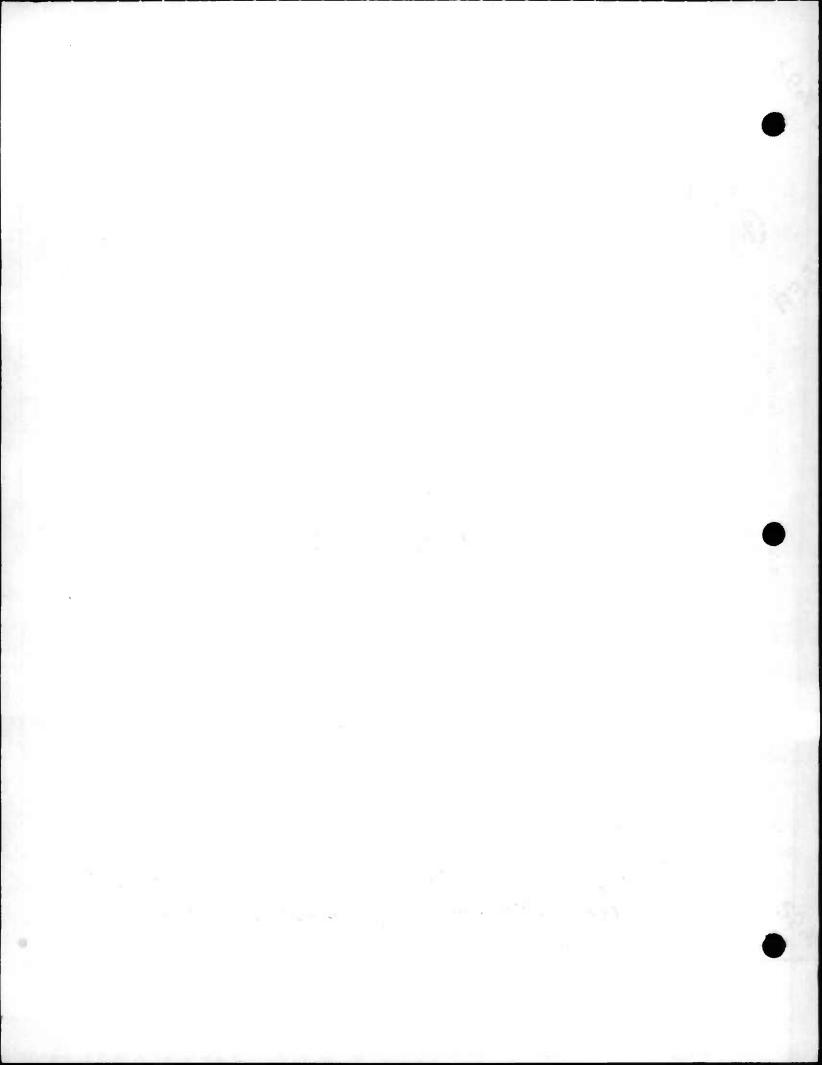
21201



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH . 5 4. SOCIAL SECURITY NU IF UNDER 1 YEAR 7. DATE OF BUILDIN IF LINDER IN HIRE. 8. BURTHPLACE TOWN OR LOCATION OF DEATH Se. COUNTY OF DEATH FUNERAL DIRECTOR RESIDENCE DI OFTOCATION the CITY. ING. INSIDE CITY YES 2 NO Mr. ZIP CODE burial-transf hours after death. Page 6 may be retained by the hospital or attending physician. 14. RACE Black, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp BALTIMORE, MARYLAND 21215-0020 PRCES? 1 YES 2
YES, GIVE WAR OR DATES FORCES? 2 NO 1 Never Married 2 Married BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the pt. of Health and Mental Hygiene prior to burial, cremation, or removal. BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe MY (0-12) College (1-4 or 5+) be notified at once. MANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stre 2 21215 (TV) 20a. M67HOD OF DISPOSITION
1 Suriel 2 Cremetion 3 PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION examiner must on 5 Other (Specify) 21. SIGNATURE, OF FUNGRAL SERVICE LICENSPE 22. NAMÉ 3 shows any injury, or other traumatic event, the medical 23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory Approximate shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO After this certificate has be death with the State Dept. item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: NO 1 YES 2 1 - Inpatient 2 - ER/Outpatie 3 DOA 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH TO THE FUNERAL DIRECTOR: After this cei be filed within 72 hours after death with the IMPORTANT: If Item 28 Is marked, (28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural ΒY 1 YES 2 NO 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicid 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end menner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner ee stated. 29b, SIGNATURE TOTE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 140 2 CAUSE OF DEATH (ITEM 27) (Type, Print) 30, NAME AND AL 31. DATE FILED (Month, Day, Year) Oc m

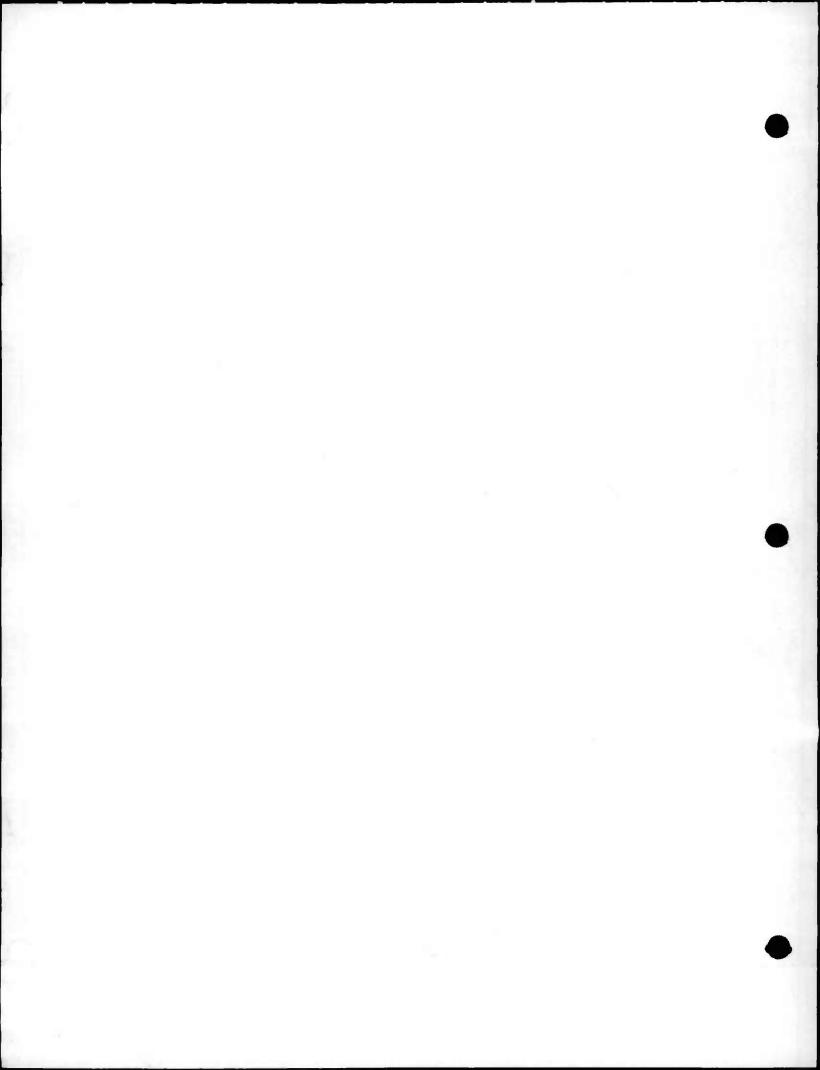
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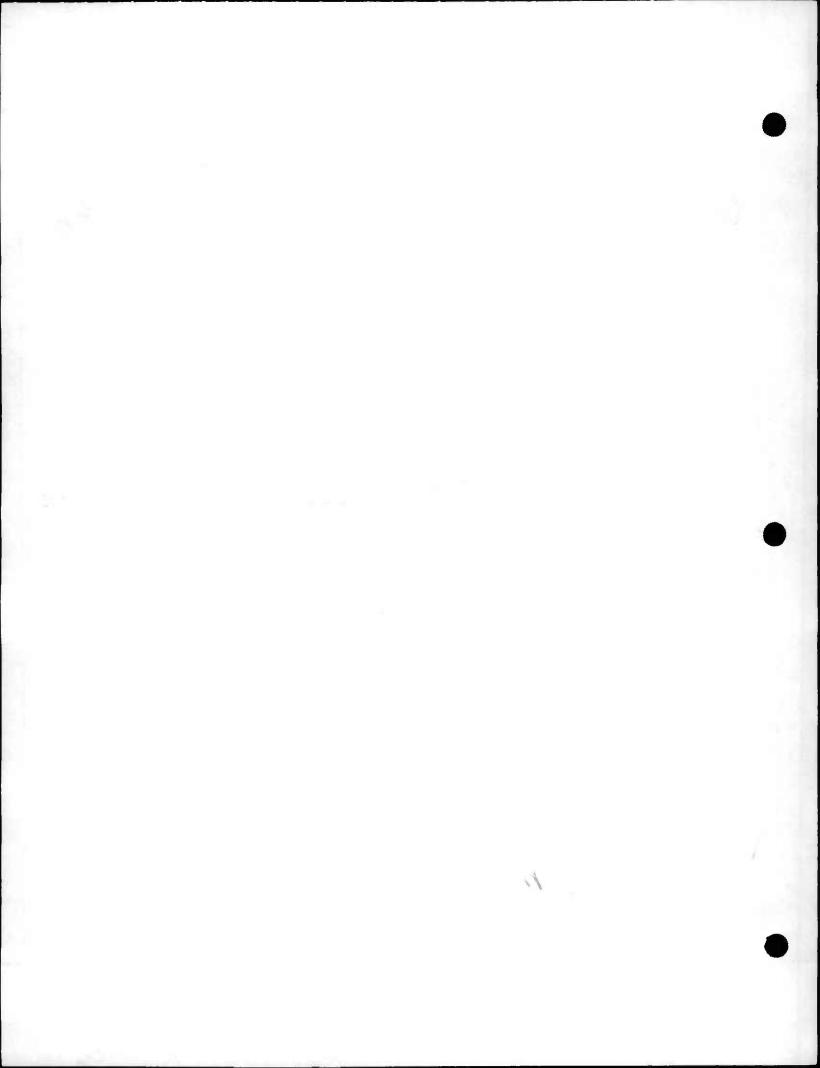
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in proportion.	e 5 should be detached for use as the burial-transit permit Panes 1 2 3 chould		
JI dilelini	USE 25 P		
all the state of t	d be detached for		ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
or returne	ne 5 shou		e notifie
le o may	irector, page 5		must b
noans. I as	funeral di		xaminer
10100	In by the	or removal.	nedical
	letely filled	'emation, o	int, the n
	and comp	th the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	natic eve
	physician	ene prior to	her traur
	attending	ental Hygie	iry, or ot
	ned by the	ifth and Mi	any inju
	been sign	pt. of Hea	3 shows
	ificate has	State De	r item 2:
	er this cert	th w	narked, o
	CTOR: Afte	hours after dear	28 is m
	TAL DIRE	72 hours	If item
T STORY	THE LUNE	med filling	IPORTANT: If item 28 is marked,

	FOR 1 STATE		STATE OF I	MARYLAI	ND / DEF	PARTM	ENT OF	HEALTH	AND	MEN	ITAL HYGIEN	E	93	129	388
	REGISTRAR				CERT	'IFIC	ATE O	F DEA	TH	_	REG. NO.				
	1. DECEDENT'S NAME (First	_		-							DATE OF DEATH	AY	YEAR	3. TIME OF DEA	ATH
	Samuel 4. social security NUM	Dav	1.d s. sex		RITT yrs. last birtho	45.1					5-3-93	3		4:35	Рм
	235-34-688		1 X M 2 T F		yrs. Hist Dirtho	MONT	THS DAY		R 24 HRS.	(A	MATE OF BIRTH Month, Day, Year)		Country		-
	9a. FACILITY NAME (If not in		4.5	_67		117	CITY TOW	N OR LOCAT			AY 8, 19			VIRGI	NIA_
2	Franklin So					90.	CIT, IOW	N OH LOCAL	ION OF DI	EATH			NTY OF DE		
18	RESIDENCE OF DE	CEDENT	nospitai									Ва	Itim	ore	
DIRECTOR	10e. STATE	10b. COUNT	Υ		10c.	CITY, TO	WN OR LO	CATION						10d. INSIDE CIT	ry
	MARYLAND		IMORE				В	ALTIM	IORE					1 YES 2	ON
FUNERAL	10e. STREET AND NUMBER							10f. ZIP CO	DE			10g. CIT	IZEN OF WI	HAT COUNTRY?	
Ä	726 ESSEX	AVENUE						2	1221				U.S.A		
J.	11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS DECEDEN FORCES? 1	YES	2 ND		13. WAS D	ECENDENT specify Cub	OF HISPAN	NIC OR	RIGIN? (Specify Yearto Rican, stc.)	or No-	14. RACE Black.	- American Inc White, etc.	dien,
B	3 ₩idowed 4 □ Divo		IF YES, GIVE V	MAR OR DATE	ESA.	- 1		ES 2X NO			, , , , , , , , , , , , , , , , , , , ,			WHITE	
	15. DEC	EDENT'S EDU	CATION	10	Se. DECEDEN	NT'S USUA	AL OCCUPA	TION			16b. KIND OF BUS	INESS/IN			
	(Specify online Elementary/Secondary (I	y highest grade	completed) College (1-4 or 5		(Give kind	d of work of OT use retir	done durina	most of work	ing		TOOL THITE OF BOO	///LJJ/ ///	JO31111		
Ā	12TH GRADE				STEEL	WORK	KER				BETHLEH	AM S	TEEL.		
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						16. MO	THER'S NA	ME (FI	irst, Middle, Maiden	_	1000		
BE (ARTIE PRIT	r						EL	IZAB	ETH	I LINDSA	Y			
6	19e. INFORMANT'S NAME (1										Number, City or Town				
-	CYNTHIA SUS				72	26 ES	SSEX	AVENU	E -	BAI	TIMORE,	MD.	2122	1	
	20a, METHOD OF DISPOSIT 1 X Burlel 2 Cremetic	iON on 3 🗌 Rem	oval from State	20b, Pt	LACE AND DA	ATE OF DIS	SPOSITION	Name of		1			City or Tow		
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF PUNERA	(Specify)		VAL	LEY H	EAD				05	07 VAL	LEY I	HEAD,	W.VA.	
		1	June //	//				AND ADDRI			HOME, I	VIC.			
\Box	" (inte	N.	Lows	1			4107	Wilk	ens A	Ave	, Balti	nore.	MD	21229	
	23. PART I. Enter the d shock, or h	iseases, pro	omplications the	t causad th	ha death. E	Do not a	ntar tha n	noda of dy	ing, suci	h aa c	cardiac or respi	ratory an	rest,	Approxin	
	IMMEDIATE CAUSE (Fir													Interval E Onset sn	
	disease or condition resulting in death)	\rightarrow	Aspirat	Ton p	пеціпо	nia									
				(OR AS A CO											
NO N	Sequentially list conditi	ions,	paraliz	(OR AS A CO											
ERTIFICATION	if any, leading to immed cause. Enter UNDERLY	NG	cancer				a myay	((ca)	ovica	1)				
윤	CAUSE (Disesse or inju that initiated evants	ry 🚺		(OR AS A CO			at yiii	(()	VICO	X I	/			-	
E	resulting in dasth) LAS	Т	d												
2	DART II Other elevition	at another													
N N	PART II. Other aignifica	nutrit	ion and	cache	xia	ng in the	a underly	ng cause	given in	Part I	I. 24s. WAS AN PERFOR		1 /	WERE AUTOPSY I	TO OT F
MEDICA	h. mahla	dd a									1 TYES 2	× NO		COMPLETION OF OF DEATH?	CAUSE
	hypothyroi		diaaaa	02104	i	101000	<u>+</u>			_			1	YES 2	NO
AN	COYONARY a		disease,	card	iac a	rres		21 105 05 1							
띯	EXAMINER?	a load (*)	HOSPITAL:	5B/Output			HER:	PLACE OF I							
PHYSICIAN:	27. MANNER OF DEATH		26e. DATE OF	INJURY		TIME OF		NJURY AT	esidence		Other (Specify) DESCRIBE HOW IN	LILIBY OC	CIDED		
		Pending Investigation	(Month, D	sy, Year)		INJURY	V	YORK? YES 2	_ NO		2200111211011111		JOHLD		
D BY	2 Culate	Could not be	26e. PLACE O	F INJURY — etc. (Specify)	At home, ler	m, street,	factory, of	ice		281. [LOCATION (Street e	nd Number	or Rural Ro	ute Number,	
TED		determined	bunding,	wie. (Specify)						(City or Town, State)				
COMPLET	29e. CERTIFIER (Check only 1 CERT	IFYING PHYSI	CIAN: To the best of	my knowleds	ge, death occ	curred at t	the time, da	te end place	, end due	to the	cause(e) and man	nor ee stat	hed		
O			R: On the basis of s											end manner ee	stated.
	296. SIGNATURE AND TITLE							-	ENSE NUM					Month, Day, Year)	5
BE	Boutto	1.	trarte	II T	>			141	4 U	0	マカー	D 0	51	13/9	7
유	30. NAME AND ADDRESS OF	PERSON WH						1/1	- /		_/		10	26.1	
	<u>Dr. Bonita P</u>					uare	Dr.	Balt	imore	9 !	Haryland	212	37		
	MAY 0 6 10	466	32. REGISTRA	R'S SIGNATU	IRE										y 5
. #	MAY 0 6 19	9.1	rue Davids	n-Adm	42										



TO BE COMPL	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ar death. Page 6 may be retained by the hospital	60

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF I	HEALTH AND		YGIENE EG. NO.	
- 1	1. DECEDENT'S NAME (First, Middle, Last) WRIGHT, ROGER					2. DATE OF	DEATH	3. TIME OF DEATH 11:25 P
9	4. SOCIAL SECURITY NUMBER 220-38-4079 9a. FACILITY NAME (If not institution, give st	1½ M 2 🗆 F 51	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da	8. (18/41	BIRTHPLACE (State or Foreign Country)
- P	St Agnes Hospit			Baltimo	or Location of o	EATH	9c. COUNT	Y OF DEATH
	MD 10b. COUNTY			town on Local	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 909 N. Dukeland	Street		10	21216			N OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR OATE	2 X NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Specifi	n, Puarto Ricar	oecify Yes or No — 14	Black, White, atc. Specify: Black
COMPLETED	15. DECEOENT'S EOUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 16 Completed) College (1-4 or 5 +)	6a. DECEDENT'S U (Give kind of w life. Do NOT use	ork done during mo	ON sst of working	16b, KIN	D OF BUSINESS/INOUS	TRY
BE COM	17. FATHER'S NAME (First, Middle, Last) Lyckirk Wright				18. MOTHER'S NA Robert		o, Maiden Sumame)	-
TO B	196. INFORMANT'S NAME (Type/Print) Wilhelmina Terre	11	19b. MAILING /	ADDRESS (Street a	and Number or Rural Kel Aven	Route Number, C	ity or Town, State, Zip Co estville,	Md 20747
	20e, METHOD OF DISPOSITION (1) Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	cemete	LACEAND DATE OF	Star Cer	netery		Catonsvil	
	21. SIGNATURE OF FUNFALL SERVICE LICE	Marie	refa.	4300	n F/H We Wabash	Avenue		co s chant
	23. PART I. Enter the diseases, or c ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	iat only ona cause on aacl	h Hne.			h as cardiac	or reapiratory arres	t, Approximate interval Between Onset and Death
	reaufting in death)	DUE TO (OR AS A CO		:				DAYS
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	RY VEIN ONSEQUENCE OF D CARDIO					DAYS
SERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF)	:				LISANO
CAL	PART II. Other algorificant conditions CHRONIC ALCOHOL		not reaulting in	the underlying	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF DEATH (Ch			1 ₹ YES 2 □ NO
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 2 Inpatient 2 ER/Outpatie		OTHER:	5 □ Residence		ocify)	
ву Рн	27. MANNER OF DEATH 1 X Netural 5 Pending 2 Accident Investigation	26s. OATE OF INJURY (Month, Day, Veer)	28b. TIME INJU	RY WO	URY AT RK? 'ES 2 \(\bigcap\) NO	28d. DEŞCRIB	E HOW INJURY OCCUP	∉ED
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, st	reet, factory, offic		281. LOCATION City or Tox	(Street and Number or vn, State)	Rural Route Number,
COMPLETED		IAN: To the best of my knowleds t: On the basis of examination ar						
TO BE	296. SIGNATURE AND TITLE OF CERTUFIER Bett. F.	Morton	m.	De	DO894	_		1GNED (Month, Day, Year) 130/93
	BERT F. MORTON,	M.D. ST. AGN	ES PATH		EPT. 90	0 S. Ca	aton Avenu	ie 21229
	31. OATE FILED (Month) Doc Year 993	of HESISTAR'S LIGHAL	forde				· · · · · · · · · · · · · · · · · · ·	



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h	is law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1,	id in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1,	3 Stone
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.	

	1. DECEDENT'S NAME (First Middle, Last)	Ma	rie M. R	oddy		2. DATE OF DEATH MONTH $5 - 5 - 6$	7993	3. TIME OF DEATH
- 5		5. SEX 6. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	I a pi	IOTHOL ACE (Comp. or Coming.
	21. 01 7.700	1 M 2 KF	·82 YRS.	ONTHS DAYS	HOURS MIN.	10-24-1	910 1	lany Land
DIRECTOR	University Ho. BESIDENCE OF DECEDENT		9		imore		9c. COUNTY O	
REC	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	TION			10d. INSIDE CITY
	Md		Bal	timone	e			1 X YES 2 NO
RAI	100. STREET AND NUMBER 410 Lakewood t	A., a		10f	7. ZIP CODE 2/224			OF WHAT COUNTRY?
FUNERAL	<u> </u>	12. WAS DECEDENT EVER IN	NIIS ARMED	T 12 WAS DEC		NIC ORIGIN? (Specify Yes		S.A.
	1 Never Married 2 Merried	FORCES? 1 YES	2 X NO	If yes, spe		n, Puerto Rican, etc.)	В	ACE — American Indian, Black, White, etc.
р Ву	3 🔀 Widowed 4 🗌 Divorced							White
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ompleted)	16e. DECEDENT'S US (Give kind of work life. Do NOT use re	k done during mo	ON ost of working	16b. KIND OF BU	SINESS/INDUSTR	Y
PE	Elementery/Secondary (0-12)	College (1-4 or 5+)	Clen			Stata	0 +	00 400111
COMPL	17. FATHER'S NAME (First, Middle, Last)		CLER	72	16. MOTHER'S NA	ME (First, Middle, Meiden	Sumame)	Of Health
BE C	John Vanholy					anna Mik		
0	19e. INFORMANT'S NAME (Type/Print)	a :				Route Number, City or Tow		
	Mr. Thomas J. Ro		410 N			ve. Balt		
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	al from State 20b	o. PEACE AND DATE OF E metery, cremetory or other OLU Rede	DISPOSITION (Ne r place)	me of		CATION — City of	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE	oly Kede	PRER L	. e.m.	5/8 B	alto.,	Md.
	+ Opay & se	Smith				ller Fun		ome
	23. PART i. Inter the diseeses, or con thock, or heart feliure. Lis	mplications that caused st only one cause on a	d the deeth. Do not	enter the mo-	de of dying, such	h es cerdiec or respi	iratory erreet,	Approximats interval Batween
				1	44 7	4 12 11	A ske	
	resulting in death)	abdomin DUE TO (OR AS A	and penti	helis L	with abou	dominal De	or hours	n Rhous
-		Claritan	CONSEQUENCE OF	+ Por	1 [deal	1	S liegi
10		DUE TO (OR AS A						SIMI
CA	ceuse. Enter UNDERLYING CAUSE (Disesse or Injury	EWD ST DUE TO (OR AS A	736E RZ	SNAL	DISEAS	SE due	to	yeurs
CERTIFICATION	that initiated events resulting in death) LAST	~				1		9.
CEF	d		TES D		1.4			Teas
	PART II. Other significent conditions of					Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	STRONE (C	3 HEMIPA	AICEZI ?	4/2	7193	1 YES 2		COMPLETION OF CAUSE OF DEATH?
Σ						_		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28 Pt	ACE OF DEATH (Che			
PHYSICIAN	CYANNICPO	HOSPITAL:		THER:	e 5 Residence			
¥.	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJU	URY AT	26d. DESCRIBE HOW II	NJURY OCCURED	
BY F	1 Netural 5 Pending 2 Accident Investigation	(MORGI, Day, 10w.)	moon		RK? YES 2 NO			
a	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, atree	et, fectory, office		261. LOCATION (Street & City or Town, State)	and Number or Rur	al Route Number,
COMPLET		AN: To the best of my knowl						
NO.	one) 2 MEDICAL EXAMINER: C							se(e) end menner es stated.
BE C	296. SIGNATURE AND TITLE DE CERTIFIER	, (),			29c, LICENSE NUM	IBER	29d. DATE SIGN	NED (Month, Day, Year)
0	HI When the	ph Drih	- Z MI	_	MD 2.	T73	>213	5193
	30. NAME AND ADDRESS OF PERSON WHO C	1 Marcoll	Tayland "		th Creene	strut Se	Minare	MD21501
	31. DATE PLEGTMENTH, Day Char 993	A DESTRUCTION OF SERVICE	ATUP andelle					

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3. TIME OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

REG. NO.

2. DATE OF DEATH

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6	7
1	1 7
8	- 2
	THE STATE OF

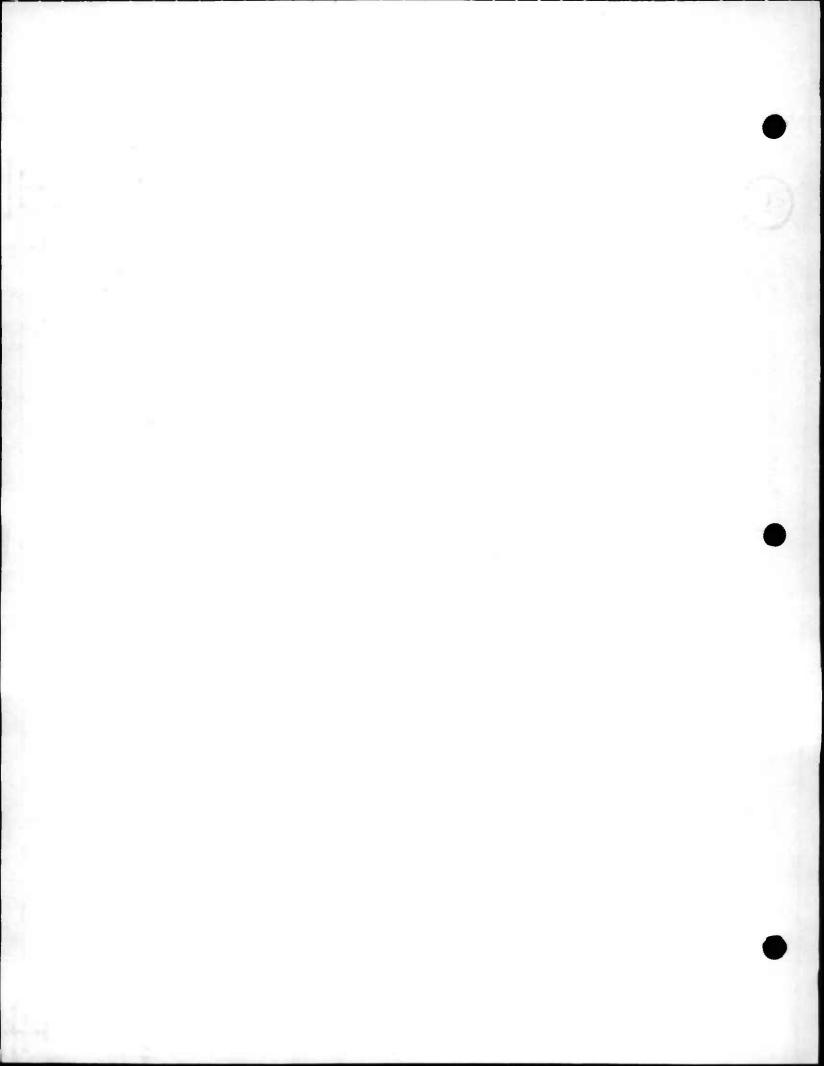
BALTIMORE, MARYLAND 21215-0020

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Ryan 5-4-1993 Winana D. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 8-11-1912 Maryland 220-14-9545A 1 M 2 X X F 80 RS. 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samanitan Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 3634 Old Hanford Rd,. detached for use as the bunial-transit U.S.A. 21214 nours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. It yes, specify Cuban, Mexican, Pt 1 TES 2 NO Specify: BY 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) SalesLady Department Stone 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Leona Haight Charles P. Kinby notified at the attending physician and completely filled in by the funeral director, page 5 should Mental Hygiene prior to burial, cremation, or removal. 196. MAILING ADDRESS (Street and Number or Foural Route Number, City or Town, State, Zip Code)
2828 Pinewood Ave. Backto., Md. 21214 19a. INFORMANT'S NAME (Type/Print) 2 Mr. Herman W. Schulze 20s. METHOD OF DISPOSITION
1 (X Burlai 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) must be 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 29c. LOCATION -- City or Town, State metery, crematory or oth areview Balto., MD. emetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY

Hartley Miller Funeral Home Hanford Rd. Balto., MD.21234 medical 21. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, Interval Betw IMMEDIATE CAUSE (Final Onset and Death the disease or condition 8ma los resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSPOUENCE OF) if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST been signed by the attent pt. of Health and Mental H 3 shows any Injury, o PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 THO 1 TES 2 NO has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State HOSPITAL:
1 Dinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO me 5 - Residence 8 - Other (Specify) 4 I Nursing Ho 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Netural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 8 Could not be Item 28 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) end manner as stated. IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated, 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 出土 (Intern) 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JINEMY DR SAMARITAN HOSPITAL IOSHI 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 6 1993

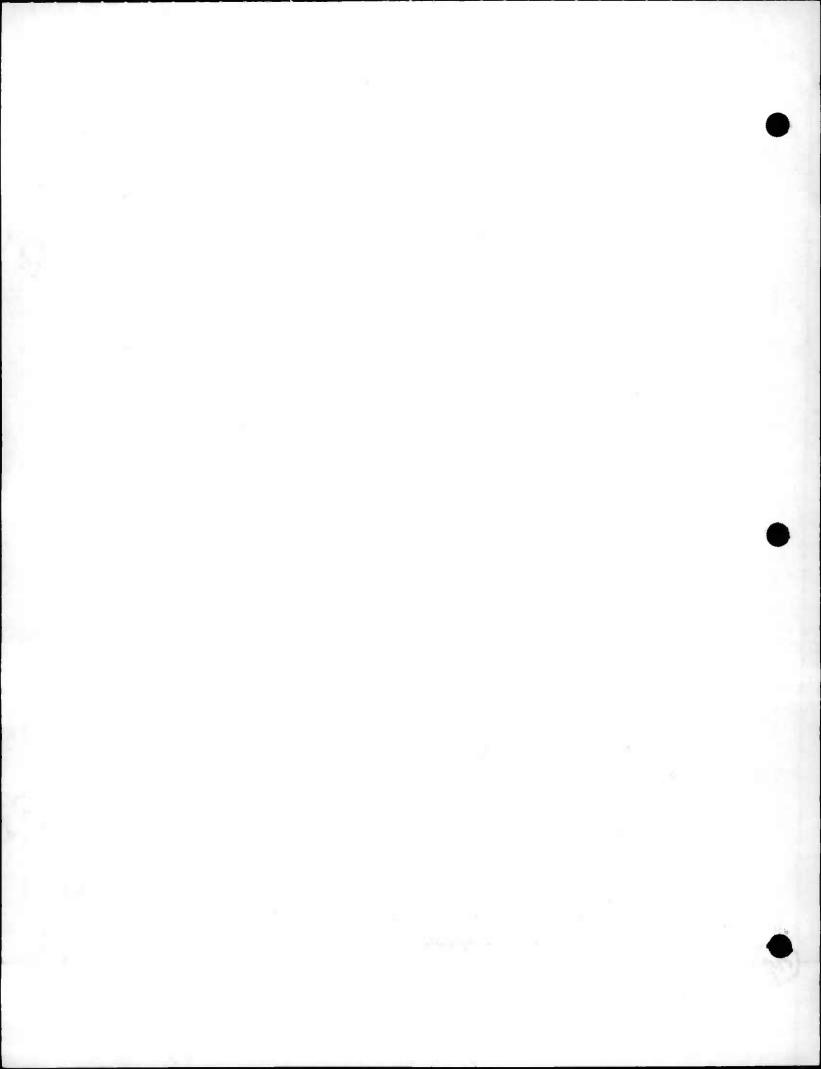


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF HEALTH AN	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) JOHN E	ERNEST	S	CHIREN	2. DATE OF DEATH	11:05 PM
	4. SOCIAL SECURITY NUMBER	6. AGE (1)		UNDER 1 YEAR IF UNDER 24 HR ITHE DAYS HOURS MIN	W. S	6. BIRTHPLACE (State or Foreign Country) Maryland
FOR	9a. FACILITY NAME (if not institution, give street NORTH ARUNDEL HO			GLEN BURNI		A.A. COUNTY
DIRECTOR	10a. STATE 10b. COUNTY Maryland Anne.	ArundelCo		www.or.location Len Burnie		10d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER 302 Ryan Roa			10f. ZIP CODE 2 1 0		1 YES 2 NO
BY FUN		2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR ON	2 NO TES		PANIC ORIGIN? (Specify Yea or Fiction, Puerto Rican, etc.)	
	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION T	1955 16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	16b. KIND OF BUSINES	0.000
COMPLETED	12+ 17. FATNER'S NAME (First, Middle, Lest)	ouringe (14 of 54)	Mechan	c (Diesel)	Alban El	ngine Power Co.
BE C	Ernest Schiren			Jose	phine Brady	y
٩	19a. INFORMANT'S NAME (Type/Frint) Evelyn Schiren				enBurnie, MD	
	20a. METHOD OF DISPOSITION 1	il from State ceme	PLACE AND DATE OF DI atery, cremetory or other p	SPOSITION (Name of lace)	DATE 20c. LOCATION	ON — City or Town, State
	31. SIGNATURE OF FUNERAL SERVICE LICEN	Mee	5/4/93	655W.Balti	moreSt,Balt	o,MD 21201
	23. PART I. Enter the diseases, or conshock, or heart feliure. Lis	nplicetione that caused it only one ceuse on e	the deeth. Do not e ch line.	nter the mode of dying, s	uch as cardiac or reepirato	Interval Between
1	MMMEDIATE CAUSE (Finel disease or condition resulting in daeth)	DUE TO OR AS A	CONSEQUENCE OF):	Infaith	Page 1	Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	U		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	eatre (arcinona	3 19 morth
	PART II. Other significant conditions of	contributing to death bu	it not resulting in th			OPSY 24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					1 □ YES 2 💢 P	COMPLETION OF CAUSE
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	OT	28. PLACE OF DEATN (Check only one)	
HYS	1 YES 2 NO 1	☐ Inpatient 2 ER/Output 26a. DATE OF INJURY	28b. TIME OF	Nursing Nome 5 Residence 28c. INJURY AT	28d. DESCRIBE NOW INJUR	AY OCCURED
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		WORK? 1 YES 2 NO		
TEO	3 Suicide 8 Could not be determined	28s, PLACE OF INJURY building, etc. (Special	— At homa, farm, street	, tactory, offica	281. LOCATION (Street and N City or Town, State)	lumber or Rural Route Number,
COMPLETED					us to the cause(s) and manner a	sa stated. a to the cause(s) and manner as stated.
TO BE C	295/SIGNATURE AND TITLE OF CERTIFIER	2. De	weall	29c. USENSE N	UMBER) 5 5)	DATE SIGNED (Marring Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C	JCA, M.D./16	TH (ITEM 27) (Type, Print	HIGHWAY, S.W.	/GLEN BURNIE,	MARYLAND 21061
	MAY 0 6 1993 July	32. REGISTRAR'S SIGNA	TURE			





BALTIMORE, MARYLAND 21215-0020

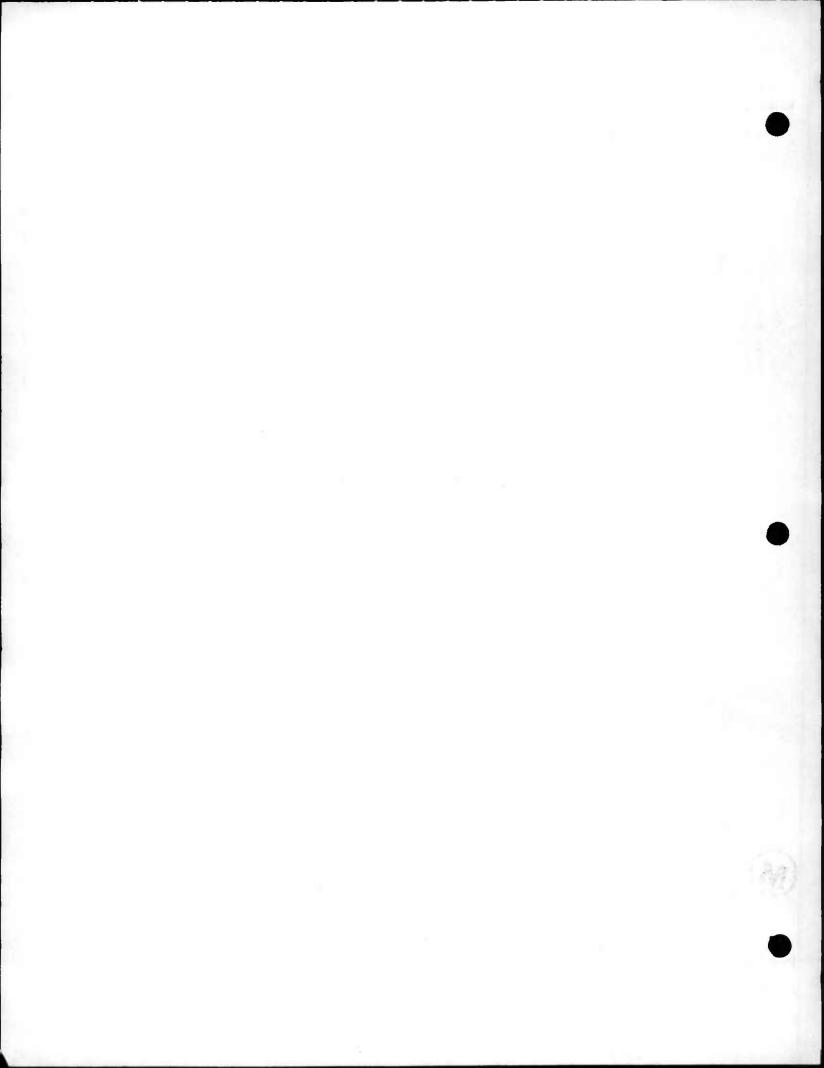
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use the print OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO STATE OFFICEOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach and within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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١	TO THE TAIL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnity and health of health and Mental Hygiene prior to burial, cremation, or removal.	MPO
and the	A 10	_

	FOR 1 - STATE	STATE OF N	IARYLAND /	DEPARTI	MENT	OF HEALTH A	ND MENT	TAL HYGIEN	9 E	13	12993
	REGISTRAR		CI	ERTIFIC	ATE	OF DEATH	1	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Mauree E. Si						MO	TE OF DEATH		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	at himbological a	F UNDER 1	weta		4, 199			
	254-22-2842	1 □ M 2X F	72	YRS.	ONTHS	DAYS HOURS	ын. Ja	n 20, Year)		Geor	Sia
œ	9a. FACILITY NAME (If not institution, give			9	b. CITY, T	OWN OR LOCATION	OF DEATH		9c. COUNT	TY OF DEAT	Н
DIRECTOR	1000 Saxon Hill D					keysvil	le		Ba1	timor	'e
	Maryland Balt	imore		10c. CITY, 1		ocation sville				1	d. INSIDE CITY LIMITS? YES 2X NO
FUNERAL	100. STREET AND NUMBER 1000 Saxon Hill	Drive				101. ZIP CODE 21030	0			EN OF WHA	T COUNTRY?
BY FUA	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR YES 2XX	MED	11/3	S DECENDENT OF 1 Pes, specify Cuban, 1 YES 2 NO	Maxican, Puar	GIN? (Specify Yea to Rican, atc.)		I4. RACE — Black, W Specify:	
	15. DECEDENT'S EQU	ICATION	T. 40. DE	0.000							White
COMPLETED	(Specify only highest gradi	completed) College (1-4 or 5 +	(G	CEDENT'S US ive kind of work . Do NOT use r	k done du	UPATION ing most of working		16b. KIND OF BU:	SINESS/INDU	STRY	
MP	42 PATHERIC MANE (Fire Middle 4)	2	Hou	sewife	2				emake	r	
	17. FATHER'S NAME (First, Middle, Last)							t, Middle, Maiden	Sumame)		
BE	S. M. Etheredge		1 100	MAILING AT	200500 #	Eth	ne1	Ed	ge		
2	Eugene S. Sirbau	oh				Hill Dri					21020
	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATEOF	DISPOSITI				CATION - CI		
	1 X Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		E11av	matory or other	place) eme t	ery 5	17/93	FII	ovill.	Co	ozoio
	Bryan W. Cl.	0.100	ry	7	Le	me and address mmon—Mit W. Pado	of FACILITY chell-	-Wiedef	eld In	nc.	
	23. PART I. Enter the diseases, or	complications that	caused the de	ath. Do not	enter th	e mode of dying	, such ss c	ardiac or reapi	ratory arres	st,	21093 Approximate
	IMMEDIATE CAUSE (Finsi disease or condition	List only one caus	on each line			0-1					Interval Between Onset and Dest
	resulting in death)	DUE, TO	SAUGORAS A CONSE	DUENCE OF):		ana	u_				
Z		· "15	word	roge	ner	, Car	rin	ma			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE/OF):							
2	CAUSE (Disease or injury	c									
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):							
ä		d								-	
	PART II. Other significant condition	ns contributing to	death but not r	esuiting in 1	the unde	riying cause give	en in Part i.	24a. WAS AN	AUTOPSY		RE AUTOPSY FINDINGS
PHYSICIAN: MEDICA								PERFOR		CO	MPLETION OF CAUSE DEATH?
ME											YES 2 NO
ÿ.											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	THER:	26. PLACE OF DEAT	TN (Check only	one)			
IXSI	1 TYES 2XXNO	1 Inpatient 2 I		DOA 4	☐ Numin	Nome 5X Resid	lence 8 🗆 Ot	ther (Specify)			
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TIME O	Y	c. INJURY AT WORK?	1	EŞCRIBE HOW II	NJURY OCCU	RED	
	3 Suicide 8 Could not be 4 Nomicide determined	26a. PLACE OF building, o	INJURY — At house. (Specify)	me, farm, stra	et, factory	, office	281. LC	OCATION (Street a ity or Town, State)	and Number or	Rural Route	Number,
7	29a. CERTIFIER (Check only	ICIAN: To the beat of a	ny knowledge, de	ath occurred a	at the time	, data and place en	nd due to the	cause(a) and ma-	Der en state		
COMPLETED	one) 2 MEDICAL EXAMINE										d menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R ,	/			29c. LICENS	E NUMBER	2	29d. DATE S	SIGNED (Mo	nth, Day, Year)
0	D WWW	Jehl	e he	7		D10	499	1	▶ Ma	y 5,	1993

Schlott, M.D. 9 E. Chase Street, Baltimore, Maryland 21201

William D.

1993



1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	CATE O	F DEATH	MENIAL	REG. NO.	_		
1. DECEDENT'S NAME (First, Middle, Last)						F DEATH		3. TI	ME OF DEATH
OSCAR P.	EARCE STI	REETT			0 4	3 O	199	/EAR	6:30PM
		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH		BIRTHPLACE	E (State or Foreign
213-01-7895	1 🔏 M 2 🗌 F	77 YRS.	MONTHS DAYS	HOURS MIN.		Day, Year) 15/19	75	Country) M Z R Y	LAND
9e. FACILITY NAME (If not institution, give stre	et end number)		9b. CITY, TOW	OR LOCATION OF DE		10/10		Y OF DEATH	DAND
G.B.M.C.,6701 N	.CHARLES S	STREET	TOW	SON			BAL	TIMOR	RE
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY									
	TMOD 77	1,000	, TOWN OR LOC						INSIDE CITY LIMITS?
MARYLAND BALT. 10e. STREET AND NUMBER	IMORE		OCKEYS						YES 2 NO
	5015			Of. ZIP CODE				N OF WHAT	COUNTRY?
601-L CRANBROOK 11. MARITAL STATUS				21030			_	SA	
1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 AYES	2 NO	If yes,	ECENDENT OF HISPAN specify, Cuban, Mexica	in, Puerto Ri		or No- 14	. RACE - Ar Black, Whit	nericen indien, e, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YI	S 2 A NO Specify	y:			Specify:	
15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b.	KIND OF BUS	INESS/INDUS	Whit	:e
(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of w life. Do NOT use	rork done during i	nost of working	1				
	2	Bail:	iff				more (_	7
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mi		it Co	urt_	
Oscar Verney S	Streett			Lydia					
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	end Number or Rural I				ode)	
Marie Elizabeth S	Streett			ook Rd.,					0
20a. METHOD OF DISPOSITION	206	PLACE AND DATE O	F DISPOSITION /	Name of	DATE		ATION — City		
1 Donation 5 Other (Specify)	al Irom State Cem	etro Crem	atory.	Inc.	5/3/		itonsv		
21. SIGNATURE OF FUNE AL SERVICE INC.					-			-	
Martin D.	Lawson		Lem	and address of faction—Mitch	eTT-M	iedete	eld, l	nc.	
						m.		MD 0:	
00 00001 5 4 4 4				. Padonia					1093
23. PART I. Enter the diseases, or con shock, or heart failure. Lie	mplications that caused st only one cause on e	d the death. Do no						t,	Approximate
IMMEDIATE CAUSE (Final	mplications that caused st only one cause on e	d the death. Do no ach line.						t,	
anock, or neart failure. Lis	st only one cause on e	d the death. Do no ach line.	ot enter the n					t,	Approximata Interval Between
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IMMEDIATE CAUSE (Final disease or condition resulting in death)	RESPIRP DUE TO (OR AS A $C.O.P.1$	A TORY FA	ot enter the n $A\ I\ LURE$					t,	Approximata Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	RESPIRA DUE TO (OR AS A C.O.P.I DUE TO (OR AS A	A TORY FA	ot enter the n $A\ I\ LURE$					t,	Approximata Interval Between
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IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	RESPIRA DUE TO (OR AS A C.O.P.I DUE TO (OR AS A C.H.F. DUE TO (OR AS A	ATORY FA CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF	ot enter the n A I LURE):):): OTHER: 4 Nursing Ho	ng cauae given in	Part I. :	PERFORIT	AUTOPSY MED?	24b. WERE AMAIL COMP OF DE	Approximate Interval Between Onset and Death Autopsy Findings Able Prior To Lettion of Cause ART?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	PRESPIRATION OF CAUSE ON EACH OF AS A CO.P. I DUE TO (OR AS A CO.H.F. DUE TO (OR AS A CO.H.F. DUE TO (OR AS A CO.H.F.)	A TORY FA CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF	ot enter the n A I LURE :: :: :: :: :: :: :: :: :: :: :: :: :	ng cause given in PLACE OF DEATH (Che	Part I. :	PERFORIT	AUTOPSY MED?	24b. WERE AMAIL COMP OF DE	Approximate Interval Between Onset and Death Autopsy Findings Able Prior To Lettion of Cause ART?
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

H-31. DATE FILED (Month, Day, Year)
MAY 0 6 1993

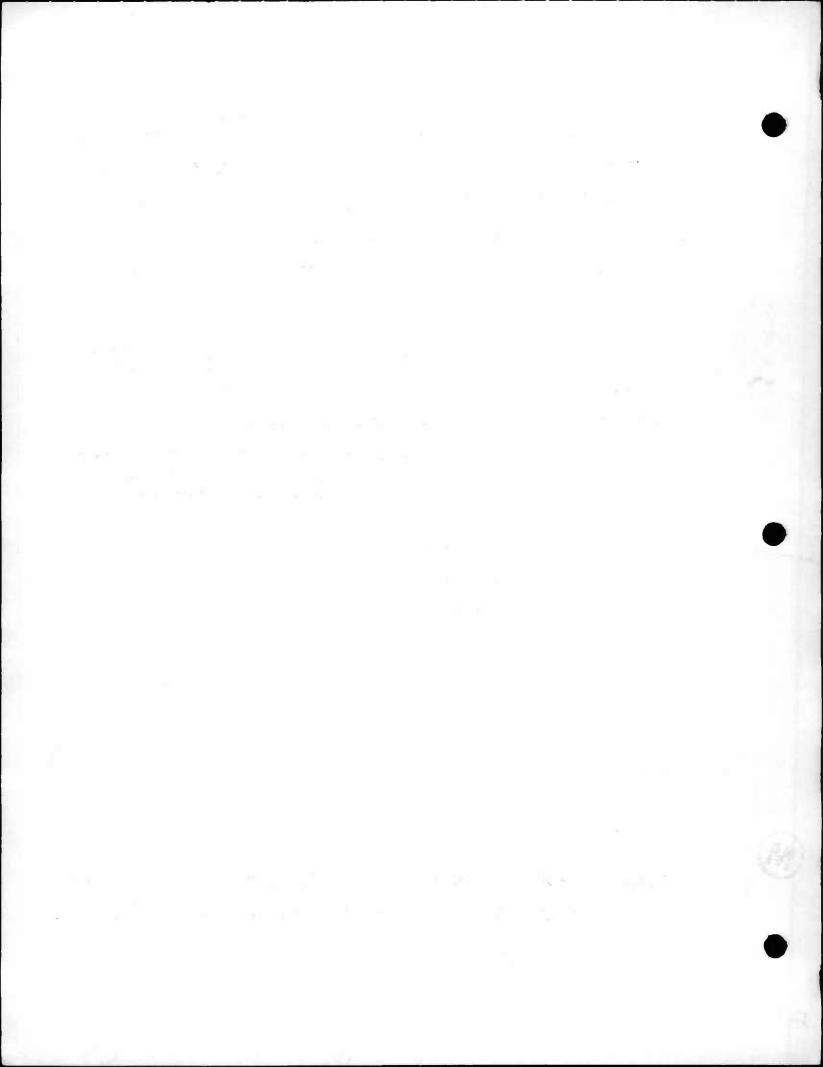
TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Rev 1/89



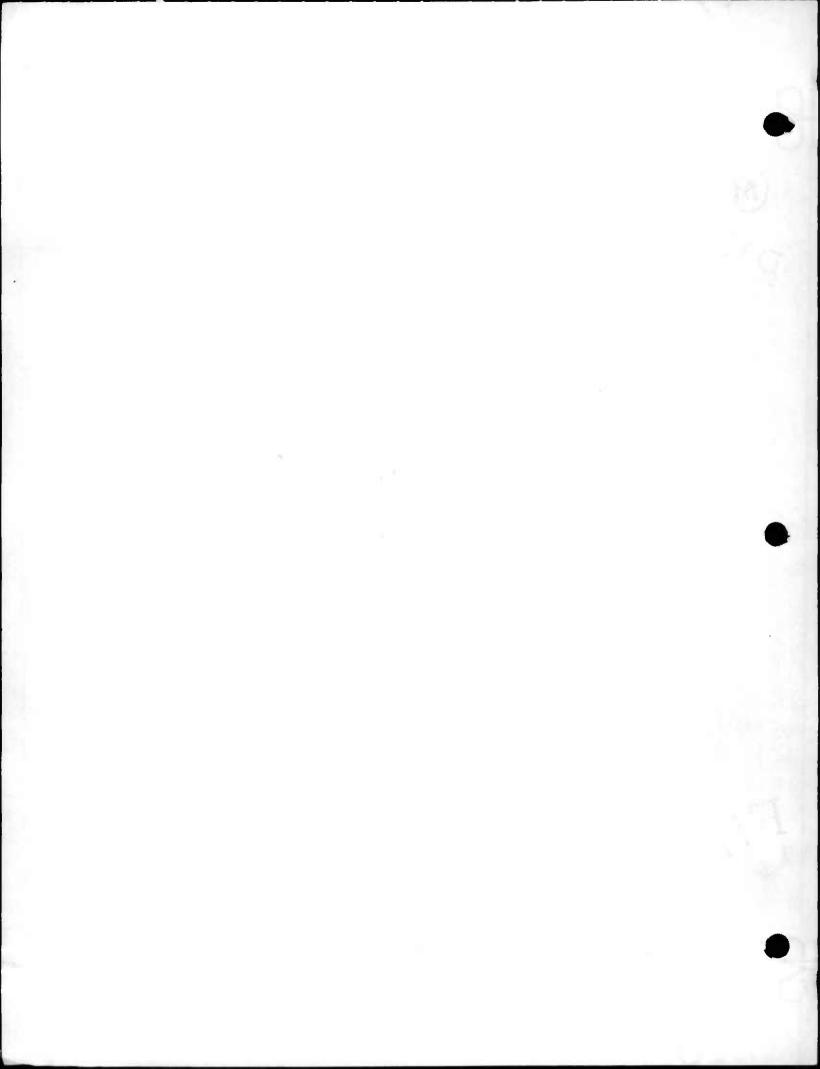
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	R	EG. NO.	•					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH			3. TIME OF DEATH			
	Edward Lee		ST/	ACKHOUSE	I	May	1		YEAR				
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In)	rrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	HOTH	199	_	4:53 p M			
	213-76-6115 ×X м		YRS.	MONTHS DAYS	HOURS MIN.	(Month, De	y: Year)		Country	y)			
	9e. FACILITY NAME (If not institution, give street and no		0.78	At OUTY TOWN			-1955			D.C.			
œ	Franklin Square Hospita	1		96. CITY, TOWN	OR LOCATION OF DE	ATH			NTY OF DE				
5	RESIDENCE OF DECEDENT							Bali	<u>:imor</u>	re County			
DIRECTOR	10e. STATE 10b. COUNTY		10c, CIT	, TOWN OR LOCAL	TION		_			tod. INSIDE CITY			
H	Md			Ess					J	LIMITS?			
	10e. STREET AND NUMBER				ZIP CODE					1 TYES 2 NO			
RA	18 D. Westway South			100	21221			10g. CITI		VHAT COUNTRY?			
FUNERAL								L.,					
F	1 Never Married 2 Merried FORC	DECEDENT EVER IN U. ES? 1 YES	2 X NO	13. WAS DEC	ENDENT OF HISPANI ecify Cuben, Mexican	C ORIGIN? (S) , Puerto Ricar	pecify Yee 1. etc.)	or No-	14. RACE Black	— American Indian, t, White, etc.			
B≺	3 Widowed 4 Divorced	S, GIVE WAR OR DATE	S		2 NO Specify:				Specif	*Black			
	15. DECEDENT'S EDUCATION	T 40	A DECEDENT'S	USUAL OCCUPATION		T				Drack			
Ë l	(Specify only highest grade completed)		(Give kind of w life. Do NOT us	rork done durina ma	st of working	166. KIN	D OF BUS	SINESS/IND	USTRY				
7	Elementary/Secondary (0-12) College	(1-4 or 5 +)		700000.7									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)												
	Willie Lee. Stackhouse				18. MOTNER'S NAM			Sumame)					
BE	19a. INFORMANT'S NAME (Type/Print)				Florine								
2	Earl Stackhouse		19b. MAILING	ADDRESS (Street of	nd Number or Rural Ro	oute Number, C	lity or Town	n, State, Zip	Code)				
٦ <u> </u>			2916	The Alam	eda Baiti	more, M	70 ZIZ	718					
	20a METNOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Removal from	20b. PL	ACE AND DATE O	F DISPOSITION (Na	me of	DATE			City or Tov				
	4 Donation 5 Other (Specify)	K	ing Memor	"í á'i" Park		5793	Rar	ndalls	town,	Md			
	21. SIGNATURE OF PHNERAL SERVICE LICENSEE	1		22. NAME AI	D AODRESS OF FACE	ILITY							
	> TANHIN GU	han/		4300	F/H West Wabash Aver	nue aun							
	23. PART i. Enter the diseases, or complicet	ons that caused th	e death Do n						- 12				
	office, of fleart fellure. Liet only	one ceuse on eech	ine.	or enter the mo	de of dying, such	es cerdiec	or reepii	ratory arr	eet,	Approximate Interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	San								Onset and Death			
	resulting in death) e	Dep.	828			A							
		DUE TO (OR/AS A CO	INSEQUENCE OF	•									
CERTIFICATION	Sequentially list conditions, b	IVMU	Med	Co	now	recr	9_						
Ě	If any, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CO	INSEQUENCE OF):	1					3.1			
<u> </u>	CAUSE (Disease or Injury	//	10-	<u> </u>									
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
H	d												
	PART II. Other significant conditione contribu	iting to death but i	not recuiting in	the underlying	Ceuse civen in P	art i 24-	WAS AN	ALITOREY	1 245	WERE ALTOROV CHIRAGO			
DICAL	Asi Da Dean	esil		underlynn	, codeo green in i	242.	PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
	700	0 /	1	-	1/.	_ '-	YES 2	NO		COMPLETION OF CAUSE OF DEATH?			
Σ	10/10/10/cc	cat of	enn	Cole	7/X	_				1 - YES 2 - NO			
Ϊ	HATES IN STO	220-1	11) FC	1								
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPI	TAL:			ACE OF DEATH (Chec	k only one)							
S		ent 2 - ER/Outpatle		OTHER: 4 — Nursing Nom	o 5 ☐ Reeldencs 8	☐ Other (Spe	ecify)						
표	~/	DATE OF INJURY Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT RK?	26d. DEŞCRIB	E NOW IN	JURY OCC	URED				
BY	1 Netural 5 Pending Investigation	,,		M 1 🗆 1									
		PLACE OF INJURY -	At home, farm, st	reet, factory, office		261. LOCATION	(Street a	nd Number	or Rural Ro	oute Number,			
COMPLETED	4 Nomicide determined	building, etc. (Specify)				City or Tov	vn, State)						
	290. CERTIFIER												
물	(Check only one) CERTIFYING PHYSICIAN: To the property one)	best of my knowledg	e, death occurre	d at the time, date	and piece, end due to	the cause(e)	end men	ner es atate	ed.				
႘၂	2 MEDICAL EXAMINER: On the b	acts of examination an	cor investigation	i, in my opinion, d	eath occured at the ti	me, date end	place, end	due to the	b ceuse(e)	end menner as stated.			
B	296. SIGNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NUMB	ER		29d. DATE	SIGNED ((Month, Day, Year)			
<u>.</u>		1			N/A	4		1	5/1	193			
	20. HAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF DEATH	(ITEM 27) (Type,	Print)	10: 1			763	/1	110			
	Thomas >	ANINE	7	MILL	elin -	19111	80.	11	200	pital			
	31. DATE FILED (Morith, Day, Well) 32. R	EGISTRAR'S SIGNATU	RE	271/ 4/1		11	2182	1.1	1	1-1-1			
	MAY 0 6 1993 Full	Davidson-A	andelle			0							
	/// //					4	_		v				



DHMH-16 Rev 1/89



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH SIMPSON DAWN 05 10:55 03 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 3-12-93 1 M 2 X X 200 MD should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE CITY JOHNS HOPKINS HOSPITAL funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 RESIDENCE OF DECEDENT 10e. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2207 Linden Ave. 21217 USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-it yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO 1 Never Merried 2 Merried ΒY 1 TYES 2 NO Specify 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) child child 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Damon A. Russell BE Delores H. Simpson notified a 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Delores H. Simpson 2207 Linden Ave./Baltimore. MD 21217 pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must cometery, cromatary or other place)
King Memorial Park 5 C Other (Specify) Randallstown. examiner 8 OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY requires that the death certificate be executed within 24 hours after death. een signed by the attending physician and completely filled in by the funera of Health and Mental Hygiene prior to burial, cremation, or removal. WM C. MARCH F.H./1101 E. NORTH AVE. medical 23. PART I. Enter the diseases, or completations that caused the decadeck, or heart failure. List only one cause on each line. ations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate intervai Between IMMEDIATE CAUSE (Finel **Onset and Death** the disease or condition SUDDEN INFANT DEATH SYNDROME resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING other 1 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION DF CAUSE YES 2 NO has been s Dept. of H YES 2 | NO PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? r this certificate h Hem 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1X YES 2 □ NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? marked, 26d. DESCRIBE HOW INJURY OCCURED 1 🕅 Natural 5 Pending Investigation L DIRECTOR: After the hours after death w 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 6 Could not be 4 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. FUNERAL within 72 h IMPORTANT: IL 2 💢 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, desth occured at the time, date end place, end due to the ceuse(e) end manner ee stated. BE (29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) HE HE O.C.M.E. **▶** 5-4-1993 2 3 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 July SA RESISTRATES TENANTED

Lipsing with

	REGISTRAR				EHIIF	ICALE	: OF	DEAL	H	F	REG. NO.				
	1. DECEDENT'S NAME (First,	-	Calus	144						2. DATE OF MONTH	DEATH DAY	γ	YEAR	3. TIME OF DEATH 9:30 Am	
	William F. Schultz 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE //n v/3 /n														
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In: 1 💢 M 2 □ F 81					thday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF MONTHS DAYS HOURS MIN. (Month, D									
				01	YRS.						7, 15	911	Ma	ryland	
~	90. FACILITY NAME (If not in							OR LOCATIO	ON OF DE	ATH		9c. COU	INTY OF E	DEATH	
2	6566 Hanover Road					на	nove	er				H	owar	d	
<u>입</u>	10e. STATE	10b. COUNTY			10c, CIT	Y, TOWN C	R LOCA	TION						10d. INSIDE CITY	
DIRECTOR	Md.	Howa	ırd			nove								LIMITS?	
	10e. STREET AND NUMBER				140	22010		f. ZIP CODI				10a CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL	6566 Hanov	ar Roa	d				1.0	210				rog. orr	USA	MAI COURTAIN	
3	11. MARITAL STATUS	- 2.00	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13.	WAS DEC			IIC ORIGIN? (S	inacify Yee	or No		E American Indian,	
-	1 Never Married 2		FORCES? 1	YES 2 X	NO	- 1 '	f yes, sp	ecity Cube	n, Mexica	n, Puerto Rice	n, etc.)		Blac	k, White, etc.	
ВУ	3 Widowed 4 Divo	rced						A NO	Specify	r.			Spec	white	
COMPLETED	15. DEC (Specify only	EDENT'S EDUC	ATION completed)	18e. Di	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KI	ND OF BUS	INESS/IN	DUSTRY		
	Elementary/Secondary (0		College (1-4 or 5+	-)				ost of working							
M M	6			0	onst	ructi	on	Work	er						
8	17. FATHER'S NAME (First, Mi							18. MOTE	IER'S NAI	ME (First, Midd	le, Maiden S	Surname)			
H	Emil H. Sc							Soj	phie	Skowr	onsk	i.			
2	18s. INFORMANT'S NAME (7)	1								Route Number, (, State, Zi	D Code)		
-	Ellen V. S			6	566	Hanor	/er	Road	Ha	nover,	Md.	21	076		
	20s. METHOD OF DISPOSITI	n 3 🗆 Remo	rval from State	20b. PLACE cemetery, cre			ITION (Na	ame of		DATE	20c. LOC	ATION -	Cify or To	own, State	
1	4 Donation 5 Other	(Specify)	-0	Glen	Hav	en Me		ial]			Gle	a Bu	rnie	Md.	
	21. STUMATURE OF PENESSA	L SERVICE LICE	ENSEE	1		C-9.	NAME A	ND ADDRES	S OF FAC	n Fune	ral	Home	g		
	· /~ a	us 1	d. La	ufone	4					Elkri				227	
	23. PART I. Enter the di	seas(s, or c	omplications the	t caused the de	eth. Do i	not enter	the mo	de of dyl	ng, suct	h as cerdiac	or reapir	atory er	reat,	Approximate	
- 1	snock, or heart failure. List only one ceuse on each line.														
1	disease or condition (1 C13TTP W 12 CC CO N 121) a trong to a condition														
ĺ	DUE TO (OR AS A CONSEQUENCE OF):														
z	Companied to the control of the cont														
윤	Sequentielly list conditions, if eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
5	cause. Enter UNDERLYING CAUSE (Disease or Injury														
쁜	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST														
CERTIFICATION	d														
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
MEDICAL											PERFOR	WED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE	
요										10	YES 2	□ NO		DF DEATH?	
													1	1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26 Pt	ACE OF D	EATH /Ch	ock only one)					
Sic	EXAMINER? 1 YES 2 NO		HOSPITAL:	FR/Ovinations 1	1 DO4	OTHER	1:				385.1				
Ŧ	27. MANNER OF DEATH		28a. DATE OF	INJURY	3 U DOA 4 Nursing Home 8 Residence (28b. TIME OF 28c. INJURY AT					8 ☐ Other (Specify) 28d. DEŞCRIBE HOW INJURY OCCURED					
		Pending investigation	(Month, De	ny, Year)	INJ	M	WC	PRK? YES 2	I NO	,					
BY		Could not be	28e. PLACE OF	F INJURY — At he	ome, ferm,	street, Jack				28I. LOCATION (Street and Number or Rural Route Number,					
Ĕ		determined	building,	etc. (Specify)						City or To	wn, State)				
COMPLETED	290. CERTIFIER														
₹	(Check only 1 Chec														
- 48	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(a) and menner ea stated.														
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)									(Month, Day, Year)					
2	[N.11cm /ULOT M) [28/108 13/4/2														
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)														
ļ	1) DATE FILED (MORIT, Day, 1607) 132. DECISTRAR'S SIGNATURE														
	MAY	1993	Sale A	DUNIAL A	100	_									
1	-297 41	1333	g work	-Necessary	- TOUR	•									
			-											DHMH-16 Rev 1/89	

THE SHARE SERVICE IN SALE OF STREET, INC. TWO INCLUDED THE BOOK OF THE partie .acceptationer pres manages

August 18 Commission 183

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle

2

5. SEX

6. AGE (In yrs. last birthday)

72

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

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DAYS

MONTHS

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6,	CTO	VA HOSPITAI	4			В	ALTIMORE						
88 —	ည 	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY	10c CITY TO	10c. CITY, TOWN OR LOCATION								
Page	DIR	MARYLAND			BALTIMORE								
		10e, STREET AND NUMBER					Of. ZIP CODE	_					
(30)	ERAL		TMOTON CODI	יחיקה		- 1'							
	FUNE	11. MARITAL STATUS	INGTON STRE				21211						
D 20		1 Never Married 2 Married	FORCES? 1X	YES 2		If yes, a	CENDENT OF HISPAI pecify Cuban, Mexica						
the the	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	W II		1 🗌 YE	S 2 X NO Specif	À:					
21215-002 If or attending pro-	유	15. DECEDENT'S E	DUCATION	16a, D	ECEDENT'S USU	AL OCCUPAT	TON	16	b. KIND OF BU				
213 al or us	H	(Specify only highest gri	College (1-4 or 5+)	- In	Give kind of work e. Do NOT use ret	done during n ired.)	nost of working						
	MPL	9TH		_	COOK			RES'					
YLAND by the hospitu be detached at once.	CO	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Maiden				
8 8 6 Z	ш	JOSEPH SCO	RZATO				AMEL]	EA CA	ASSALA				
MAR retained 1 5 should	9	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADD	ORESS (Street	end Number or Rural i	Route Nun	iber, City or Tow				
be ret	2	MARY SCORZATO			806 WEL	LINGT	ON STREET	. BA	LTIMO				
H hay		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 R	20b. PLACE	AND DATE OF DI	SPOSITION //	Vame of	DAT						
O 6 2	į	4 Donation 5 Other (Specify)	emoval from State	MD •	STATE V	ETERA	NS CEM. 5	93 GAI					
TIM Page ral dire	1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	//)		AND ADDRESS OF FA						
BALTIN after death. Pag by the funeral di moval. cal examiner		> a 100	n April	1- 1	<i>k</i>	ALAN SEITZ, JR. FUN							
B/ the oral.		22 PADT I Enter the diseases I		3.1/	(ROLAND A						
Lin the	- 1	23. PART i. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such ea cardiac shock, or heart feiture. List only one cause on each line.											
24 r file 9 n.		IMMEDIATE CAUSE (Final disease or condition											
ted within 24 completely fill al, cremation; event, the		resulting in death)											
P 5 2 5		DUE TO (OR AS A CONSEQUENCE OF):											
atic print	8	Sequentially list conditions,	b										
S 5 5 5	F	If any, leading to immediate cause. Enter UNDERLYING											
00 # 5	RTIFICATION	CAUSE (Disease or injury that initiated events	C. DUE TO (OR	AS A CONSE	NIEMCE OF								
F. O. I leath certific attending phral Hygiene y, or other	Ē	resulting in death) LAST											
T 6 2 0 1	핑		d										
the deat y the att d Menta injury.	4	PART II. Other algnificent conditi	one contributing to de	ath but not	resulting in th	e underlyk	ng cause given in	Part I.	24a. WAS AN PERFOR				
that the the de the de the de the any	EDICA	Preumaira											
S # 8 8	ME												
- * 2 5 5	AN:												
⋖ 9 € -	Ĭ.	25. WAS CASE REFERRED TO MEDICAL				26. F	PLACE OF DEATH (Ch	eck only o	ne)				
F VITA SICIAN: The certificate ha the State D , or Item 3	PHYSICI	EXAMINER?	HOSPITAL:	l/Outpatient :		HER:	me 5 Residence						
. 5 9 5	主	27. MANNER OF DEATH	26e. DATE OF INJ	URY	28b. TIME OF	28c. IN	JURY AT		SCRIBE HOW I				
NG PHYSI fler this c eath with marked,	ВУР	Netural 5 Pending	(Month, Day,)	tear)	INJURY		YES 2 NO						
ON After After death	0 8	2 Accident Investigatio 3 Suicide 6 Could not t	ce	26f. LOC	CATION (Street								
TTEN TTEN TOR after	ш	4 Homicide determined	building, etc.	(Specify)				City	or Town, State)				
DIVISIO OR ATTENDIN DIRECTOR: Aff hours after de	9	29s. CERTIFIER CERTIFYING PU	VOICIANI. To the beat of										
TA ZA L	COMPLET		YSICIAN: To the best of my NER: On the basis of exam										
FUNE Within	8				resugation, in	my opinion,	usatn occured at the	ume, date	and place, an				
DIVISIO DIVE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: Afri be filed within 72 hours after dea IMPORTANT: If item 28 Is in	B	296. SIGNATURE AND TITLE OF CERTIF					29c. LICENSE NUN	MBER					
222	0	Tirve	HO MO										

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

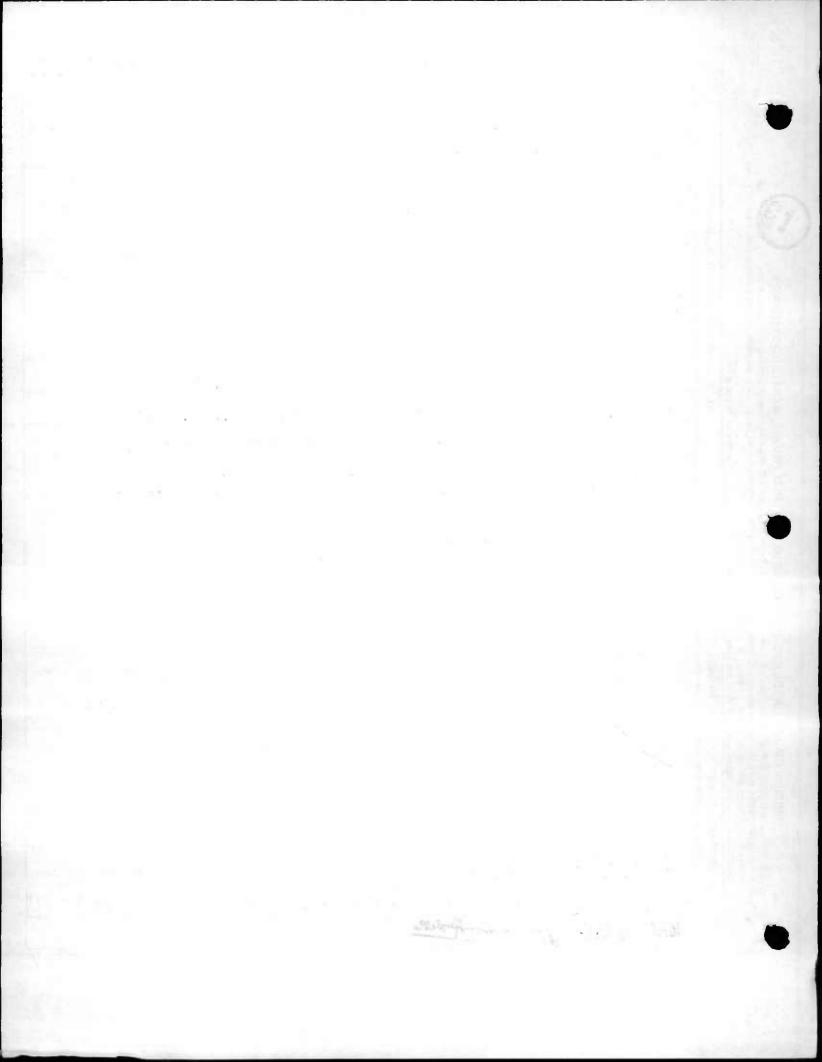
Julia Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 7. DATE OF BIRTH (Month, Day, Yea 12 CONNECTICUT 21 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 X YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE - American Indian, Black, White, etc. Specify: WHITE SINESS/INDUSTRY TURANT Sumama) rn, State, Zip Code) RE, MD. 21211 CATION - City or Town, State RRISON FOREST, MD. ERAL HOME LTO., MD. 21211 iratory arrest, Approximate Interval Betw Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AUTOPSY 1 YES 2 NO NJURY OCCURED and Number or Rural Route Number, nner as stated.

DHMH-16 Rev 1/89

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24	filled	o .no	he n
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
W P	mple	L Cre	ever
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			/LITTI	IVAIL	- 01	DEAL			REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
WILLI							05	9:00 A.						
4. SOCIAL SECURITY NUMBER	S. Piete (III yes. Inc							7. DATE OF	BIRTH		8. BIRTHPLACE (State or Foreign			
218-01-5638	218-01-5638 1 № 2 □ F 71					HOURS	MIN.	(Month, D	15 20	1		Country) MARYLAND		
9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY,	TOWN	OR LOCATION	OF DE		2 20	_	NTY OF D			
3652XXX CLIPPER	ROAD					BALTII	MOD	77			0. 0	CATT		
3652XXX CLIPPER RESIDENCE OF DECEDENT 100. STATE 10b. COUNT MARYLAND	TOTAL	_				DALIII	MUK.	<u> </u>		L				
10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY		
MARYLAND					BAL	TIMORE	₹.					LIMITS?		
	10e. STREET AND NUMBER					ZIP CODE			_	10a CIT	IZEN OF V	VHAT COUNTRY?		
3652	CLIPPER R	OAD					2121	1		log. Gr	USA	THAT COUNTRY?		
10e. STREET AND NUMBER 3652 (11. MARITAL STATUS 1 Novement April 2 Married			101150	1										
1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1		NO	at at	f yes, sp	ecify Cuben,	Maxica	HC ORIGIN? (5 n, Puarto Rice	Specify Yes in, atc.)	or No-	14. RACE Black	— American Indian, c, White, atc.		
3) Widowed 4 Divorced	IF YES, GIVE W	NOWN		1	YES	2 X NO	Specify	r:			Speci	ty:		
15. DECEDENT'S EDU			DECEDENT'S	1101111 00	NO LIBATIO			1				WHITE		
(Specify only highest grade	completed)		(Give kind of a	vork done d	during mo	st of working		166, KI	ND OF BUS	INESS/IND	DUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5 +) (CHINI											
						18. MOTHE		ME (First, Midd						
THOMAS S	MITH							RAH E						
198. INFOHMANT'S NAME (Type/Print)								loute Number,						
TRENE M. SMITH			3652	CLI	PPER	ROAD), E	BALTO.	MD.	212	11			
20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☑ Cremation 3 ☐ Rem		20b.PLAC	EANDDATE	PRISPOSI	TION /No	me of		OATE	20c. LOC			wn, State		
4 Donation 5 Other (Specify)	oval from State	GREE	N°MOU	NT C	EMET	ERY	5/6	193						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					MOUNT CEMETERY 5/6/93 BALTIMORE, MARYLA 22. NAME AND ADDRESS OF FACILITY								
1 10		A	. AI	AN SE	EITZ	Z, JR.	FUNE	ERAL	HOME					
23. PART I. Enter the diseases, or o	Seit	Ch		3	818	ROLAN	ND A	VENUE	BAT	то.	MD.	21211		
resulting in death) Sequentisity list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):													
	d													
PERFORMED? ANAL COM DF II									WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (Check only one)								V /**		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	ED/Outration	2 🗆 🗆	OTHER	:			4						
27. MANNER OF DEATH	28e. OATE OF I		28b. TIM				enca (6 Other (Sp						
1 Netural 5 Pending	(Month, Day		INJ		28c. INJU	RK?		28d. OESCRI	BE HOW IN	JURY OCC	CUREO			
2 Accident Investigation				**		ES 2 N	10							
2 Accident 3 Suicide 4 Homicide 26a. PLACE OF INJURY — At home, farm, street, factory, office 27 Accident 3 Suicide 4 Homicide 26a. PLACE OF INJURY — At home, farm, street, factory, office 27 Certifier (Check only one) 27 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner one) 28 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner one)								nd Number	or Rural A	oute Number,				
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCRETE STATE OF THE CHARGE OF TH	CIAN: To the best of n											and manner as stated		
296-STORATURE AND TITLE OF CERTIFIER							-		_					
CH KMIL	- 600	2				29c. LICENS	E NUM	MER		29d. DATE	SIGNED	(Month, Day, Year)		
NO ALMANO	TIV							141			XXX	XXX 5/5/93		
BOALL COA	COMPLETED CAUSE	NO	16	946	9 4	ock	K	1. 1	Len	ida	74	1002(11		
31. DATE FILED (Month, Day, Year)	Julia Paydo	'S SIGNATURE	R.					70.	100	7		- Vier - II		



S Sp Sp	5	
detac detac	Ö	17. FATHER'S NAME (First, I
d be	TO BE COMF	ELIJAH SHAD
ainec shoul		19a. INFORMANT'S NAME (
oe ret	۱۲	MRS. FRANCE
BALIIMOKE, MAKYLANL or death. Page 6 may be retained by the hosp the funeral director, page 5 should be detache val. il examiner must be notifiled at once.		20a. METHOD OF DISPOSITION TO THE PROPERTY AND THE PROPER
Pag al di		21. SIGNATURE OF FUNERA
er death the funer val.		· Cha
s aft by i		23. PART I. Enter the c shock, or i
ed within 24 hour ompletely filled In al, cremation, or a event, the me		immediate cause (Fi disease or condition resulting in death)
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in deeth) LAS
that the de by the a and Merr	ICAL C	PART II. Other significa
r requires been signe t, of Health	: MED	
N: The law icate has State Depr	SICIAN	25. WAS CASE REFERRED TEXAMINER?
the the	ž.	27. MANNER OF DEATH
를 돌 를 2	<u>a</u>	Netural 5
Tage eath	B	2 Accident
ATTENO CTOR: A after d	E	3 Suicide 6 4 Homicide
DSPITAL OR INERAL DIRE	OMPLE	29e. CERTIFIER (Check only anni)
TO THE HO TO THE FU be filed wit	2 BE C	296. SIGNATURE AND TITLE
	F	30. NAME AND ADDRESS O
		4.

	REGISTRAR		CERTIF	CATE O	F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Manue Last) (DENNIE LEE SHADE) 2. DATE OF DEATH MONTH MONTH DAY YEAR 9									3. TIME OF DEATH	
	4. SOCIAL SECURITY HUMBER 236-54-8648	<u>MX м 2 □ F</u> 5	GE (In yrs. lest birthday) 6 VRS.	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	PLACE (State of Foreign VIRGINIA					
2	9a. FACILITY NAME (If not institution, gh WASHINGTON COUNT RESIDENCE OF DECEDENT	TY HOSPITAL			SERSTOWN	EATH			SHIN	DF DEATH INGTON	
DINECTOR	10a. STATE 10b. COU	NTY		, TOWN OR LO						10d. INSIDE CITY LIMITS?	
- 11	WV BERK 100. STREET AND NUMBER	KELEY	ВО	NKER H	LLL 101. ZIP CODE			10a CITI	ZEN OE V	1 YES 2 NO	
NED.	ROUTE 2, BOX 194	*			25413			U		S. A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YES, GIVE WAR OF	ES 2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Speci	an, Puerto Ri	(Specify Yes (lcan, etc.)	or No—	Black	— American Indian, t, White, etc.	
3	15. DECEDENT'S E (Specify only highest gro		16a. DECEDENT'S	rork done during	TION most of working	16b.	KINO OF BUSI	NESS/INC	DUSTRY		
3	Elementary/Secondary (0-12)	College (1-4 or 5+)	MAINTEN.	e retired.)		SC	CHMIDT	BAK	ING	COMPANY	
	17. FATHER'S NAME (First, Middle, Last) ELIJAH SHADE		16. MOTHER'S NAME (First, Middle, Melden Surneme) MARGARET RICHMOND								
3	19a. INFORMANT'S NAME (Type/Print)				at end Number or Rural	Route Numbe	er, City or Town,	State, Zip			
	MRS. FRANCES MAY			E 2, BC							
	f Buriel 2 Cremation 3 R 4 Donation 5 Other (Specify)		COMPLETE COM			5/3	DATE 20c. LOCATION — City or Town, State 5/3 BUNKER HILL, WV				
	21. SIGNATURE OF FUNERAL SERVICE				AND ADDRESS OF FA	ICILITY HOME					
	23. PART I. Enter the diseases, of	M. DJ	row	PO F	BOX 821, 1	MARTI	NSBURG	, WV	254		
	shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significent condit	ions contributing to deat	n the underly	ing cause given in		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
	1 T YES 2 NO										
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O 26e. DATE OF INJUR (Month, Day, Yea	ry 28b. TIME	OF 28c. I	6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED						
	Natural 5 Pending Investigatio	n		M 1	WORK? YES 2 NO						
	3 Suicide 6 Could not I 4 Homicide determined		fice	28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)							
	29e. CERTIFIER (Chock only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, date end place, and due to the cause(s) end menner as stated.										
I	290. SIGNATURE AND TITLE OF CENTIL	neledo la			DIIV	MINNESON CONTRACTOR STORES				(Month, Day, West)	
	30. NAME AND ADDRESS OF PERSON OF	who completed cause of	DEATH (ITEM 27) (Type,	Print) Para Au	Huges	Low	kel				
	31. DATEMILAYMONTH, OF 1993	AZ MEGISTRA SI	graph and all		/						
[-	Cdis							DHMH-16 Rev	

